

## 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.<sup>1</sup> 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*<sup>2</sup> 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.



*“Hospitals are interested in a bed registry as a time saving tool.”*

—Shanel Long, Project Director

## UTAH’S BED REGISTRY

### Current approach and need for change:

Reports from consumers, emergency room staff, and treatment advocates point to significant delays in finding inpatient beds for individuals in mental and/or substance use crises. In October 2019, the Governor’s office issued a strategic plan to improve mental health care in the state. The plan recommended an “enhanced call center that would serve as a 911 for behavioral health. It will include a triage process to get people to the right care at the right time, by being connected to a comprehensive system of care.” As one tool to implement the Governor’s vision, Utah’s Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH) began work on a bed registry as an important tool for mobile crisis teams and emergency departments to identify and secure “to the right care at the right time.” A lengthy procurement process and disruption by the pandemic has delayed the Utah Behavioral Health Availability Platform until later this year. A kickoff to announce the bed registry and begin user training scheduled for late 2020 was postponed so that project staff could address urgent pandemic issues.

**Type of bed registry:** The Utah Behavioral Health Availability Platform is a *search engine*.

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The image shows a projected display of the Utah's bed registry. On the left is a web browser view of the EMSResource platform, displaying a table of facilities. On the right is a mobile app view showing a list of facilities with details on the right side.

Facility	Facility Type	Facility Operational Status	Accepting Admits	Insurance Accepted	Crisis Psych Adult	Crisis Psych Youth	Crisis Substance Abuse Adult	Crisis Substance Abuse Youth
Columbus Comprehensive	General Hospital	Fully Operational	Yes	—	2	0	4	0
Crisis Intervention Services	Community Crisis Care	Fully Operational	Yes	Medicare & Medicaid Only	1	4	3	1
Green Lake Youth Healing Center	Private Psych Hospital	Fully Operational	Yes	—	0	1	0	3
Hope Clinic	Community Crisis Care	Partially Operational	No	—	0	0	0	0
Newport Behavioral Health	Private Psych Hospital	Fully Operational	No	—	0	0	0	0
Rockwell State Hospital	State Hospital	Fully Operational	Yes	—	2	1	1	3
St. Amanda Treatment Home	Community Crisis Care	Fully Operational	Yes	—	1	0	4	0
St. George Teen Crisis Center	Community Crisis Care	Fully Operational	Yes	—	0	6	0	0
Summary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Mobile App View:

Facility	Last Update	By User
Columbus Comprehensive	27 Aug 11:18	Springfield Intensive Psy...
Crisis Intervention Services	30 Aug 13:23	Curtis McDonald
Green Lake Youth Healing Center	26 Jul 13:56	Springfield Intensive Psy...
Hope Clinic	26 Jul 13:56	Springfield Intensive Psy...
Newport Behavioral Health	26 Jul 13:56	Springfield Intensive Psy...
Rockwell State Hospital	26 Jul 13:56	Springfield Intensive Psy...
St. Amanda Treatment Home	26 Jul 13:56	Springfield Intensive Psy...
St. George Teen Crisis Center	26 Jul 13:56	Springfield Intensive Psy...

Projected display of Utah's bed registry

**Planning partners:** DSAMH convened focus groups across the Wasatch Front (the metropolitan region in the north-central part of the state where 75% of the population resides). DSAMH has convened the state's Hospital Association and representatives of Crisis Intervention Teams, National Alliance for Mental Illness, peers, and emergency medical services as well as the local mental health authorities and regional Medicaid managing entities for input on the type of system stakeholders wanted. They also met with front-line staff of inpatient and crisis stabilization units to address obstacles to their participation.

**Crisis system beds to be included in the registry:** Beginning with mental health inpatient beds, the program will expand to include substance use disorder residential programs and social detoxification centers along the Wasatch front.

**Registry development vendor:** Juvare is providing the EMSResource® platform and will capture and report data. The vendor also provides a smart phone app that enables users to enter and access data through mobile devices.

**Access to the registry:** Emergency room staff, participating inpatient units, call centers (including the University of Utah), and mobile crisis teams will be able to access the search engine.

**Refresh rate and entry process:** Utah plans to have participating inpatient units update bed availability twice per day at shift changes likely to occur mid-morning and early evening.

### Meaningful metrics:

- Time in emergency departments awaiting placement.
- Inpatient bed turnover.

### Impact of the COVID-19 pandemic on the bed registry:

Staff involved with the bed registry were reassigned to address urgent pandemic related matters. Meeting with planning partners was suspended during the pandemic.

**System oversight:** The current project directors will continue to manage the system and review data. Monthly reports outlining significant trends will be submitted to the state director of DSAMH.

### Project contacts:

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<sup>1</sup> 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.

<sup>2</sup> <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>