

IDAHO

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.



“Data from the bed registry will inform our statewide strategic crisis response plan.”

—Seth Schreiber, Project Director

IDAHO’S BED REGISTRY

Current approach and need for change:

State-funded mental health treatment has been provided by seven community-based regional behavioral health centers serving all 44 counties in the state. In 2018, nearly three quarters (74%) of adults served by regional behavioral health centers received crisis services. As a result of Medicaid coverage expansion, which began on January 1, 2020, the Division of Behavioral Health (DBH) expects that there will be far fewer medically indigent consumers dependent upon state-provided outpatient services and will be able to shift resources to improving a fragmented crisis response system. Following an environmental scan of crisis services across the state, DBH launched the Idaho Psychiatric Bed and Seat Registry (IPBSR) in January 2020 to support the coordination of crisis call centers, mobile crisis teams, crisis stabilization centers (expanded from 2 to 7 in the 2019), crisis respite, and inpatient beds across the state. Staff are continuing to reach out to stakeholders across the state to seek their input on how a redesigned crisis system can best support community needs and how the registry can make that easier.

continued ►

Psychiatric Hospital	Avail Adult Psych Bed	Female Adult Psych	Male Adult Psych	Adolescent Psych	Child/Ado Inpatient Psych	Male Geri Psych	Female Geri Psych	Comment
Bingham Memorial: Gero-Psych Unit								
Intermountain Hospital								
Lifeways Hospital Boise								
Summary								
Crisis Centers	Crisis Seats	Female Adult Psych	Male Adult Psych	Comment				
BH Crisis Center of East ID								
Rural Crisis Center Ntwrk R2- Clearwater								
Rural Crisis Center Ntwrk R2- Latah								
Rural Crisis Center Ntwrk R2- Nez Perce								
South East Idaho BH Crisis Center								
Western Idaho Community Crisis Center								
Summary								

A training example of a user's view in Idaho

Type of bed registry: IPBSR is a search engine. An example of the interface is included in the figure shown.

Planning partners: Before launching the IPBSR, DBH sought input from hospitals through state public health district liaisons, spoke at meetings of emergency medical services, police, hospital administrators, tribal health administrators, and psychiatric unit charge nurses. The bed registry is a regular agenda item of the statewide Crisis Cross-Functional Team (meeting regularly to implement improvements to the crisis system).

Crisis system beds to be included in the registry:

The registry includes beds in psychiatric units in general hospitals, psychiatric hospitals, and seats (< 24-hour stay) in crisis stabilization units (CSUs). Some private hospitals and slightly less than half of crisis centers participated in initial IPBSR launch.

Registry development vendor: IPBSR is hosted by Idaho's existing emergency preparedness "surge" website EMResource, developed and operated by Juvare.

Access to the registry: Access is limited to emergency room staff, participating inpatient units, police and EMS, and mobile crisis teams have access.

Refresh rate and entry process: Crisis centers and hospitals with regular turnover rates update the registry twice per day at shift change. All sites are expected to refresh bed availability at least once per day.

Meaningful metrics: DBH is monitoring IPBSR to identify meaningful data that can be gleaned.

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

The pandemic arrived soon after IPBSR was launched. Initiating risk reduction procedures and meeting needs in new ways diverted mental health providers and hospitals from joining in or fully participating in IPBSR. The lack of full participation at launch may have a long-lasting impact.

System oversight: The registry is of key interest to Idaho Department of Health and Welfare, DBH, who will receive reports on both process and outcome data. Information from the registry will be considered in the ongoing process of designing and implementing the strategic crisis response plan.

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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>