

**“We want to strengthen behavioral health upstream and connect people after a crisis so that crises become rare and non-recurring.”**

**–Dr. Richard Bebout, Senior Deputy Director, DBH**

**NASMHPD**

**TTI 2021 STATE BED REGISTRY PROFILE:**

# **DISTRICT OF COLUMBIA**

## **Current Approach and Need for Change**

Washington D.C.'s Department of Behavioral Health (DBH) saw the services registry as a means to integrate care and reduce the impact of untreated illness particularly during behavioral health crises. As behavioral health facilities instituted restrictions to reduce COVID-19 infections and faced staffing shortages brought on by the pandemic, the identification of available beds became even more critical. DBH and its crisis services staff improvised a “bed board” that lists on a daily basis, the availability of beds in the seven hospitals and Institutes for Mental Disease<sup>1</sup> (IMDs) in DC. The registry project would convert the bed board into an electronic database of hospital and residential behavioral health disorder beds available through the web, eventually expanding its functionality to include the ability to make electronic referrals. Over the ensuing 18 months, a number of local and national initiatives precluded the development of a registry. At the national level, federal funding from the American Rescue Act and SAMHSA's block grant set aside and the implementation of a nationwide 988 crisis call number prompted the review and redesign of crisis response services in DC. At the local level, DBH began exploring the integration of electronic health record programs into a unified system that can track consumers as they are admitted and discharged from all services including outpatient, crisis stabilization units, and hospital inpatient beds. The bed registry was postponed until the crisis system redesign had been completed and electronic health record systems had been integrated. Currently, local hospitals and IMDs email daily availability of inpatient beds to DBH.

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## Planning Partners

District hospitals, the 988 Implementation Committee, the DC Hospital Association, the McClendon Center, Total Family Care Coalition, Access HelpLine, and mobile crisis teams and DC's crisis stabilization unit participated in stakeholder meetings.

## Type of Bed Registry

DBH sought a referral system capable of making electronic referrals for inpatient care and tracking responses.

## Crisis System Beds To Be Included in the Registry

Beds in the seven hospitals and Institutes for Mental Disease (IMDs) in DC were to be considered for the initial launch.

## Registry Development Vendor

The project's last stakeholder meeting featured a demonstration by Xferral, a vendor that provides an electronic referral system. As DBH decided to postpone the project, a final selection was not made.

## Access to the Registry

Access to the system was to be made available to DBH staff and contracted service providers including hospitals.

## Refresh Rate and Entry Process

A data refresh rate has not been determined.

## Meaningful Metrics

Metrics have not been identified.

## Impact of the Covid-19 Pandemic on the Bed Registry

The reduced capacity of many inpatient settings driven by the COVID-19 pandemic created shortages of beds for people going through behavioral health crises and impelled DBH to seek more efficient ways to find available beds. As the pandemic receded, pressure to establish a web-based registry subsided.

## System Oversight

DBH Director of Crisis Services

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**For more information about this project, contact Richard Bebout [richard.bebout1@dc.gov](mailto:richard.bebout1@dc.gov).**

<sup>1</sup> A facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases and chemical dependency disorders.