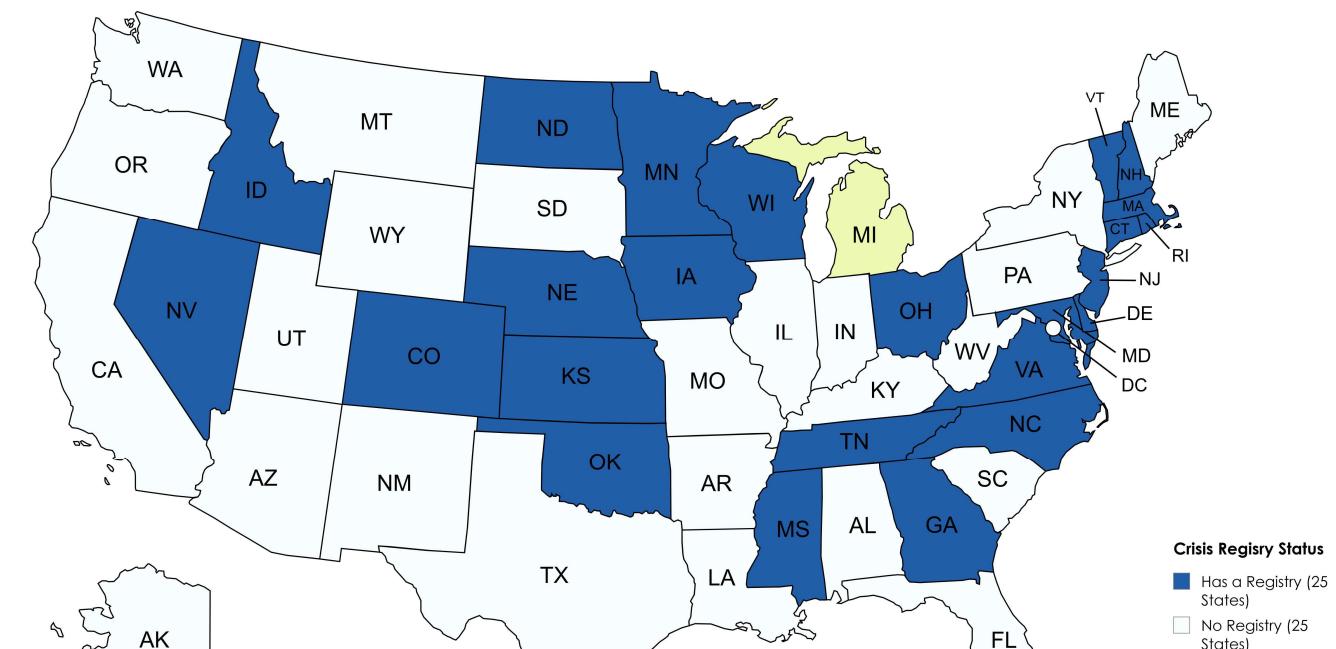


Behavioral Health Crisis Service and Bed Registries

Individuals experiencing a behavioral health crisis who seek care at an emergency department (ED) often wait hours, or even days, for an appropriate next level of care to be identified. To reduce delays and facilitate the identification of the most clinically appropriate and available service, SMHAs have been implementing Behavioral Health Crisis Service Registries that provide an up-to-date list of available services. In 2025, 25 states implemented crisis bed registries.

Figure 1.

Figure 1: States with Crisis Bed Registry System, 2025



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25 States Operate Behavioral Health Crisis Registries

14 States Registries Include Private Psychiatric Beds

7 States Registries Include Substance Use Beds

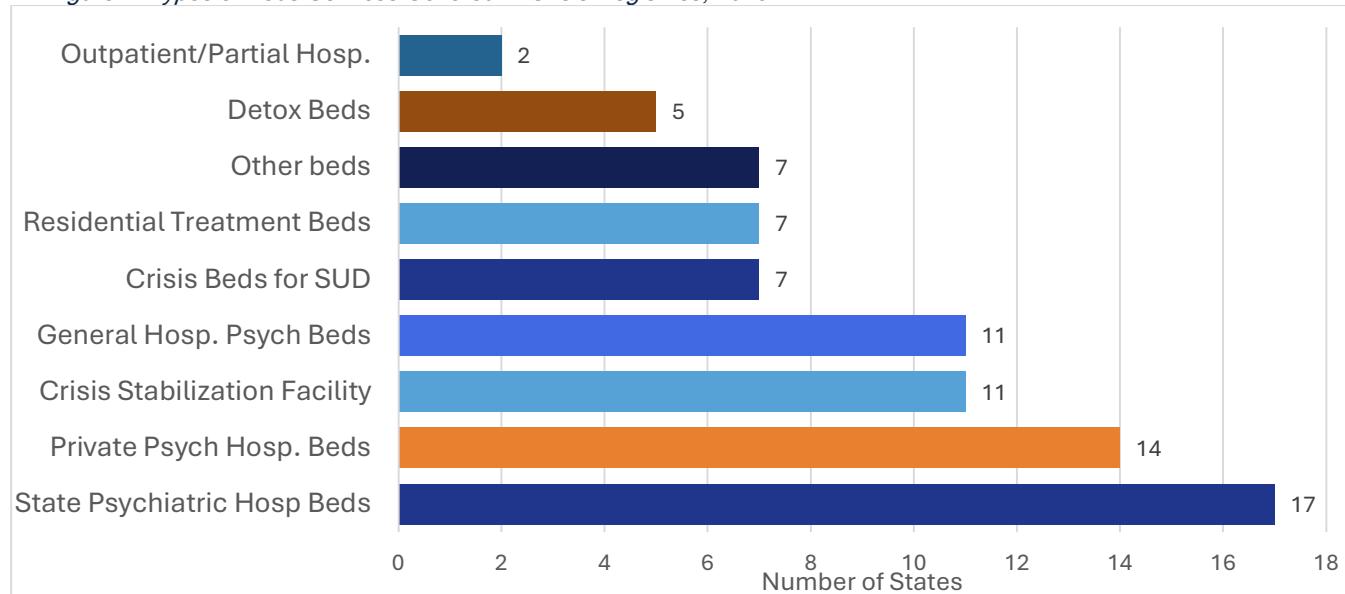
Services Covered by Crisis Registries:

In many states, these registries track the availability of not only psychiatric beds, but also multiple other clinical service settings that may be more appropriate for individuals experiencing a crisis. State psychiatric hospital beds (17 states) are the setting most frequently included in registries, but private psychiatric hospital beds (14 states) and general hospital psychiatric beds (11 states) are also often included.

As states expand their behavioral health crisis systems, crisis stabilization services (that provide less-than 24-hour care with crisis beds or follow a living-room model with recliners) are also being included in crisis service registries (11 states). Delaware and Nebraska's registries enable users to make appointments for outpatient or partial hospitalization services for individuals who do not require facility or crisis stabilization level services.

In addition to mental health crisis services, seven states use their registry systems to track available substance use disorder crisis beds and five states track available substance use detoxification beds.

Figure 2: Types of Beds/Services Covered In Crisis Registries, 2025



Registry Systems Used:

Seven states reported that their registries' software system was developed by the state. Seven other states reported they purchased software to support their registry. Four states reported that their registry software was developed by another state agency or is a combination of multiple information systems (such as an Electronic Health Record (EHR) and spreadsheets managed by the state). Among purchased systems, Bamboo Health, Carematch, CommCare, and BH Link were systems being used by states.

This report was prepared by the NASMHPD Research Institute (NRI) based on information submitted and reviewed by SMHAs during 2025. Forty-nine states and DC supplied information for this report. Copies of this Profiles report and other Profiles reports are available at: www.nri-inc.org/profiles.

SMHA staff have access to additional detailed state-by-state Profiles data on the Profiles website.