

STATE BEHAVIORAL HEALTH DATA REPOSITORIES

This memorandum provides information regarding behavioral health data repositories in other states.

STATES WITH BEHAVIORAL HEALTH DATA REPOSITORIES

Certain states require public and private behavioral health service providers to submit data to a state data repository. Required data may include age of first drug or alcohol use, frequency of use, number of prior treatment episodes, principal source of referral, type of services, living arrangements, date of admission, and demographic and other information. Demographic information includes age, education, employment status, ethnicity, race, and gender. States with behavioral health data repositories include:

- Colorado - All licensed substance use disorder (SUD) providers are required to submit data to the state.
- Connecticut - All public and private mental health and substance abuse providers, excluding hospitals, are required to submit data to the state.
- New Jersey - All licensed substance abuse treatment providers are required to report to the state through a web-based reporting system.
- Rhode Island - Any behavioral health care provider that is licensed by the state Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is required to submit client information to the state regardless of payment source. However, certain individual private providers (psychiatrists, licensed independent clinical social workers, etc.) are not licensed by BHDDH, so the repository does not include all data.

STATES WITH PENDING OR RECENT BILLS TO ENACT BEHAVIORAL HEALTH REGISTRIES

Legislation which would enact the establishment of an acute psychiatric bed registry is pending in New York as of March 2014. The registry, if enacted, would collect, aggregate, and display information about available acute beds in public and private inpatient psychiatric facilities or crisis stabilization units.

Vermont has pending legislation which would enact a mental health resource and referral registry in the state. The proposed electronic mental health resource and referral system would support and connect health care professionals specializing in mental health or substance abuse treatment, medical homes, community health teams, advocates, families, and consumers. The registry would contain a list of licensed, certified, or rostered mental health and substance abuse professionals in Vermont who serve clients in inpatient or outpatient settings. The list of professionals would identify their specialties, ability to accept new patients, and populations served, including whether Medicaid or Medicare is accepted.

Legislation related to an acute psychiatric bed registry was enacted in Virginia in April 2014. Virginia House Bill No. 1232 requires the development of a web-based acute psychiatric bed registry for public and private inpatient psychiatric facilities and crisis stabilization units. The registry will provide information about the number of beds available and the type of patient that may be admitted to identify appropriate facilities for the detention and treatment of individuals subject to the civil admission process.