

Understanding the Essential Elements of an Effective Statewide Bed Registry

The FY 2019 Transformation Transfer Initiative (TTI)
States of Delaware and Georgia



SAMHSA
Substance Abuse and Mental Health
Services Administration

Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Introduction and Webinar Goals

In this webinar, the FY2019 TTI states of Georgia and Delaware will illustrate the key components of a successful Crisis Services/Psychiatric bed registry and its role in improving crisis services in their states.

They will use their experiences to educate the viewers, especially those looking to build or grow a bed registry, of the several key mechanisms which need to be present to be successful.

Speakers will demonstrate with real examples that to develop a successful registry, it is critically important to:

- establish early and ongoing communication with all internal and external organizations and partners, as well as incorporate their input and feedback throughout the process.
- choose and adapt technology to meet the needs of partners and end-users, creating training and implementation strategies, and collecting data.

Both states will share lessons learned, successes in sustainability, and offer concrete examples, on their methodologies and technological strategies, and important insights to their process.

DELAWARE TREATMENT & REFERRAL NETWORK

Lisa Johnson, Informatics Consultant (HEALThe Insights)

Sean Miller, Lead for Implementation of DTRN, Lead for Informatics at Delaware Division of Substance Abuse and Mental Health



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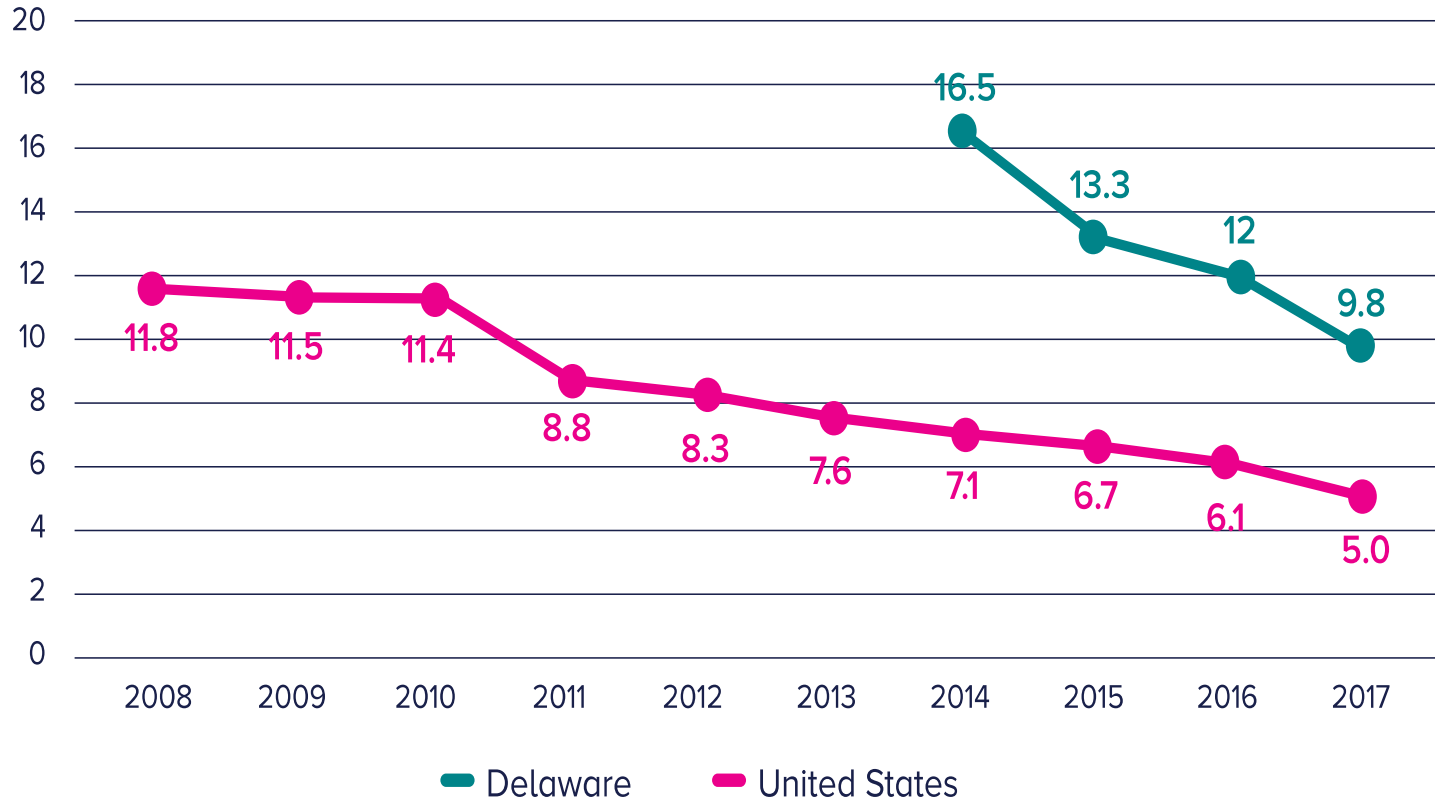
Delaware Overdose Deaths

172	188	223	229	308	345
IN	IN	IN	IN	IN	IN
2012	2013	2014	2015	2016	2017

400
IN
2018

DELAWARE RANKED FIRST IN THE NATION FOR HIGH-DOSE OPIOID PRESCRIPTIONS

ANNUAL HIGH-DOSE (≥ 90 MME/DAY) PRESCRIBING RATES PER 100 PERSONS



Delaware Treatment and Referral Network (DTRN)

eReferral System

THE INDIVIDUAL IS CONSIDERED ABOVE ALL — TREATMENT IS PERSON-CENTERED

START SYSTEM OF CARE

THE GATEWAY TO CARE HAS MULTIPLE POINTS OF ENTRY

OVERDOSE SYSTEM OF CARE

Connecting those in crisis due to an overdose with immediate care through:

- Hospitals
- Emergency Medical Services
- Urgent Care
- Police Officers
- Department of Correction
- Recovery Program
- Family
- Doctor
- Self

24/7 PEER SUPPORT IS THERE FROM THE BEGINNING



LEVEL-OF-CARE ASSESSMENT AND PERSONALIZED TREATMENT REFERRAL HAPPENS INSTANTLY



TREATMENT CAN TAKE MANY FORMS

- Acute Care
- Subacute Care
- Ongoing Chronic Care

SOCIAL SERVICES MEET OTHER LIFE NEEDS



GOAL SETTING • HOUSING • TRANSPORTATION • EMPLOYMENT • ACTIVITIES FOR DAILY LIVING

POST-TREATMENT SCREENING LEADS TO COMMUNITY SERVICES REFERRAL



REENTRY TO COMMUNITY, WITH ONGOING CARE

RESULTING IN THE BEST LIFE POSSIBLE



REFERRAL POINTS-OF-ENTRY GATEWAY AND PEER SUPPORT



OVERDOSE SYSTEM OF CARE

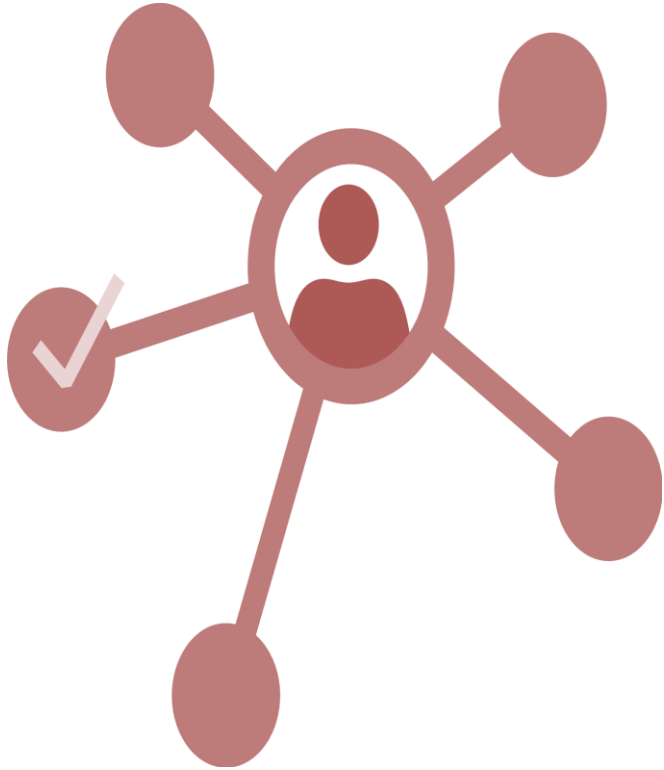
Connecting those in crisis
due to an overdose with
immediate care.

20+ POINTS OF ENTRY THROUGHOUT THE STATE:

- Hospitals
- Emergency Medical Services
- Urgent Care
- Police Officers
- Department of Correction
- Recovery Program
- Family
- Doctor
- Self



Delaware Treatment and Referral Network



INSTANTLY CONNECTING PEOPLE IN CRISIS WITH THE CARE THEY NEED

- A transparent, efficient, and effective flow between primary and emergent care and behavioral health specialty care
- Matches a patient with services and resources
- Improves transitions of care
- Improves and enhances patient and care provider experience
- Gives patients a better chance to live the best life possible

DTRN at a Glance

- ❖ There are over 1200 users from 50 organizations within the state.
 - Behavioral Health providers and all Delaware based Health System EDs are participating
 - 3 out of state organizations
 - Primary Care and OB/Gyn are in the queue to be onboarded
 - Pediatric providers will be participating in Fall
- ❖ Since Go live September 2018, there were over 52k referrals and current averaging weekly referrals is 600.
- ❖ Most referrals (66%) were responded to within 30 minutes.
- ❖ Referral Declines are mostly due to patient acuity



Instantly connect patients in crisis with the care they need.

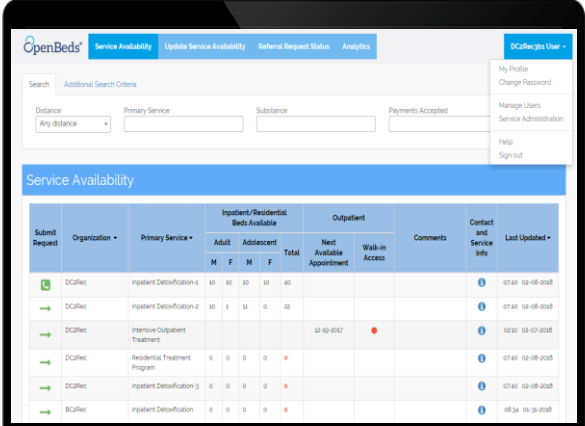
Delaware Treatment and Referral Network (DTRN) is a statewide, comprehensive referral network for behavioral health and substance use disorder treatment.

Health care providers in Delaware have partnered in support of one of our community's most vulnerable populations: individuals with behavioral health needs. Using a digital referral system to expedite placement for patients, providers can eliminate the need for manual processes while ensuring appropriate care. DTRN's automated system provides an online inventory of services and wait times in order to meet patients' needs 24 hours a day, seven days a week. Once available services are identified, referring care teams can electronically transfer patients to providers around the state that match the level of care needed. DTRN's electronic referral process also allows referring and receiving care teams to coordinate supporting services such as transportation, housing, and employment, making the patient's transition as smooth as possible.



Service Types

- ❖ Inpatient Withdrawal Management
- ❖ Medication Assistant treatment
 - ❖ Non OTP and OTP
- ❖ Psychiatric Inpatient
- ❖ Intensive Outpatient and Outpatient
- ❖ Partial Hospitalization
- ❖ Peer Support
- ❖ Housing: Group Home, Recover Housing, Sober Living
- ❖ Will be adding additional SDOH referrals (transportation)



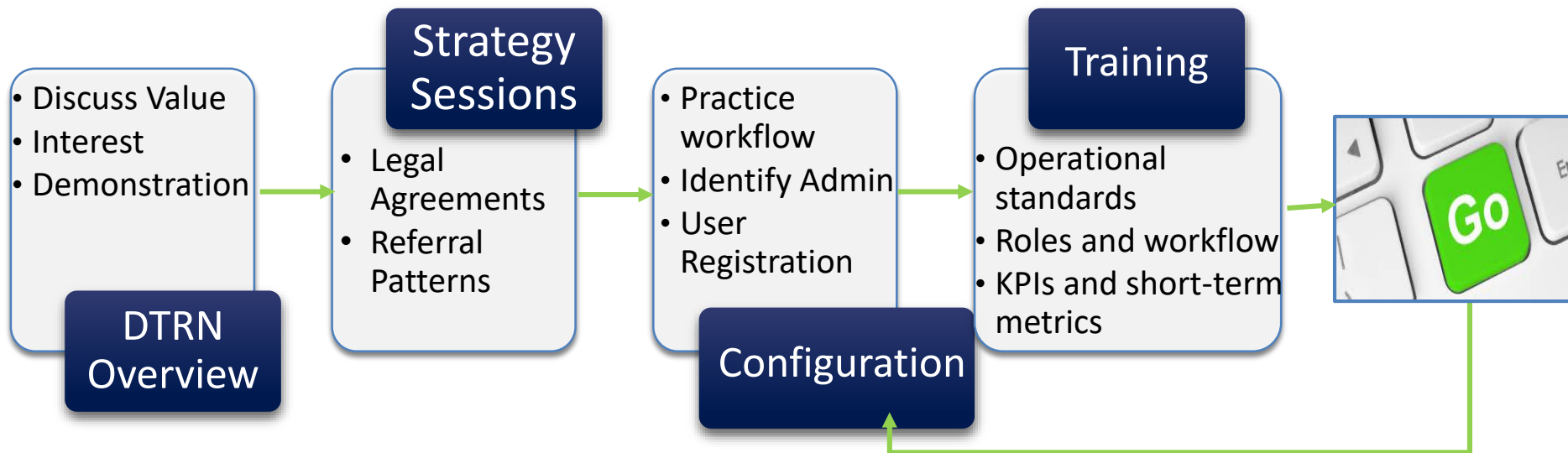
The screenshot displays the OpenBeds Service Availability interface. It includes a search bar with filters for Distance, Primary Service, Substance, and Payments Accepted. The main table, titled 'Service Availability', lists various services with columns for Organization, Primary Service, Inpatient/Residential Bed Availability (Adult, Adolescent, Total), Outpatient (Next Available, Walk-in Access), Comments, Contact and Service Info, and Last Updated. The table contains several rows of data, including services like Inpatient Detoxification and Residential Treatment Program.

Submit Request	Organization	Primary Service	Inpatient/Residential Bed Available			Outpatient		Comments	Contact and Service Info	Last Updated
			Adult	Adolescent	Total	Next Available	Walk-in Access			
			M	F	M	F				
📍	DCRec	Inpatient Detoxification-1	10	10	10	10				07:40 02-08-2018
→	DCRec	Inpatient Detoxification-2	10	1	11	0	10			07:40 02-08-2018
→	DCRec	Intensive Outpatient Treatment					10-10-2017	●		02:00 02-07-2018
→	DCRec	Residential Treatment Program	0	0	0	0				07:40 02-08-2018
→	DCRec	Inpatient Detoxification-3	0	0	0	0				07:40 02-08-2018
→	BCRec	Inpatient Detoxification	0	0	0	0				08:34 01-30-2018

Building Foundation for Success

Onboarding Process

Program is supported by a Program Manager, analyst, outreach coordinator, and an intern



Post Go Live Facility Rounding to Drive Adoption

**Delaware Treatment & Referral Network
Facility Rounding**

Facility _____ Date _____

Team Member _____

How is it going?	
How do you incorporate DTRN into your workflow (old vs new)?	
Do you believe that the digital referral process will increase your efficiency?	
What data to you exchange in a referral (receive send)?	
Who <u>are</u> your biggest referring/receiving agencies?	
Who do you work with that you wish was using the Network?	
Is there any other group, service, team, facility that we should include in the network to make it easier for you to refer patients?	
Overall how can we make the digital referral process easier for you?	


- ❖ Develop a pipeline of onsite facility visits
- ❖ Visit facilities that are live
 - Revisit DTRN value proposition
 - Get feedback on use of the tool
 - Discuss current utilization
 - Determine opportunities for improvement/learn about best practices from the facilities
- ❖ Identify agreed upon next steps
 - Utilization goals
 - Timeframe for follow-up
- ❖ DTRN team will develop Action plan with metrics

Key Performance Indicators

- ❖ Increase total volume 25% both referring and receiving
- ❖ 30 minute response time (Receiving)
 - Achieve for 60% of referrals
- ❖ Increase the number of Updating facility information (Referring)
 - At least 2x a day
 - Every shift change (stretch goal) All referrals that are declined must have an explanation (100%)
- ❖ Close the loop on 70% of referrals



Facility Action Plan



Delaware Treatment & Referral Network Action Plan

Facility Meadowood Date 10/5/18

- Meadowood leadership team is enabling additional providers to use the DTRN. They will be using a train the trainer model to onboard additional team members. DSAMH has offered training assistance, if needed.
- Meadowood is already working on increasing their utilization of OB. The chart below displays their targets they will be working towards in the next 2 weeks.
- We discussed the fact that Meadowood is both a Receiving and a Referring organization. At the time of discussion, they were not aware they could also refer and will be increasing the number of referrals they send by the end of the week (10/12).
- There are 2 organizations they would like to see join the Network: Recovery Centers of America and Recovery Innovations Restart
- There are challenges in using the central email inbox. Meadowood has verified on their end there are no issues so DSAMH has alerted OB to test on their end.

Metrics	Current	Goal
Increase total volume 25%	29 a week	36 a week
Increase the number of Peer Support Requests 10% of Total referrals	0 in a week	3 in a week
Increase the number of updates to facility information (Referring)	At least once a day	2x a day
All referrals that are declined must have an explanation (100%)	50%	100%
30-minute response time (Receiving)	38%	60%
• Achieve for 60% of referrals		

Follow up meeting date: First Week of November

- ❖ Review of Action Plan
- ❖ Share the most recent metrics
- ❖ Develop regular cadence of meetings
- ❖ Current utilization review
- ❖ Discuss other opportunities to connect

Analytics and Reporting

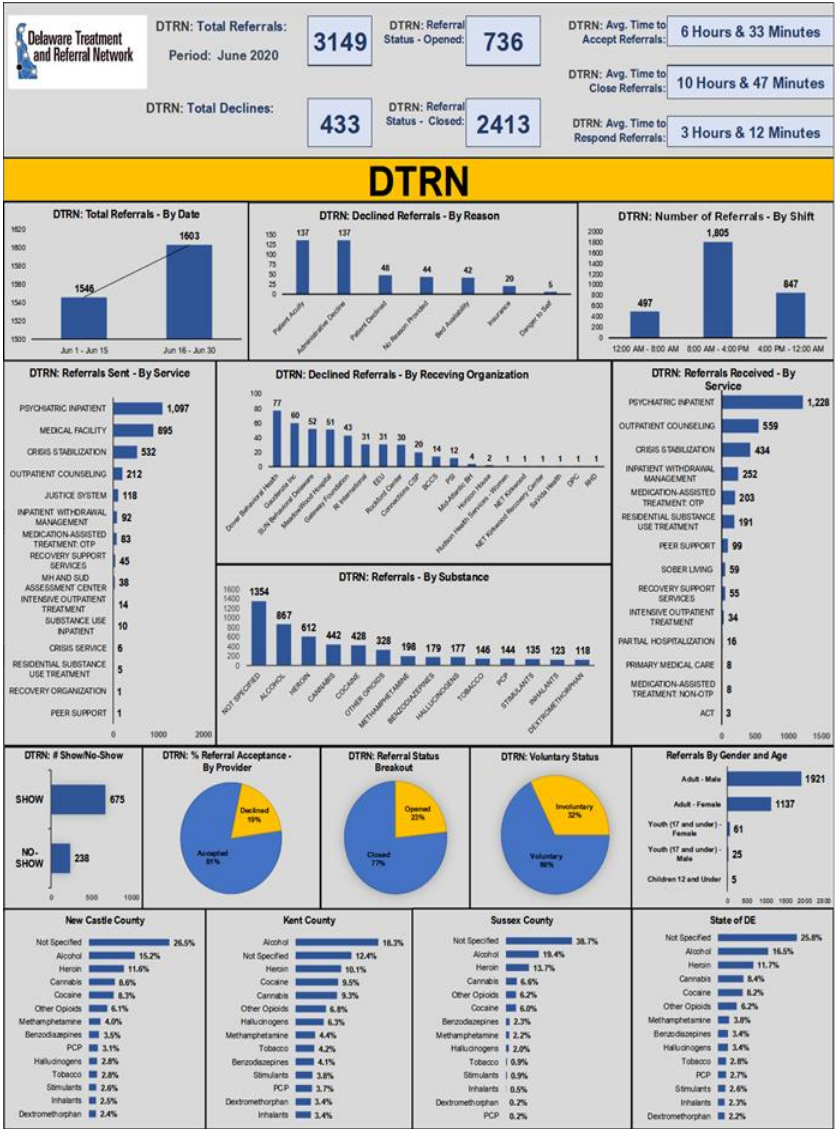
Delaware Treatment and Referral Network						
Weekly Report: DATE HERE						
Informatics Lead:		Business Leads:		Program Manager:		
Weekly Visit Summary	Date	Visit Type	Meeting Purpose	#	Tasks	Target Complete
Shire Mill Health	1/16/20	Coaching	Had several trainings and visiting to determine issues around system use.	1	Daily Bed Availability Report	Ongoing
Dobson Health	1/17/20	Overview	Provided DTRN Overview with leadership team and end users	2	Schedule Overviews and do Training	Ongoing
Living Behavioral	1/17/20	Troubleshoot	Has a DTRN Check-In at the request of super user	3		
Rainbow House	1/22/20	Training	Provided Training with new staff			
Baylor Detox	1/22/20	Workflow	Assisted with the workflow and how they incorporate DTRN better			
Bright Side	1/30/20	Education	Had problems with adoption of the enhancement "show/no show". Going to provide user education			
Visit Stats						
Number of Agencies Visited this week: X						
Number of people reached this week: X						
Total Number of Agencies Trained (Overview/Training/Check-In) this Period: x agencies						
Total Number of Staff Trained this Period: x staff						
Total Number of Agencies "touched" to Date: x agencies						
Total Number of Staff "touched" to Date: x Staff						
#Next Week Target Practices (Scheduled/Unscheduled)	Date	Visit Type	Meeting Purpose			
1 Dover Acute Rehab	1/16/20	Coaching	Have had several trainings and visiting to determine issues around system use.			
2 Shire Mill Health	1/17/20	Overview	DTRN Overview with leadership team and end users			
3 Living Behavioral health	1/17/20	Troubleshoot	DTRN Check-In at the request of super user			
4 Rainbow House	1/22/20	Training	DTRN Training with new staff			
5 Baylor Detox	1/22/20	Workflow	Assisting with the workflow and how they incorporate DTRN better			
6 Bright Side	1/30/20	Education	Had problems with adoption of the enhancement "show/no show". Going to provide user education			

Delaware Treatment and Referral Network									
Monthly Executive Summary: March 2020									
Division: DSAMH		Initiative Sponsor:		Business Leads:		Program Manager:			
Month Summary				Visit Type					
				Week1	Week 2	Week 3	Week 4		
<ul style="list-style-type: none"> Meeting held with CC re: START contracts - Carolina Care sent final SA to OB for signoff/ CC will not onboard in DTRN until CC Legal signs off on DSAMH START contract Existing Provider New Services communication/forms drafted pending DSAMH sign off / 9 existing providers will have the ability to add these services Fully executed agreements received for 5 providers pending DSAMH onboarding 10 Providers have not returned subscription agreements to OpenBeds - DSAMH to follow up DTRN Adoption meeting held with DSAMH - online survey to be created by 2/27 				Training		X			
				Education					
				Overviews					
				Coaching			X		
				Troubleshooting					
				TOTAL	1	1	2		
Utilization and Support Statistics				Pending Organizations					
<ul style="list-style-type: none"> Monthly Total Referrals - Show/No Show fill rate - x% Declines - Top Substance by County <ul style="list-style-type: none"> New Castle - Alcohol Sussex - Opioid Kent - Alcohol 				<ul style="list-style-type: none"> Issues/Requests Reported: 25 <ul style="list-style-type: none"> Change/Update to account X% Password/Reset X% Provider Setup X% Removal of Users X% 					
				Organization	Executive Overview	Contracting	Configuration	Training	Live
				PRMC					
				Keystone					
				Bowling Green					
				Nemours					
				Hero Help					
				NCCP					

- Weekly report detailing progress and goals for the week for the internal DTRN engagement team
- Used to keep engagement team on-track
- Provides a quick glance on the status of engagement with community providers as it relates to training on and deployment of DTRN

- Monthly Executive reporting provided to DSAMH leadership displaying aggregated DTRN data on performance metrics and status of deployment and training

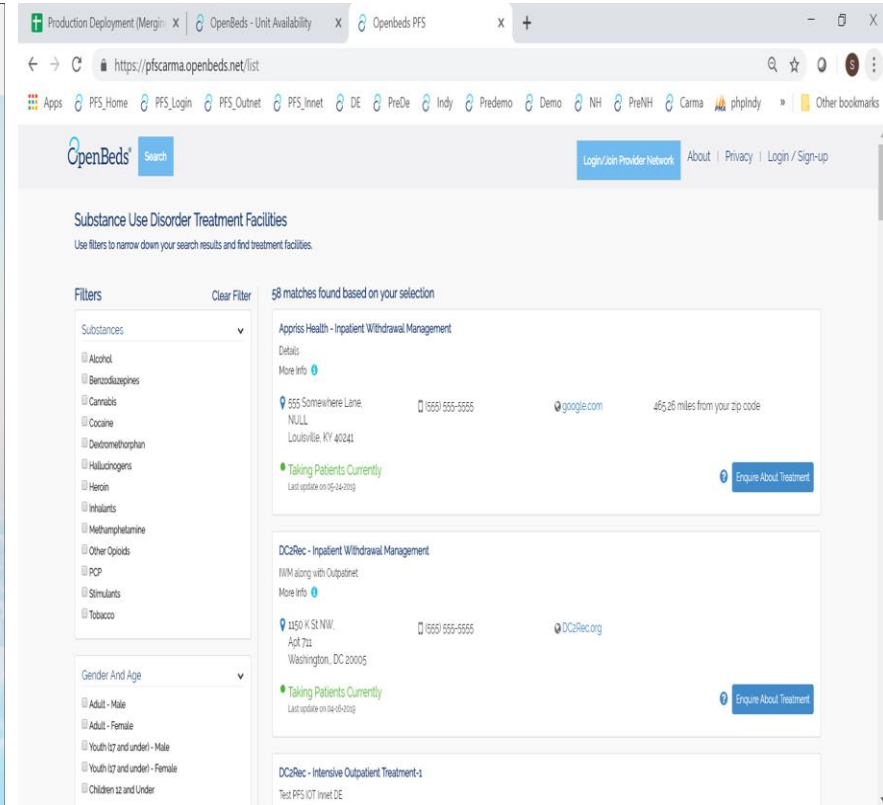
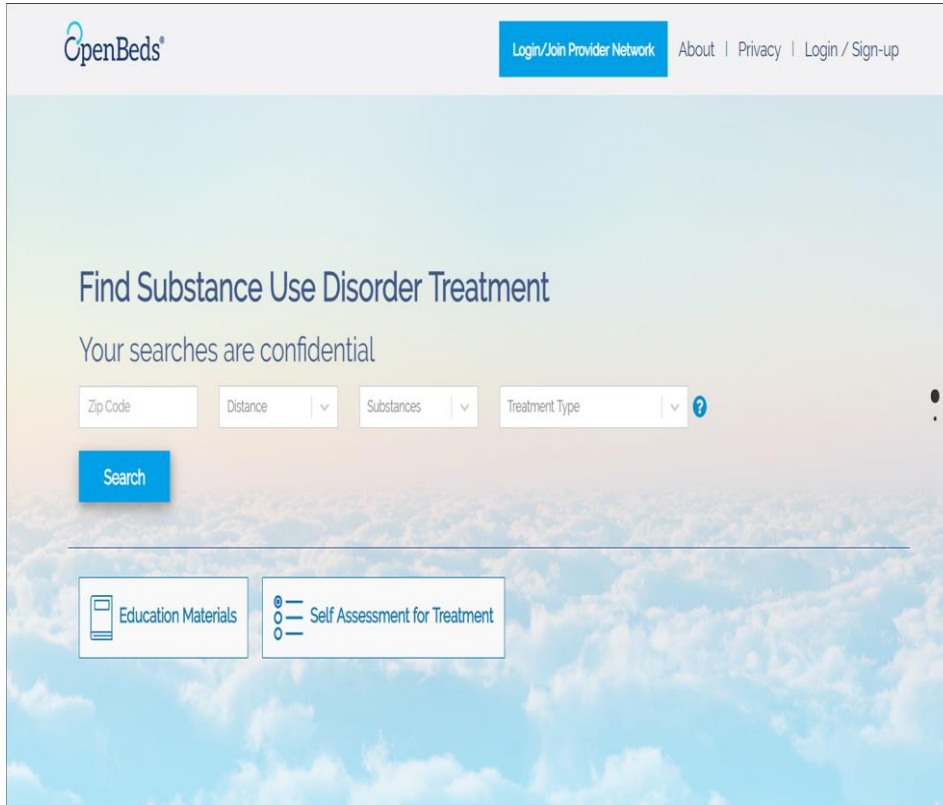
Analytics and Reporting



- Monthly report that goes out to all community providers as well as DSAMH leadership
- Includes aggregated data on the performance on DTRN Metrics as well as flow through the systems (referrals in and out)
- There is also an organizational report that is sent to each provider



Patient Facing Portal



- View of the public portal that will allow the public to search for and enquire about availability of services directly in one location

Georgia TTI Bed Registry Update: Leveraging Technology to Foster an Accountable and Responsive Crisis System

Debbie Atkins, LPC
Director, Office of Crisis Coordination

Jill Mays, LPC
Director, Office of Prevention & Federal Grants

Georgia Department of Behavioral Health and Developmental
Disabilities



SAMHSA
Substance Abuse and Mental Health
Services Administration

“Sometimes you need a little crisis [SYSTEM] to get your adrenaline flowing and help you realize your potential.”

— Jeannette Walls, The Glass Castle

Crisis: 危机

Guiding Principles: Transparency



Building the Foundation for a Crisis Continuum



Items to consider prior to installing a bed registry system

Before the Hardware

Know Who Your Partners Are

Partners

- **Beacon Health Options, Inc.**
Community Behavioral Health information system for clinical review, utilization management, service authorization, claims payment, and provider quality reviews
- **Behavioral Health Link, LLC**
GCAL, Blended Mobile Crisis Team (MCT) dispatch and response for four regions, text to chat, crisis bed management system. Part of the ASO.
- **Benchmark Human Services**
Mobile Crisis Response for two regions

How we engage them

- Contracted Administrative Services Organization (ASO) frequent clinical and systems meetings
- Frequent meetings, design, outcomes, clinical pathways etc., and quarterly MCT meetings
- Quarterly MCT meetings

Be Intentional in your Engagement

Partners

- **Georgia Hospital Association**
Trade organization for all hospital systems in the state
- **Georgia Sheriffs' Association**
Official leadership representing all sheriff departments across the state
- **Community Service Boards**
Georgia safety net providers for behavioral health and crisis services
- **Individuals with Lived Experience: Peer Network**

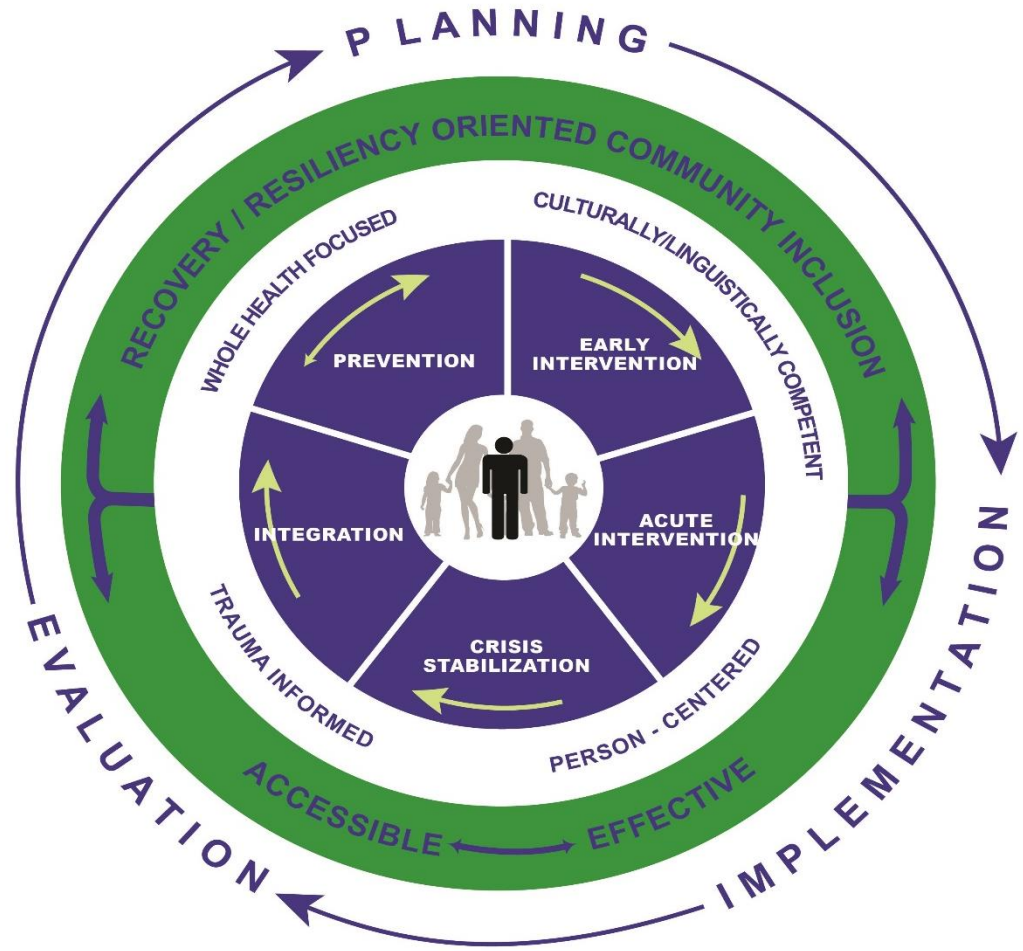
How we engage them

- Present at their quarterly meetings and their annual learning collaborative. Solicit input via meetings and surveys. They are invited locally to regional community collaboratives.
- Present at their bi-annual training events, meetings with leadership team and single point of contact for issues that need resolving, they are invited locally to regional community collaboratives
- A delegation from DBHDD state office and medical directors from our state hospitals conducted planning sessions with their association representatives for one year to gain input into needed changes to the current board. We also have quarterly crisis meetings and bi-monthly regional community collaboration meetings that they attend.
- Every building and program must have lived experience guiding the flow and the policy.

Make Sure you have a Full Continuum

What prevention services are available prior to needing a bed?

- 24/7/365 Call Center (HUB)
- Open Access to Outpatient Services
- Mobile Crisis Teams
- Assertive Community Treatment
- Case Management Services
- Supported Housing
- Intensive Outpatient
- Detox
- Medication Assisted Treatment (MAT)
- Transitional Housing



Know What Problems You are Trying to Solve

What issues does your system have?

- Emergency Room Boarding
- Law Enforcement Transportation
- Boarding in Jails
- Access to Services
- Inefficient Commitment Laws
- Transparency issues between community and providers
- Overuse of 911
- Using Law Enforcement alone for mental health response

- Remember technology is a tool and will not fix issues it only highlights the problem
- Make decisions based on data; if you don't have it, figure out how to begin creating it
- You may think you know what issues you have, but with transparency other issues will be discovered

Overview of the Georgia System

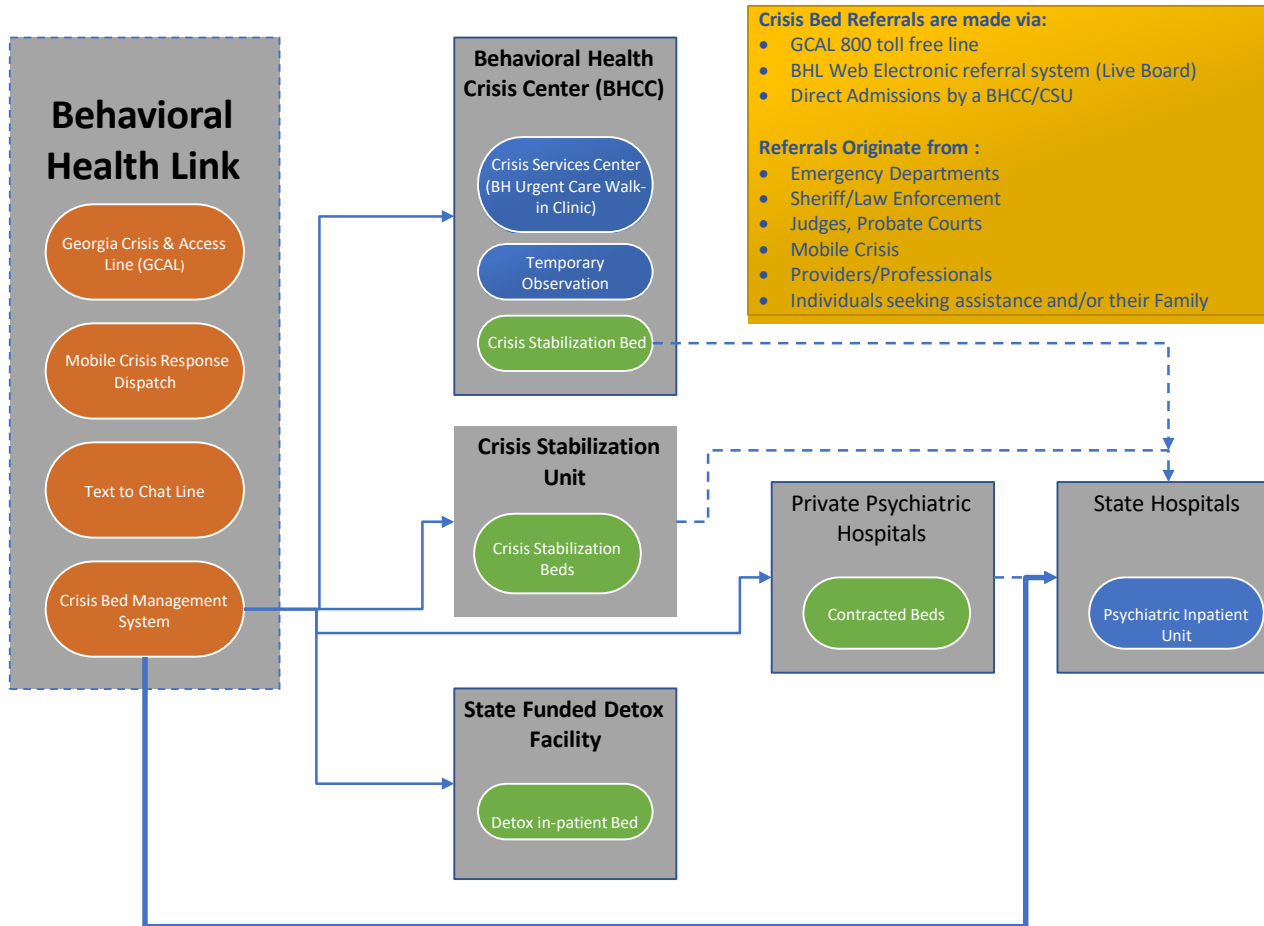


Introduction to the Georgia Crisis and Access Line (GCAL)

Georgia Crisis Continuum

Georgia Current Crisis Services System

March 27, 2020



GCAL Functions

Statewide telephonic crisis de-escalation, assessment, and referral free for anyone in Georgia

Single point of dispatch for DBHDD-funded Blended Mobile Crisis Teams statewide

Single point of entry for state-funded contract beds at private hospitals

Preferred point of entry (PPOE) for state hospitals and crisis stabilization units

SAMHSA Treatment Locator Calls from Georgians (1,500+ calls a month started in 2018)

National Suicide Prevention Lifeline Calls, answers 100% of calls from Georgians



Georgia Crisis & Access Line Functions(GCAL)

Georgia Crisis and Access Line (GCAL)

Statewide Central Call Center

- A toll-free, confidential hotline available 24 hours a day, 7 days a week from anywhere in Georgia providing:
 - Statewide telephonic crisis de-escalation
 - Assessment and referrals
 - Urgent and emergent appointments
 - For behavioral health, substance use disorders, and intellectual and developmental disabilities, including adults and kids.
- GCAL answers all SAMHSA Treatment Locator Calls from Georgians (1,500+ calls a month)
- Answers 100% of National Suicide Prevention Lifeline Calls from Georgia Area Codes

Text and Chat

- MyGCAL app is a connection to the Georgia Crisis & Access Line. It allows young people in Georgia to choose how they want to reach out to us through either text, chat, or phone.

Georgia Crisis and Access Line (GCAL) continued

Centralized Mobile Crisis Dispatch

- Single point of dispatch for DBHDD-funded Mobile Crisis Teams Statewide

Real Time Crisis Bed Management

- Single Point of entry for state-funded beds at private hospitals
- Preferred point of entry (PPOE) for state hospitals and crisis stabilization units
- Portal for emergency departments to track and communicate electronically regarding crisis referrals
- Live Beds Inventory of all DBHDD crisis beds

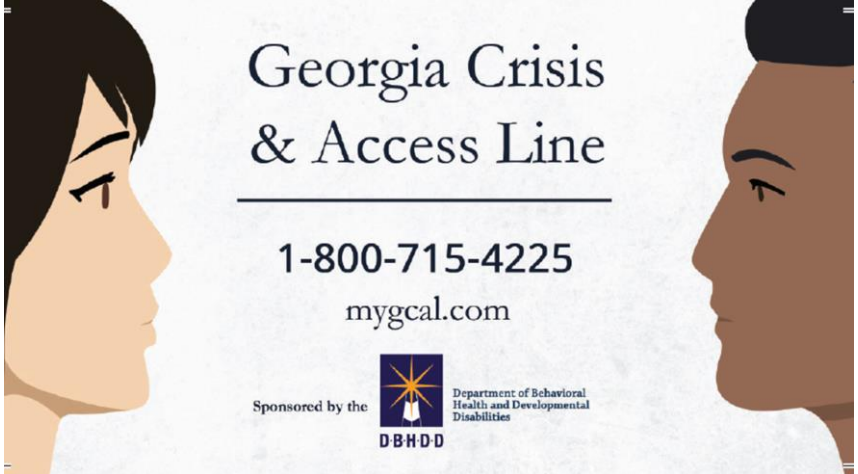
Real-Time Performance Outcomes and Dashboards

- Dashboards on call center performance including text and chat
- Dashboards on Mobile Crisis Services
- Data collection allowing outcomes measurement as determined by DBHDD

Live Census and referral system


- Georgia has been developing and enhancing a statewide live census and referral system for more than a decade to complement their integrated statewide crisis response system.
- Consumers, families, and first responders can call the Georgia Crisis and Access Line (GCAL) for help in a crisis.
- GCAL staff may resolve the crisis by phone, schedule an appointment for them in local clinic, or dispatch a locally established mobile crisis team to conduct a face to face assessment and determine treatment needs.

Statewide crisis line

An advertisement for the Georgia Crisis & Access Line (GCAL). It features two stylized profile illustrations of a woman on the left and a man on the right, facing each other. The text in the center reads "Georgia Crisis & Access Line" in a serif font, followed by a horizontal line, the phone number "1-800-715-4225", and the website "mygcal.com". At the bottom, it says "Sponsored by the" followed by the logo for the Department of Behavioral Health and Developmental Disabilities (DBHDD), which is a blue square with a white starburst and a white figure. To the right of the logo is the text "Department of Behavioral Health and Developmental Disabilities".

Georgia Crisis
& Access Line

1-800-715-4225
mygcal.com

Sponsored by the  Department of Behavioral
Health and Developmental
Disabilities
DBHDD

Shows Every Intensive Referral

- Waiting for care
- How long they've been waiting
- Where they are waiting



Status Disposition for Intensive Referrals

7 Days Pending Number of Pending Episodes 127 Scan Elapsed Time 3 Seconds (Double Click a Row to Open Episode)

Type of Facility	Age Gr...	Program or Hospital	Ref/Dispatch Date	Minut...	Referral Source	Ref Location T...	Primary Pres...	Acuity	Locus	C...	Wait Time	Consumer ID
CSU		Region 6 MH Pending Referral (GC...	2/2/2018 2:27 PM	204	Midtown Me...	Hospital ED	MH	Urgent	Level V	6	03:24:27	2018020...
CSU	Adult	Region 5 MH Pending Referral (GC...	2/2/2018 2:21 PM	210	Memorial H...	Hospital ED	MH	Emergent	Level VI	5	03:29:44	2011101...
SH	Adult	Region 6 SCB (State Contract Bed)...	2/2/2018 2:18 PM	213	West Georgi...	Hospital ED	MH	Urgent	Level V	6	26:34:52	2011050...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 2:06 PM	225	Wellstar Ke...	Hospital ED	MH	Emergent	Level VI	1	12:21:47	2018020...
CSU	Adult	Region 4 MH Pending Referral (GC...	2/2/2018 1:56 PM	235	Terrell	Jail / Prison ...	MH	Emergent	Level V	4	06:44:25	2017091...
CSU		Region 6 Medical Clearance Pendl...	2/2/2018 1:53 PM	238	N/A	Community	AD	Urgent	Level V	6		2014012...
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 1:49 PM	242	University H...	Hospital ED	MH	Emergent	Level V	2	07:45:50	2015060...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 1:39 PM	252	Southern R...	Hospital ED	MH	Emergent	Level V	3	74:59:23	2018013...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 1:39 PM	252	Northside H...	Hospital ED	MH	Emergent	Level VI	1	14:21:53	2018020...
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 1:39 PM	252	Spalding Re...	Hospital ED	MH	Emergent	Level VI	6	11:33:34	2013041...
CSU	Adult	Region 5 AD Pending Referral (GC...	2/2/2018 1:12 PM	279	N/A	Community	AD	Urgent	Level V	5	29:56:31	2018020...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 12:46 PM	305	Piedmont F...	Hospital ED	MH	Urgent	Level V	6	15:40:51	2018020...
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 12:36 PM	315	Gwinnett He...	Hospital ED	MH	Emergent	Level VI	3	05:15:35	2009010...
CSU	Adult	Region 1 AD Pending Referral (GC...	2/2/2018 12:07 PM	344	N/A	Community	AD	Urgent	Level V	1	05:43:55	2016072...
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 12:03 PM	348	Northside H...	Hospital ED	MH	Urgent	Level VI	3	05:48:12	2018020...
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 11:56 AM	355	Redmond R...	Hospital ED	MH	Urgent	Level VI	1	05:55:26	2017110...
BHCC	Adult	DeKalb BHCC DeKalb CSB	2/2/2018 11:50 AM	361	Southern R...	Hospital ED	MH	Emergent	Level VI	3	06:01:00	2018020...
APS Hospital	Adult	SCB Approval Request GCAL UM T...	2/2/2018 11:34 AM	377	Northeast C...	Hospital ED	MH	Emergent	Level VI	1	14:19:09	2015090...
SH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 11:30 AM	381	Children's ...	Hospital ED	MH	Emergent	Level VI	3	26:39:05	2018020...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:05 AM	400	Northside H...	Hospital ED	MH	Urgent	Level V	3	16:13:23	2018020...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:01 AM	410	Newton Me...	Hospital ED	MH	Emergent	Level V	3	29:24:05	2010083...
SH	Adult	East Central Regional Hospital GA...	2/2/2018 11:00 AM	411	Newton Me...	Hospital ED	MH	Emergent	Level V	3	26:27:57	2018013...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 10:50 AM	421	Atlanta Med...	Hospital ED	MH	Emergent	Level V	3	15:08:06	2009040...
CSU	Adult	Region 6 AD Pending Referral (GC...	2/2/2018 10:14 AM	457	N/A	Community	AD	Urgent	Level V	6	22:17:40	2018020...
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 9:41 AM	490	Midtown Me...	Hospital ED	MH	Urgent	Level VI	6	08:10:02	2018012...
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 9:37 AM	497	Northside H...	Hospital ED	MH	Emergent	Level VI	1	08:14:07	2018020...

- Above is a screenshot from the Behavioral Health Link website showing cases pending for intensive referrals in the State of Georgia
- Our team can see who is waiting, how long they have been waiting, and where they are waiting

Shared Bed Inventory Tracking



Statewide Beds Inventory Status by Individual Bed

Page 1 of 19 (471 items)

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender	Individuals Name	Age	Residence County	Crisis Count
Clear						available						
Edit	De	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 14	Available	<ul style="list-style-type: none"> ✓ Begins with Contains Doesn't contain Ends with Equals Doesn't equal 	Female			
Edit	De	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 9	Available		Male	-1		
Edit	De	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 2	Available		Female	-1		
Edit	De	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 11	Available		Male	-1		
Edit	De	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 21	Available			-1		
Edit	De	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 14	Available	Not Applicable		-1		
Edit	De	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 30	Available	Not Applicable		-1		
Edit	De	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 1	Available	Not Applicable		-1		
Edit	De	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 16	Available		Male	-1		
Edit	De	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 5	Available	Not Applicable		-1		
Edit	De	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 6	Available	Not Applicable		-1		
Edit	De	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 4	Available	Not Applicable		-1		
Edit	De	4	Adult Temp Obs	Albany Area Community Service	Albany Area CSU	CZ 3	Available	Not Applicable		-1		

- Above is a screenshot from the Behavioral Health Link website
- Shows summary census that gives the status of every bed in the system statewide

Overview of the Georgia Enhancements



New Portal System for Local Emergency Departments

Expanding Partnerships

New Portal View for Emergency Departments

The screenshot displays the 'HOSPITAL PORTAL' interface for 'PENDING STATUS'. The top left features the BHL Behavioral Health Link logo. A 'Return To Menu' button is located in the top right. On the left side, there is a 'Menu' with buttons for 'Pending (91)', 'Completed (1843)', 'Rejected (9)', and 'New PARF'. Below the menu is a 'Refine Search' section with input fields for 'Start Date' (5/23/2020), 'End Date' (6/22/2020), and 'Region'. A search button is at the bottom of the search section. The main content area shows a table with 10 entries, each with a '+' icon in the first column. The table columns are: Individual Name, Created Date/Time, Referring Facility Name, and Action. The 'Action' column contains icons for edit, delete, and other functions. Below the table, it says 'Showing 1 to 10 of 91 entries' and includes pagination controls for 'Previous', '1', '2', '3', '4', '5', '10', and 'Next'.

	Individual Name	Created Date/Time	Referring Facility Name	Action
+		6/4/2020 6:16:19 AM	Hutcheson Medical Center	[edit] [delete] [mail] [calendar]
+		6/22/2020 1:36:54 PM	Memorial Health University Medical	[edit] [delete] [mail] [calendar]
+		6/22/2020 12:59:23 PM	Cartersville Medical Center	[edit] [delete] [mail] [calendar]
+		6/22/2020 12:43:26 AM	Spalding Regional Medical Center	[edit] [delete] [mail] [calendar]
+		6/22/2020 9:21:47 AM	Henry Medical Center	[edit] [delete] [mail] [calendar]
+		6/22/2020 7:28:29 AM	Northside Hospital Fulton	[edit] [delete] [mail] [calendar]
+		6/22/2020 1:10:05 AM	North Fulton Regional Hospital	[edit] [delete] [mail] [calendar]
+		6/21/2020 7:15:31 AM	Coffee Regional Medical Center	[edit] [delete] [mail] [calendar]
+		6/21/2020 2:19:10 AM	Memorial Health University Medical	[edit] [delete] [mail] [calendar]
+		6/20/2020 10:20:39 PM	East Georgia Regional Medical	[edit] [delete] [mail] [calendar]

- Above is a screenshot of the portal view for emergency departments on the Behavioral Health Link website
- This view allows users to see and track all of their submissions



PENDING STATUS

[Return To Menu](#)

Menu

Pending (91)

Completed (1843)

Rejected (9)

New PARF

Refine Search

Start Date:

5/23/2020

End Date:

6/22/2020

Region:

- Region 1
- Region 2
- Region 3
- Region 4

Include Rejected Inactive PARF(s)?

Search

Show 10 entries

Search:

Individual Name	Created Date/Time	Referring Facility Name	Action				
[Redacted]	6/4/2020 6:16:19 AM	Hutcheson Medical Center					
Referral Type:		Medical Staff (Emergency Room)					
Closest Referred Facility:		Treatment Services					
Gender:		Unknown					
Date Of Birth:		7/22/1966					
Submitted By:		dcupepper@ihrcorp.com					
Last Updated Date/Time:		6/4/2020 6:16:19 AM					
EpisodeID:		20200604055150146_dcul					
Attachments:							
	6/22/2020 1:36:54 PM	Memorial Health University Medical					
	6/22/2020 12:59:23 PM	Cartersville Medical Center					
	6/22/2020 12:43:25 AM	Spalding Regional Medical Center					
	6/22/2020 9:21:47 AM	Henry Medical Center					
	6/22/2020 7:28:29 AM	Northside Hospital Fulton					
	6/22/2020 1:10:03 AM	North Fulton Regional Hospital					

- Above is an expanded view of the portal view for emergency departments on the Behavioral Health Link website
- Feature to communicate electronically with the stabilization unit

Bed Inventory Updates

Temp	Status Notes:	Medical Issue	31	Clarke
Temp	Individuals Name:	Other	30	Clarke
Room	Referral Source:	Private Room	50	Clarke
Room	Core Provider:	1:1	-1	
Room	Temp Obs Admit Date:	2:1	53	Clarke
Room	CSU/IP Admit Date Time:	Health & Safety	57	Richmor
Room	Chief Complaint:		31	Clarke
Room	ICD-10 Primary D/x:		-1	
Temp	ICD-10 Secondary D/x:		55	Clarke
Room	Medical Issues:		-1	
Temp	Aftercare Status:		-1	
Temp	Aftercare Provider:		48	Clarke
Room	Aftercare Provider Other:		-1	
Room	Temp Obs Discharge Date:		84	
Room	Discharged Closed Date:		31	Clarke
Room	Facility Type:	Adult CSU	48	Clarke
Room	Facility Consumer ID:		54	Clarke

- Above is a screenshot showing new options to identify/select acuity of a particular person through a drop down menu
- Allows tracking of the unit to see what they are handling at a given moment

Return on Investment



Using limited resources wisely

Outcomes

More Referrals in Less Time

- More referrals in less time
- Increased utilization of capacity (Daily occupancy reports generated from the system)
- Data generated helps to inform system needs and trends.

YEAR	VOLUME	TOTAL TIME TO ACCEPTANCE
<i>FY2013</i>	7,729	11:38
<i>FY2014</i>	8,073	10:12
<i>FY2015</i>	11,464	6:54
<i>FY2016</i>	12,979	7:27

Capacity Comparison

Volume of Beds

Type of Bed	FY 2009	FY 2017
State Hospital	640	280
Crisis Stabilization	359	509
Temporary Observation	N/A	96
Total	999	885

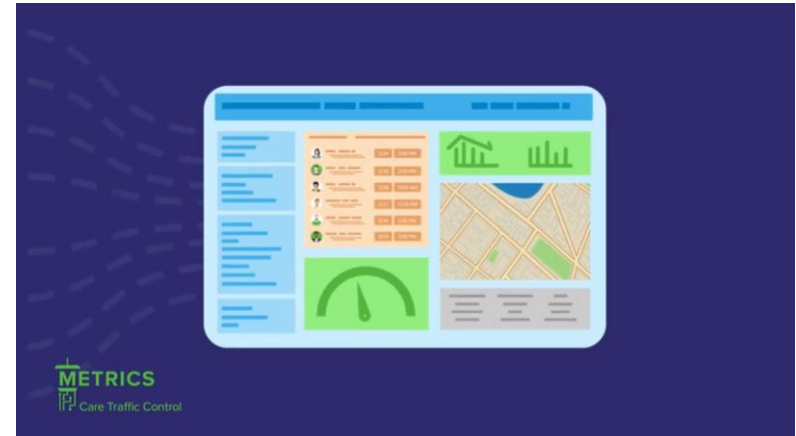
Volume of Admissions

Behavioral Health Crisis Admissions	FY 2009	FY 2017
Mobile Crisis	N/A	14,342
Crisis Stabilization	14,959	24,228
State Contract Beds	N/A	6,644
State Hospital (AMH)	9,557	2,622
Total	24,516	47,836

Georgia has been able to serve more individuals, closer to home, with less capacity all due to better coordination and transparency. Each level of care has been able to focus on individual care with appropriate lengths of stay. With live data, KPI indicators can drive the system.

Meaningful Metrics

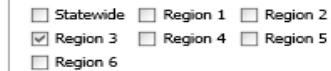
- The live census was launched in 2012. Since then, the state has established benchmarks (in parentheses below) and monitored performance using the following metrics:
 - Occupancy rate of Crisis Stabilization Units (90% required)
 - Denial rate (no more than 10%)
 - Length of Stay (average of 7 calendars days or less)
 - Diversion Rate (50% of individuals who present to Walk-In Centers or Temporary Observation Units and are treated in ≤ 24 hours and no longer require inpatient admission to a crisis unit or hospital)



Real-Time Performance Outcomes Dashboards



Mobile Crisis Response Services Live Dashboard



Data as of 03/11/2018 12:00 AM

Average Dispatch Response Time
(Scale In Minutes)



Average Mobile Crisis Response Time
(Scale in Minutes)



Average MCRS Assessment Time
(Scale in Minutes)



- This is one of the Mobile Crisis Response Live Dashboards looking at response time and assessment time
- Dashboards can show a particular region or the whole state

16707

Total Calls Offered

16302

Total Calls Answered

405

Abandoned Calls

9620

Crisis Calls (Ans < 15)

97

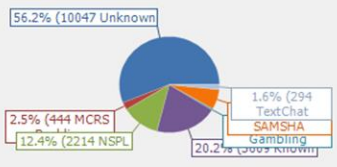
Crisis Calls %

2018

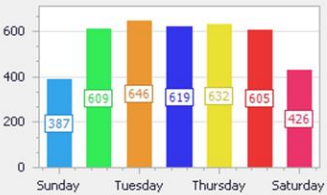
NSPL Calls Answered

9156

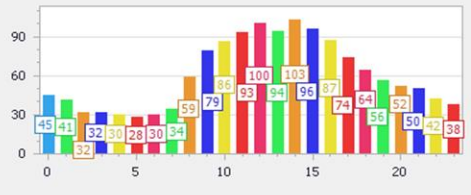
Outbound Calls



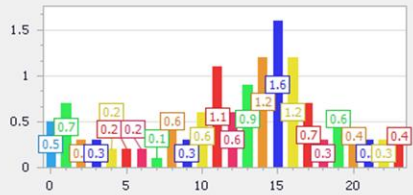
Calls by Skill Name



Avg Calls by Day of Week



Avg Calls by Hour



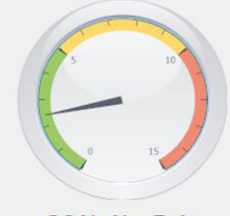
Avg Abn Calls by Hour



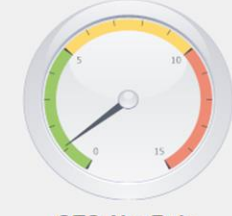
GCAL ASA (seconds)



OES ASA (seconds)



GCAL Abn Rate



OES Abn Rate

266

OES Offered

263

OES Answered

110

Total Text Calls

156

Total Chat Calls

0000

Downloads



Avg Talk Time Mins (Text/Chat)



Avg Talk Time Mins (GCAL)

- This is a point-in-time screenshot of the internal call center dashboard that tracks performance metrics like speed of answering and abandonment rate
- Gives information that assists with call center workforce planning

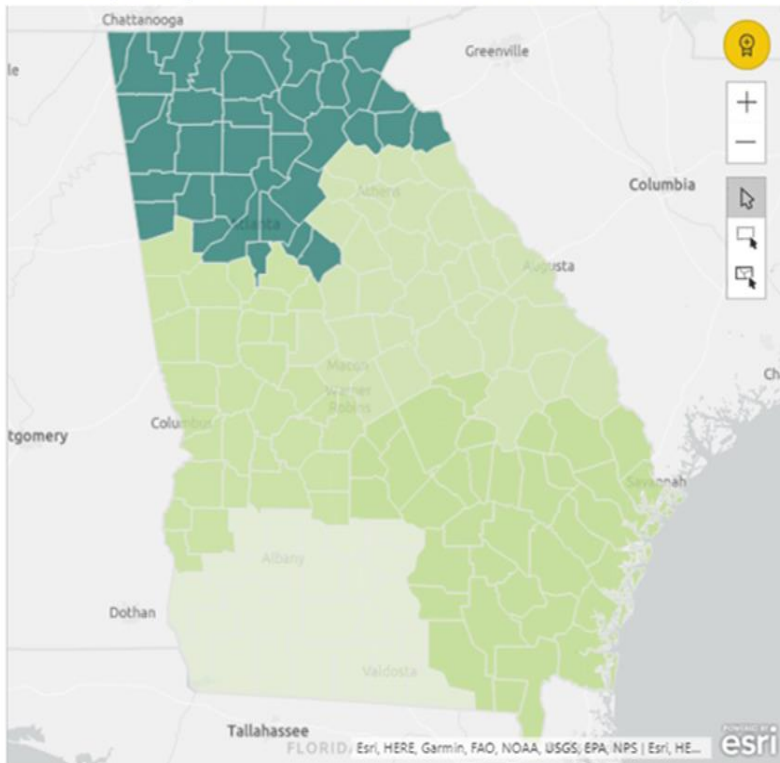
Forecasting Data

"What If" Gap Analysis for State of Georgia in 2020



Select the State Level Gap Analysis view Region Service Area

Gap Analysis For Crisis Services in the State of Georgia



Adjust the filter to determine CSU Demand based on LOS

>= 1 Day

Custom % of CSU Demand

0.0 %

45.1K

Total Crisis Service Demand

42.1K

CSU Demand

26.4K

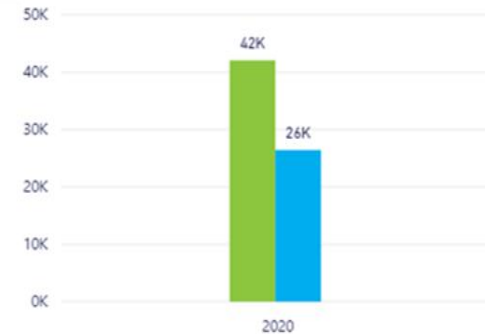
Capacity

15.6K

Gap

Demand vs Capacity (Episodes)

● CSU Demand ● Capacity



If any factor(s) below change, what will capacity be?

No. of Beds Change



509
No of Beds

Occupancy Rate Change

0.0 %

88.6%
Occupancy Rate

Length of Stay Change (Days)

0.0

6.2
Length of Stay

CSU Demand and Capacity

Forecasted Demand

Gap Analysis

Page 1

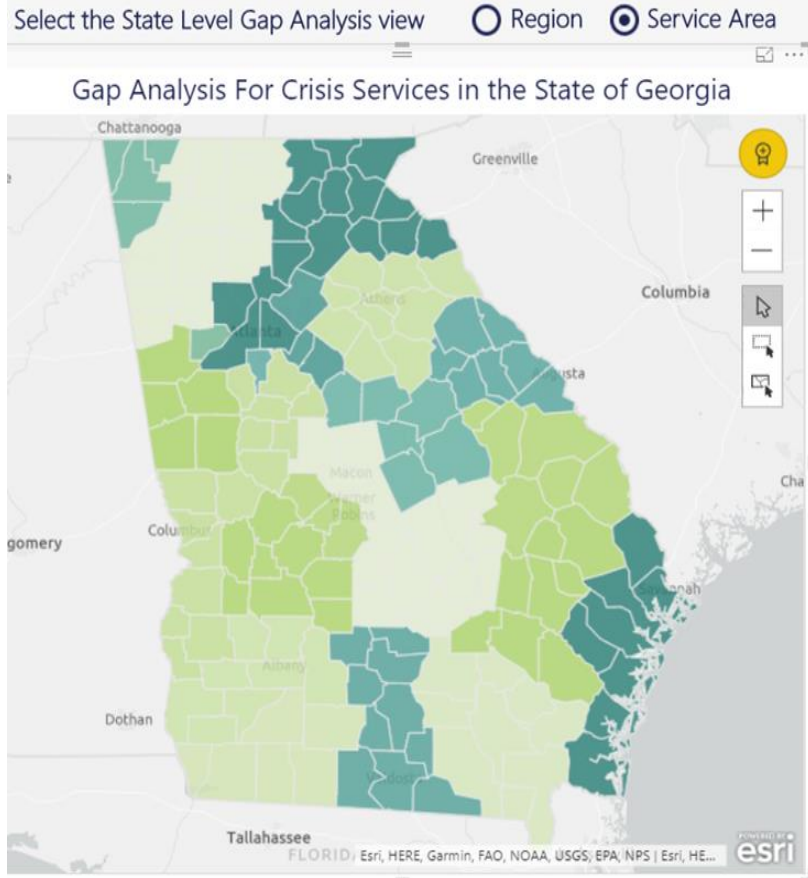


- Georgia has been able to use data from the dashboard to create this forecast of demand as it relates to the current supply of crisis beds
- This screenshot is a state view

Forecasting Data Continued



"What If" Gap Analysis for State of Georgia in 2020



Adjust the filter to determine CSU Demand based on LOS

> = 2 Days

Custom % of CSU Demand

0.0 %

45.1K

Total Crisis Service Demand

38.1K

CSU Demand

26.4K

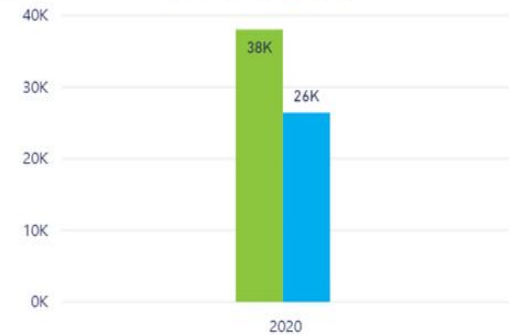
Capacity

11.6K

Gap

Demand vs Capacity (Episodes)

● CSU Demand ● Capacity



If any factor(s) below change, what will capacity be?

No. of Beds Change

44

509

No of Beds

Occupancy Rate Change

0.0 %

88.6%

Occupancy Rate

Length of Stay Change (Days)

0.0

6.2

Length of Stay

CSU Demand and Capacity

Forecasted Demand

Gap Analysis

Page 1



- This view of forecast of demand as it relates to the current supply of crisis beds is by catchment of providers

Final Thoughts



Things to remember as you move forward

The Bed Board is a Great Tool for:

- Transparency of the system
- Real-time Actionable Intelligence
- Data
- Accountability

Transparency

- This will highlight relationship strains from all partners
- Transparency is not a “gotcha,” but highlights system improvement needs
- This will also bring culture change
 - It takes time to move a full system
 - It takes training to move a full system
 - It takes investment to move a full system

Real-Time Actionable Intelligence

- Finding closest available beds
- Identify throughput challenges
- Key performance issues
 - Realtime view of denials
 - Details on hard to place individuals
 - Speed of response

Data

- Data shows you the gaps in your system and in the technology.
- “You don’t know what you don’t know”
 - Be prepared to look at data with fresh eyes
 - Let the data point you to issues that need creative solutions
- This will bring constant Quality Improvement
 - We are not done! We are in the planning for 3.0 versions

Accountability

- This is not about punishment but partnership to reach a common goal
- This is the way you can track how responsive your system is
- Taking down barriers leads to real solutions for the full system which results in better care for the individuals we serve

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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