

Establishing and Building Statewide Crisis Service/Bed Registries: Three Different Models for Success

The FY 2019 Transformation Transfer Initiative (TTI) States of Rhode Island, North Carolina, and New Mexico



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

In this webinar, the FY2019 TTI states of Rhode Island, North Carolina, and New Mexico will showcase their bed registry efforts, each using a different model for success.

The three models for bed registries used by the FY2019 TTI recipients are:

- 1) search engine system,
- 2) referral system, and
- 3) referral network

Webinar Goals

Rhode Island, North Carolina, and New Mexico will use their experiences to educate the viewers, especially those looking to build a bed registry, of the different key mechanisms of the three main models of bed registries. As participants seek to begin this process, we hope this information will help them to decide which model is best for their system.

Rhode Island will explain its use of the search engine system, in which a platform refines searches by different terms relevant to patient placement, allowing providers to call the appropriate center.

North Carolina will discuss the referral system, in which professionals make an assessment and then refer the patient to a hospital or crisis center.

Finally, New Mexico will describe the referral network system. This model operates as a bi-directional referral system that refers patients to hospitals and allows hospitals to refer patients to other treatment centers. Each state will discuss how their model works and highlight unique and helpful features.

Rhode Island's Behavioral Health Open Beds Website

ribhopenbeds.org

Olivia King


Behavioral Health IT Coordinator

Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities, and Hospitals (BHDDH)



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Community Needs



Public consumers have a need to quickly access community-based treatment



Community BH providers and hospital emergency department staff can struggle to find appropriate placements for clients in crisis



Due to COVID-19 safety concerns, not always appropriate to refer to emergency departments

State Needs

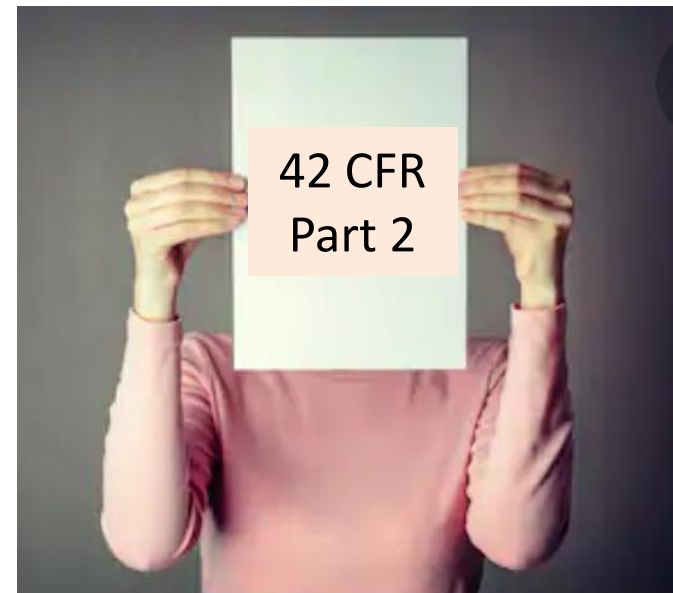
- State desire to **monitor flow** in and out of licensed treatment providers (admit vs. discharge)



- BHDDH operates the state hospital that provides inpatient forensic and civil psychiatry services
- State need to **track patients boarding in an emergency department** for an extended period of time as they await an inpatient bed

State Needs

- State and federal desire to understand **existing and needed capacity** for BH treatment services
 - How COVID-19 has impacted access and utilization
 - By population, by service, and characteristics of those with an extended length of time waiting
- Providers reluctant to share identified behavioral health information, even when allowable under state and federal privacy laws such as 42 CFR part 2



Rhode Island Context

Background

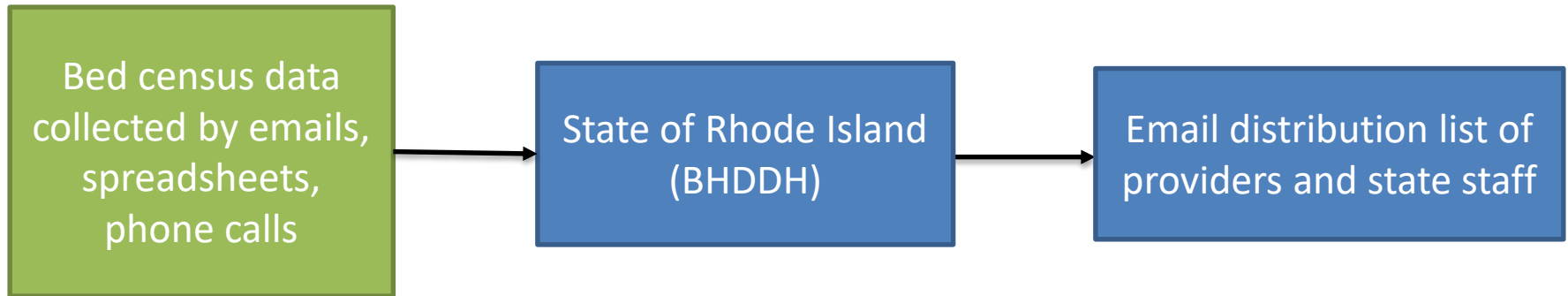
- Over the years, multiple requests by providers for BHDDH to assist with patients waiting in hospital EDs, and to capture daily “bed census data” and overall bed capacity
- Data quality proved a significant challenge
- BHDDH has started and stopped this project over the years due to concerns about data quality

Policy Environment

- [RIGL § 23-17.26-3 \(2017\)](#) called on BHDDH to develop public real-time availability database for substance use treatment and recovery services



Old Process



Limitations

- Significant reporting burden both for providers & state staff
- Frequently non-compliant (missing data)
- Limited in scope – only covered inpatient psychiatric units, detoxification beds, and community-based mental health crisis stabilization units
- Not public or transparent



- NASMHPD's Transformation Transfer Initiative (TTI) was an exciting opportunity to modernize our process
- We leveraged existing resources to complete the project within our award budget (\$150,000)
- Contracted with the state's designated Health Information Exchange (HIE) vendor, Rhode Island Quality Institute (RIQI)

Strategic Approach

- Aim to improve and replace existing process
- Builds on established partnerships with HIE
- Leverages existing technology and groundwork under prior projects, including hospital/HIE data feeds, to create automated data reporting rather than staff data entry

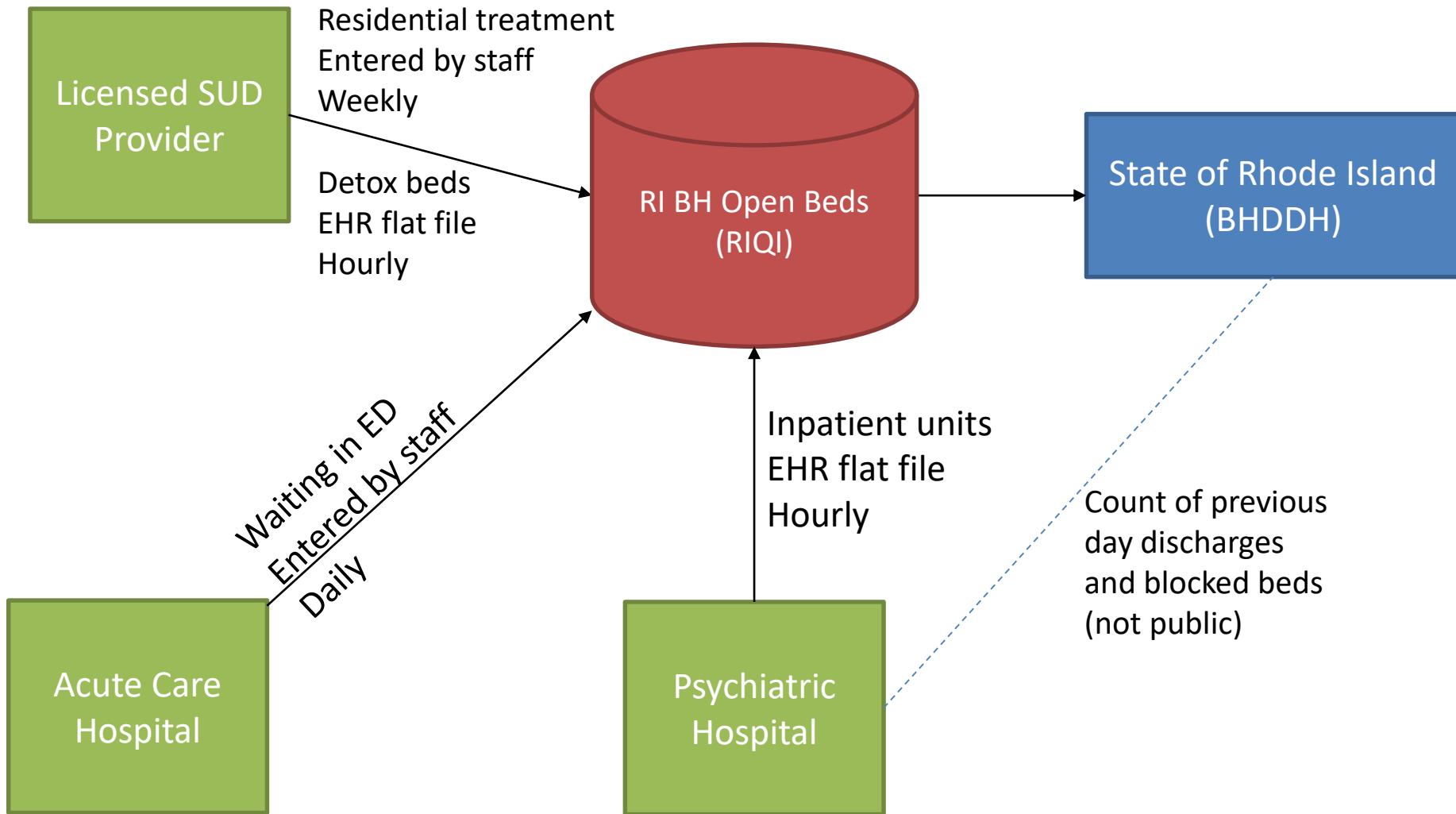
Strategic Approach

- Wanted it to be a public resource (website) and as real-time as possible
- Needed to include blocked beds
 - Beds that appear “open” but are not available
- Did not need to address electronic referrals as Rhode Island’s extensive Medicaid Accountable Entity program is taking that on (RI ACO)

Technical Solution

- HIE architecture may or may not work as-is to streamline bed availability submissions
 - May require significant work to meet requirements
- Psychiatric hospitals expressed preference for data stripped of PII/PHI
- Solution: custom flat file extracts from EHRs on an hourly push containing only bed numbers
 - Includes “blocked beds” reporting
 - Some hospitals able to automate reporting on patients waiting in emergency department as well

End-State System Features



Website

<https://www.rihopenbeds.org>



Available Beds About FAQs Contact

REPORTING LOGIN

This page allows for filtering of columns by clicking the drop-down arrow inside the box above each column. You can also sort ascending/descending, by click the double arrows to the right of each column name.

The appearance of "--" in a listing indicates that a numerical entry is not applicable for this bed type, or information isn't collected.

For a description of each bed type and service, see the [About page](#). For more information about a particular provider organization, click the name of the organization in the "Provider" column.

STATUS	BED TYPE	PROVIDER	SERVICE	SETTING	AVAILABLE	FILLED	WAITING	UPDATED
All	All	All	All	All				
PROVIDER	BED TYPE	STATUS	SERVICE	SETTING	AVAILABLE	FILLED	WAITING	UPDATED
AdCare	Monitored Detox (ASAM 3.7)	FILLED	Substance Use	Community	0	5	--	7/2/2020 1:31 PM
Bradley Hospital	Unit (BH - Adolescent)	OPEN	Mental Health	Hospital	3	31	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (BH - Children)	FILLED	Mental Health	Hospital	0	17	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (CADD)	FILLED	DD Mental Health	Hospital	0	19	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (Hasbro 6-Green)	FILLED	Mental Health	Hospital	0	16	--	7/2/2020 11:50 AM
Butler Hospital	Monitored Detox (ASAM 3.7)	OPEN	Substance Use	Community	1	28	--	7/2/2020 2:04 PM
Butler Hospital	Unit (BH - Adolescent)	OPEN	Mental Health	Hospital	5	10	--	7/2/2020 2:04 PM
Butler Hospital	Unit (BH - General)	OPEN	Mental Health	Hospital	2	57	--	7/2/2020 2:04 PM

- Home page of Rhode Island Behavioral Health Open Beds website
- Demonstrates the format for displaying bed availability information, such as provider, bed type, MH or SUD, and community or hospital setting, along with time stamp

Services Included On Website

<https://www.rihopenbeds.org/about>

The screenshot shows a web interface for bed availability. At the top, there are five filter dropdown menus: STATUS (set to All), BED TYPE (set to All), PROVIDER (set to All), SERVICE (set to All), and SETTING (set to All). Below these is a table with columns: PROVIDER, BED TYPE, STATUS, SERVICE, SETTING, AVAILABLE, FILLED, WAITING, and UPDATED. A dropdown menu is open for the BED TYPE column, listing various units such as ED (BH - Waiting), Inpatient Detox (ASAM 3.7/4.0), Monitored Detox (ASAM 3.7), Recovery Housing, Residential Treatment, Stabilization Unit, and several Unit (BH - ...) options. The table rows show data for various providers like AdCare, Bradley Hospital, and Butler Hospital, with status indicators like 'FILLED' or 'OPEN' and numerical values for available and filled beds.

PROVIDER	BED TYPE	STATUS	SERVICE	SETTING	AVAILABLE	FILLED	WAITING	UPDATED
AdCare	Monitored Detox (ASAM 3.7)	FILLED	Substance Use	Community	0	5	--	7/2/2020 1:31 PM
Bradley Hospital	Unit (BH - Adolescent)	OPEN	Mental Health	Hospital	3	31	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (BH - General)	FILLED	Mental Health	Hospital	0	17	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (BH - Geri-Psych)	FILLED	DD Mental Health	Hospital	0	19	--	7/2/2020 11:50 AM
Bradley Hospital	Unit (Hasbro 6-Green)	FILLED	Mental Health	Hospital	0	16	--	7/2/2020 11:50 AM
Butler Hospital	Monitored Detox (ASAM 3.7)	FILLED	Substance Use	Community	0	29	--	7/1/2020 1:41 PM
Butler Hospital	Unit (BH - Adolescent)	OPEN	Mental Health	Hospital	3	11	--	7/1/2020 1:41 PM
Butler Hospital	Unit (BH - General)	FILLED	Mental Health	Hospital	0	56	--	7/1/2020 1:41 PM

- Dropdown of bed types to indicate which services are included in the website
- Information can be filtered on the bed availability page

Provider Reporting Screen

Providers [Profile](#) [FAQs](#)

Provider Administrator Portal

NAME	CITY	
Test Provider	XYZ City	Add Daily Bed Census Data Add Weekly Bed Census Data Report Patients Waiting > 24 Hours Edit Provider
Roger Williams Medical Center	Providence	Add Daily Bed Census Data Edit Provider
Fatima Hospital	North Providence	Add Daily Bed Census Data Report Patients Waiting > 24 Hours

- Screenshots from test environment (not real provider information)
- Example test page of what a provider administrator sees when they log in as a menu of possible reporting options

Provider Reporting Screen

[Providers](#) [Profile](#) [FAQs](#)

Add Daily Bed Census Data for Test Provider

[Return to Portal](#)

These fields are pre-populated with data from the previous entry. Please make any necessary changes for today and save your changes.

ED (Behavioral Health - Waiting)

Waiting Waiting > 12 hrs Previous Day Discharges

Recovery Housing

Waiting List

Residential Treatment

Available Filled Waiting List

Stabilization Unit

Available Filled Blocked

No Data Available Today

Check this box to indicate that there is no data available at this time. By checking this box, any changes made above will be ignored, and the available bed data listed for this provider will not change from the previous entry.

SAVE AND UPDATE

- Screenshots from test environment (not real provider information)
- Example data entry page for staff reporting bed availability

Provider Reporting Screen

Generates an email to BHDDH staff alerting them of a potential problem for placement.

[Providers](#) [Profile](#) [FAQs](#)

Create Patient Waiting > 24 Hours for Test Provider

[< Return to Patient Waiting > 24 Hours](#)

Number of Days Waiting

Age Range

Gender

Bed Type

[SAVE](#) or [Cancel](#)

- For facilities with emergency departments, staff can report to BHDDH when a patient has been waiting more than 24 hours for a BH treatment bed

Lessons Learned

- Having legislation helps
- Requires persistence and commitment across multiple administrations
- Stakeholder engagement is critical
 - Some providers eager to participate, not reluctant
 - “Start where they are” with comfort level on PHI and publicly reported information



Lessons Learned

- Incremental and phased approach allows for trust-building in the system and course correction
- Commit early to high accuracy and data quality
- Don't make assumptions about technical feasibility
 - We conducted a feasibility assessment prior to initiating technical build
 - Need someone with technical expertise on state staff to assist with project management and coordinate both providers and vendor

North Carolina's Behavioral Health Crisis Referral System: TTI -19 Update

Krista Ragan, MA

BH-CRSys Program Manager

NC Division of Mental Health, Developmental Disabilities &
Substance Abuse Services

NC Department of Health and Human Services



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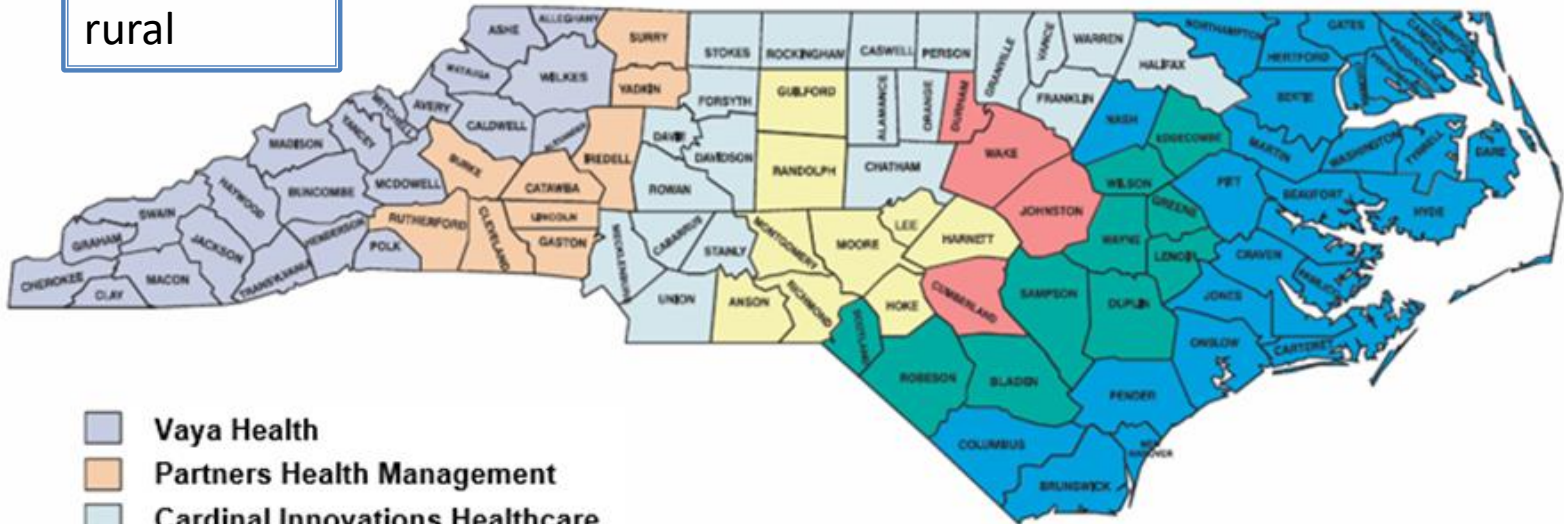
North Carolina Basics

100 Counties

80 counties classified as rural

Population increasing for more than a decade, projected to be 10.8 million by July 1, 2021 (10.5M as of July 1, 2019)

Growth uneven, with 33 counties losing population



- Vaya Health
- Partners Health Management
- Cardinal Innovations Healthcare
- Sandhills Center
- Alliance Health
- Eastpointe
- Trillium Health Resources

Local Management Entities-Managed Care Organizations Map as of July 2020- NC DHHS

Data from NC Office of State Budget and Management; US Census

North Carolina's Psychiatric Bed Registry

NC Department of Health & Human Services



Division of Mental Health, Developmental
Disabilities and Substance Abuse Services



Quality Management Section



**Behavioral Health Crisis Referral
System (BH-CRSys)**

BH-CRSys Timeline

- 2014** NC General Assembly directed NC DMH/DD/SAS to develop and implement a psychiatric bed registry
- 2015** NC General Assembly appropriated funds to NC DMH/DD/SAS to begin development of a tool
- 2016** Project staffed late 2016; Finalization of vendor
- 2017** Advisory group formed; Information gathered through research and communication with potential users, facilities and professional organizations
- 2018** Development and testing of tool
Behavioral Health Crisis Referral System (BH-CRSys) goes fully live
- 2019** Awarded TTI Funding
ESO acquires original vendor and begins enhancement work

Key Factors in Developing Model

- Primary goal of system: Help address Emergency Department wait times for those waiting for psychiatric inpatient treatment
- Examined existing programs and systems in the US to identify what worked and lessons learned, etc.
- Obtained insight and feedback from potential users and experts in the field from around the state to identify the current processes and challenges and the needs that could be addressed through an electronic system

Key Factors, Continued

- Identified that existing placement options were: not coordinated, often complicated, lacking readily available facility information, often repetitive, and time-consuming
- Identified the facility types that would need to use the system
- Identified the need to create a system that created a single space for all placement process needs
- Identified the need for system to be broad enough to support all age groups and, psychiatric and substance use facility options for higher-level of care, and not specific to a single payor source

BH-CRSys Eligible Facilities

Primary Referral Facilities

- Emergency Departments
- Mobile Crisis Providers
- Behavioral Health Urgent Care Centers (Open 24/7)

Primary Receiving Facilities

- Community Hospital Psychiatric Inpatient Units
- Private Psychiatric Hospitals
- State Psychiatric Hospitals
- State Alcohol and Drug Abuse Treatment Centers
- Facility Based Crisis Centers
- Non-hospital Medical Detoxification Facilities

Receiving Facilities can elect to be dual users and also be able to refer to other Receiving Facilities as well

BH-CR Sys Design

- Secure (HIPAA compliant), web-based application to assist in timely and appropriate placement of individuals experiencing a behavioral health crisis
- Developed and Managed by DMH/DD/SAS
 - Dedicated Division Staff
 - External Vendor
- Available to 250+ eligible facilities statewide
- Voluntary participation
- User-informed system

BH-CRSys Design: Primary Components

- Accepting Status
- Facility Profiles
- Search & Filter
- Referrals
 - Making Referrals
 - Confirming Referrals
 - Completing Referrals
- *Data*

Reason for Application for TTI Enhancements

- Designed as a foundational system
 - First design and would likely need improvements
 - Needs to be responsive to external factors
 - Potential to add modules as needed in future
- BH-CRSys went live in March 2018
 - As use of this “Version 1” system started to grow, identified additional needs, wants, and areas of user interface improvement

Planned TTI Enhancements

Improve the existing system based on user feedback, experience and system needs.

User Interface and Existing Design, Data

- Enhancements include dashboard simplification, additional fields and options in the referral form, improve search filters, add information for facility profiles, and develop additional report capabilities
- Streamline the referral process for state-run psychiatric and substance use facilities

New Features

- Facility Operational Status
- System-wide messaging and further internal communication between entities
- Collection of additional information related to involuntary commitments (IVCs)
- Pilot transportation coordination module

Current Status of TTI Enhancements

- Enhancements experienced some delays due to external forces
- Majority of objectives/deliverables have been completed as of 7.10.2020
- Deployments have gone fairly smoothly – provide notice, training and instructions for every change; users have reported little to no disruption on operations
- General feedback has been positive

Lessons Learned

- The administrative aspects can be challenging
- There is often a lack of understanding of the placement process (outside of those in the field)
- Your design will likely be impacted by a myriad of laws, rules, regulations, policies, processes, availability, options, approvals, and more
- Prepare for pushback
- If you can, roll out your system in stages
- You need to understand as much as possible about all the different pieces of the placement puzzle
- Plan as much as possible, but plan to adapt

What Makes it Work

- People and relationships are the most important part of the existing processes and will be vital to creating a useful and successful system
- Involvement of those who know the systems and processes best is continuous, design, implementation, improvement, etc.
- Staff your program with people passionate about the work
- Monitor your program
- Offer multiple feedback options
- Offer multiple educational and instruction options

New Mexico Behavioral Health Treatment Access and Referral Platform

Tiffany Wynn, MA, LPCC

Acting Dep. Director, Treatment & Programs Bureau, BHSD

Hazel Mella, PhD

Staff Manager and Project Director – NM BH Referral Network BHSD

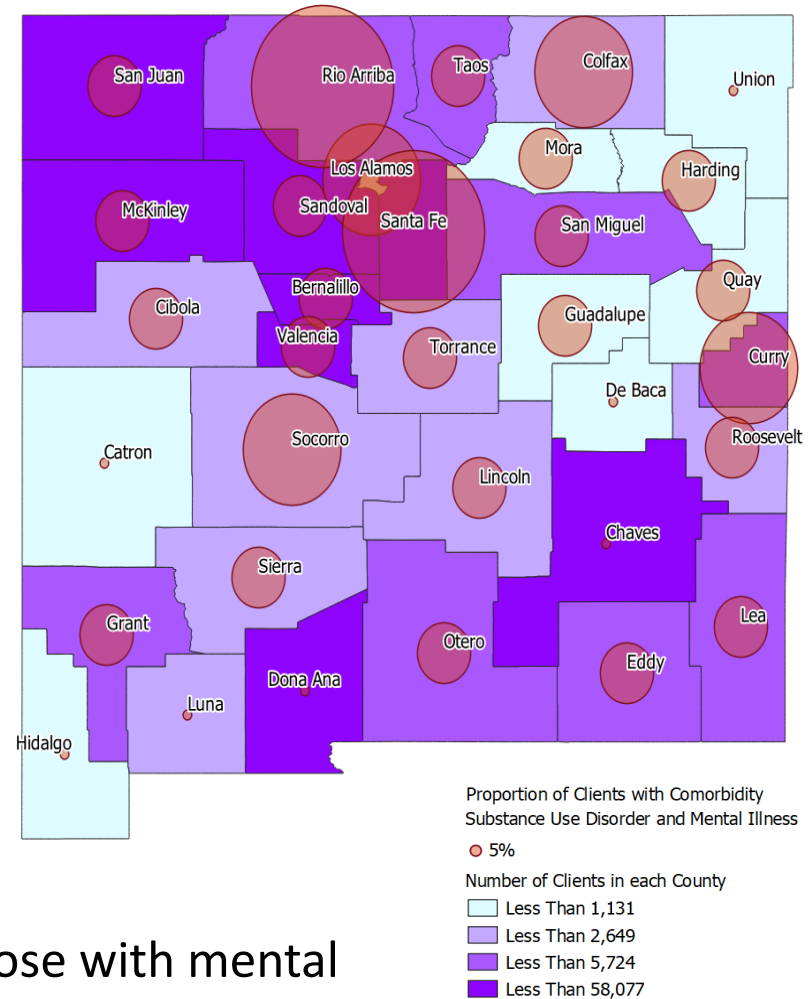
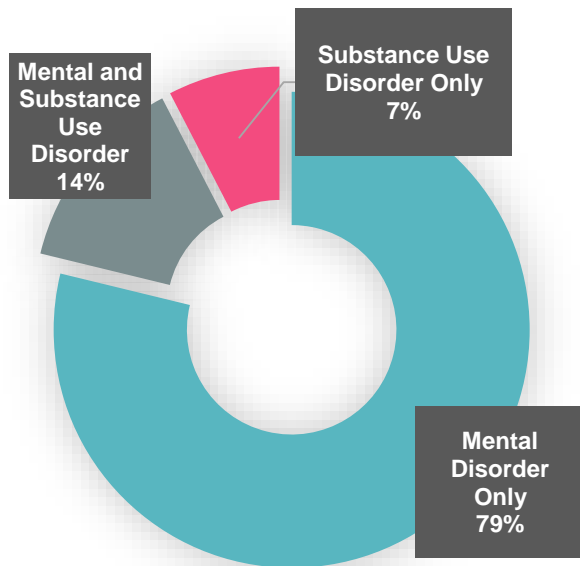


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Single State Authority & Need to Improve Access

- NM received a SAMHSA grant in the early 2000s that was focused on improving integration of the mental health and the substance use system.
- ❖ Oversee substance use and mental health treatment and prevention efforts
- ❖ Work in collaboration with the Board of Pharmacy, Children Youth and Families Department, Drug Enforcement Agency, and the Department of Health to address needs
- ❖ The Consortium for Behavioral health Training and Research (CBHTR)

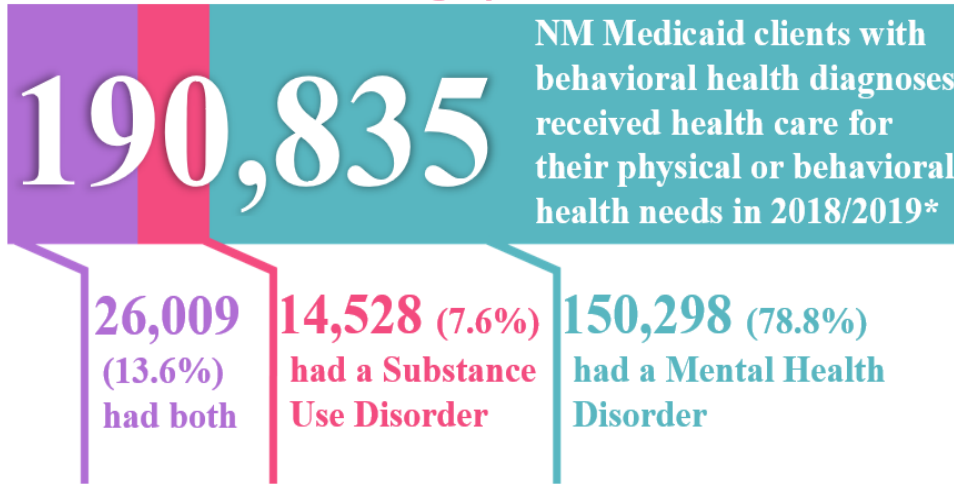
Single State Authority & Need to Improve Access



- Illustration of the makeup of those with mental health disorders, SUD disorders, and co-occurring disorders
- Conveys where there is a gap in service need

NM Demographics – Why we Need the Referral Network

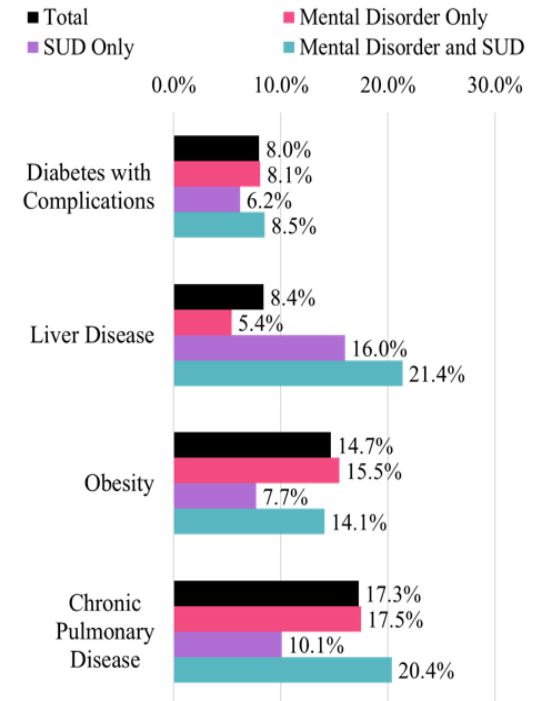
Demographics



*Claims data represent April 1, 2018 to March 31, 2019

Chronic Physical Conditions

CHRONIC CONDITIONS AMONG CLIENTS WITH ACTIVE BEHAVIORAL HEALTH DIAGNOSES, NM, 2018/2019

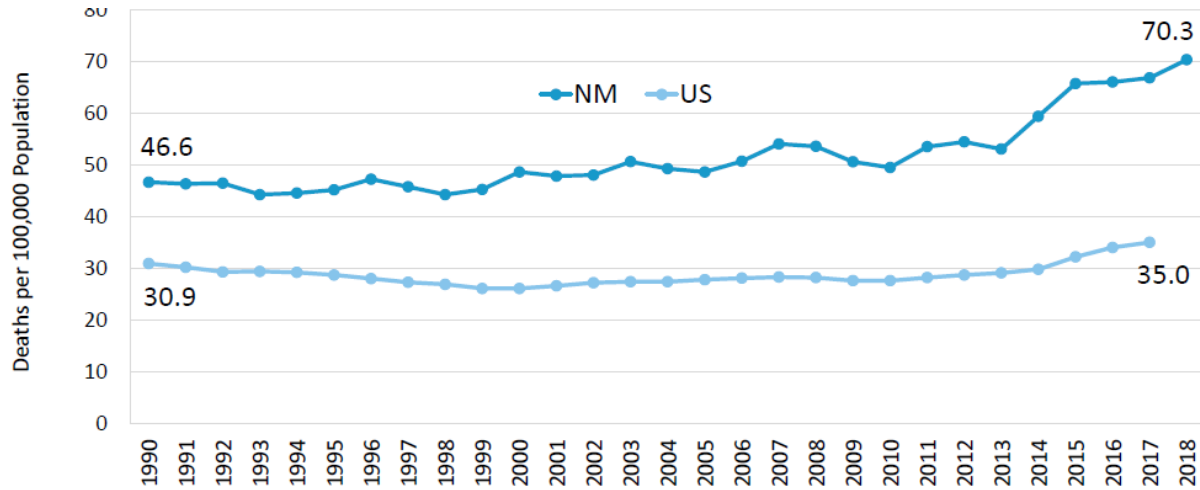


POPULATION NEEDS

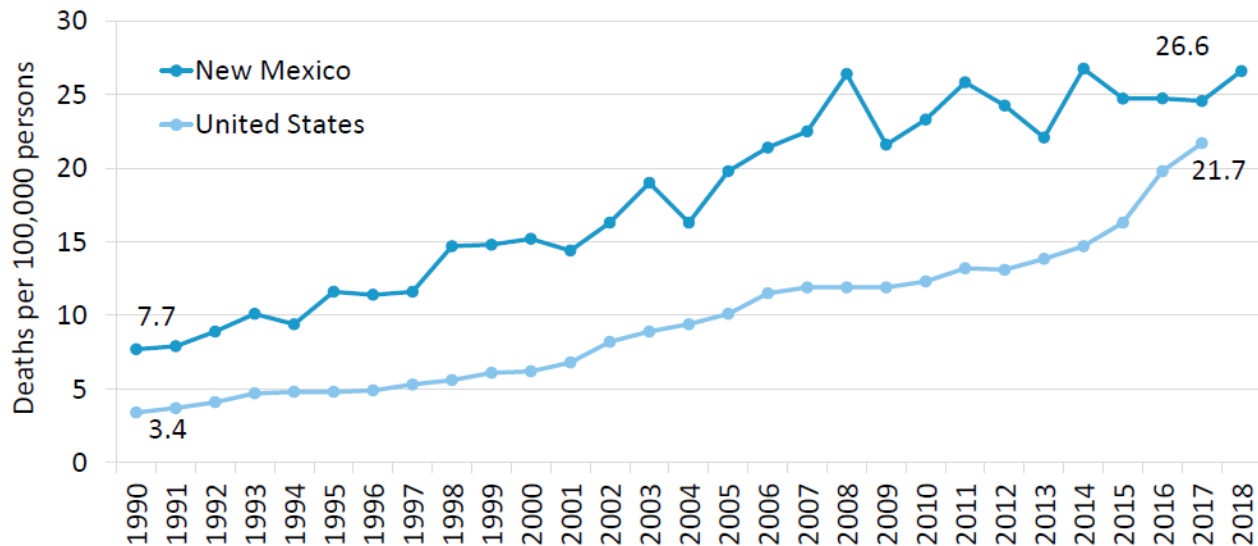
Behavioral Health Conditions

Since 1981 NM's suicide mortality rate has been **1.5 to 1.9 times higher than the national rate**

Alcohol & Drug Related Deaths in NM & US



Alcohol Related Deaths



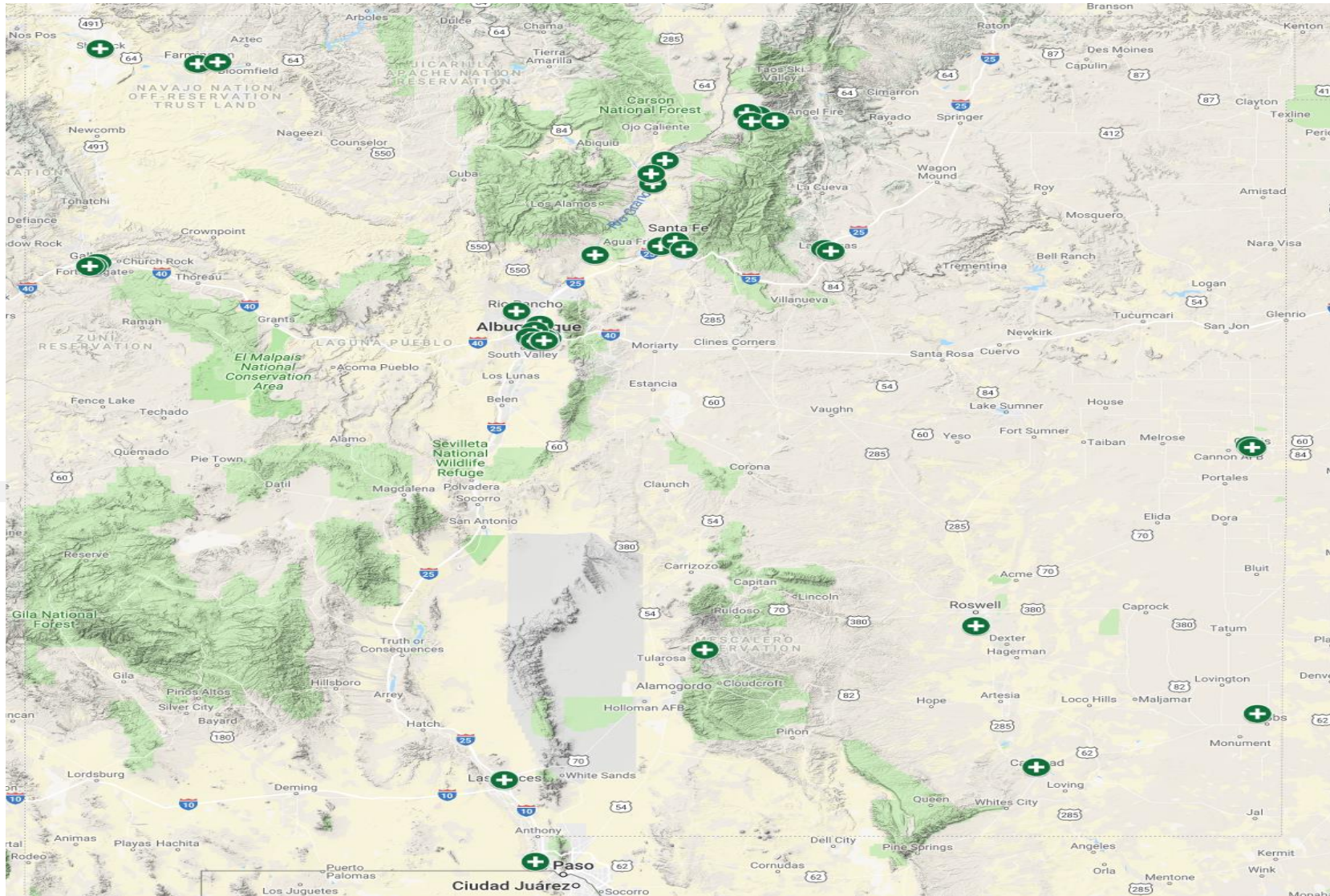
Drug Related Deaths

The New Mexico Behavioral Health Referral Network & Treatment
Connections

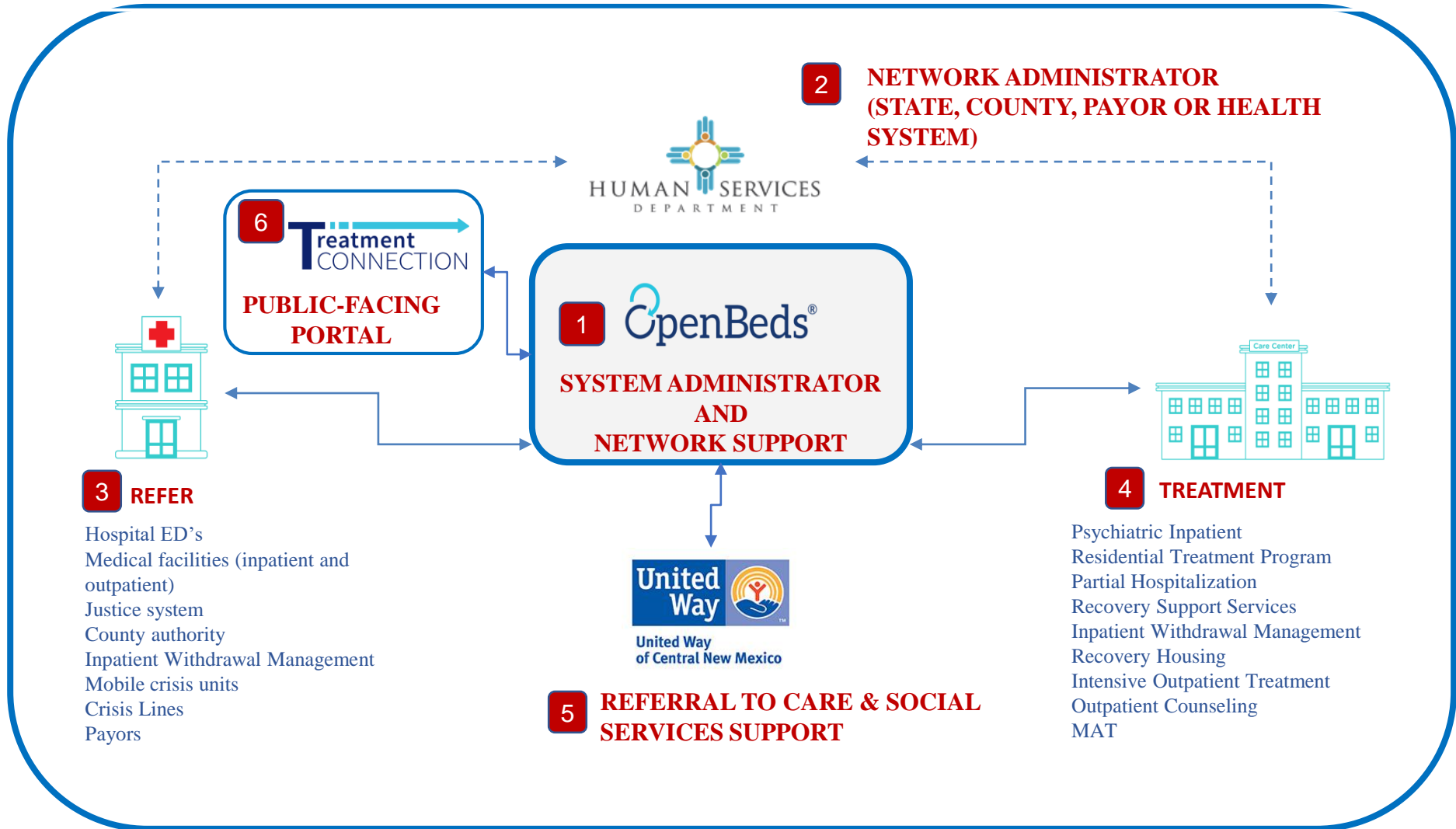
Dr. Hazel Mella

Network members

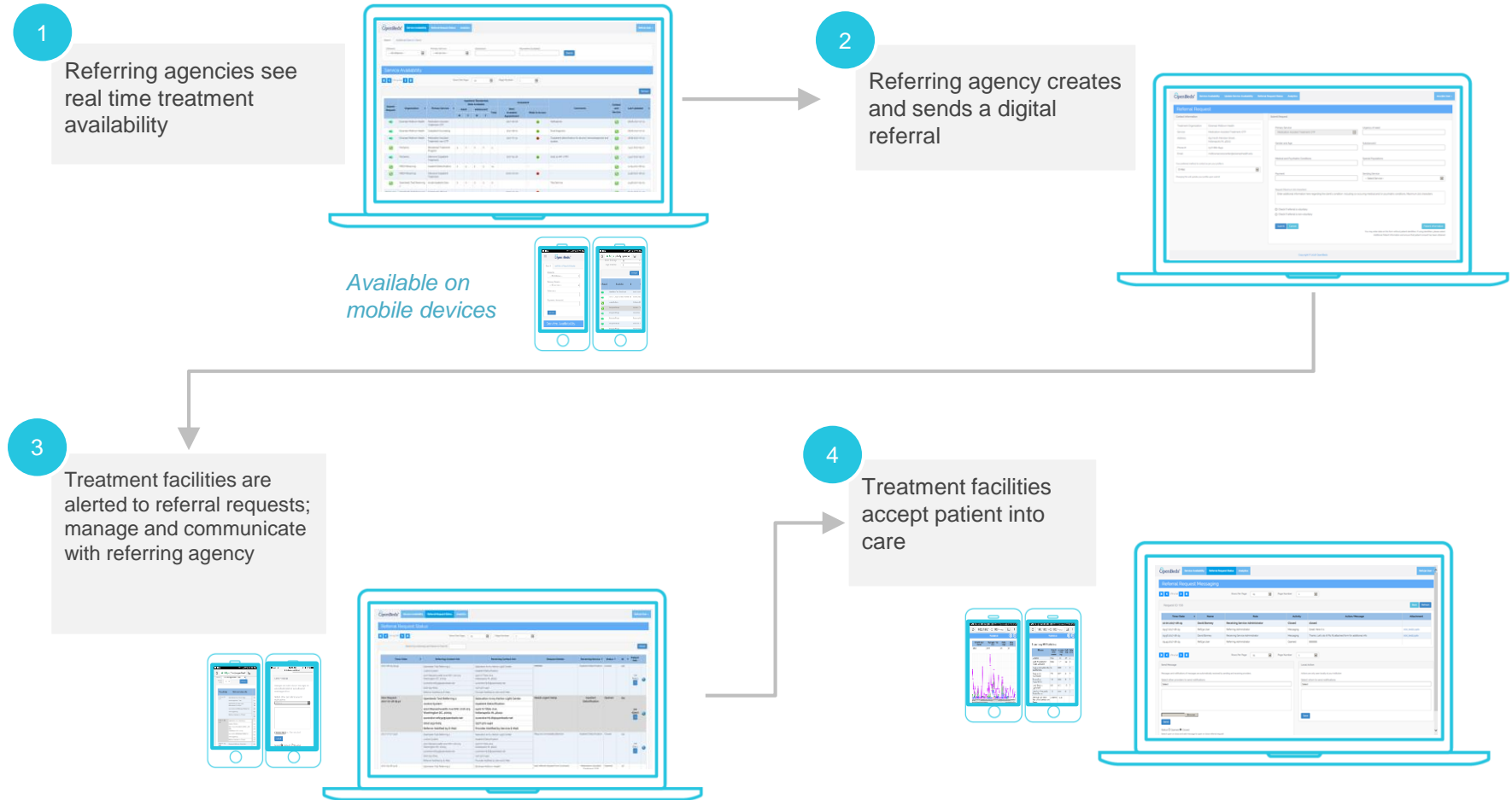
- Butterfly Healing Ce...
- 4 Directions Treatm...
- Hoy Recovery Progr...
- Hoy Recovery Progr...
- Children's Treatmen...
- All Faiths Receiving ...
- Humphrey House
- Mental Health Reso...
- New Vision Group H...
- NM DOH- Turquoise ...
- New Mexico Rehabil...
- Four Winds Recover...
- Sangre De Cristo Ho...
- Na'nizhoozhi Center...
- ViewPoint Rehabil...
- Rehoboth McKinley ...
- Rehoboth McKinley ...
- Golden Services- Vill...
- Bernalillo County Ad...
- Eight Northern- New...
- Santa Fe Recovery ...
- Santa Fe Recovery ...
- Mesilla Valley Hospi...
- New Mexico Behavi...
- Peak Behavioral He...
- San Juan County Ad...
- Sequoyah Adolesce...
- Youth Services Inter...
- Bernalillo Academy
- Vista Taos Drug & Al...
- Life Healing Center
- Navajo Regional Be...
- New Mexico VA Hea...
- VA Hospital- ABQ
- Va Medical Center-N...
- Gallup VA Clinic
- New Mexico VA Hea...
- Las Cruces New Me...
- VA Outpatient Clinic
- Shadow Mountain R...
- Shadow Mountain R...



Connecting referring, treatment and social services into one trusted, comprehensive network



Rapidly locate an appropriate level of care at a treatment facility appropriate for the client with the support services they need



Platform demonstration:

★ **Patient:** 27 year-old homeless male

- Suffered from heroin overdose (non-fatal)
- Dosed with buprenorphine in the emergency department
- Needs referral to outpatient provider for medication-assisted treatment and counseling
- Requesting help with finding shelter

Staff completes the Clinician-Facing ASAM-based decision support tool for the patient

Global Assessment Tool

Enter Patient Details (Optional)

THIS FORM IS ONLY FOR OPENBEDS NAVIGATORS



Dimension 1: Acute Intoxication and/or Withdrawal Potential

- (0) No signs of withdrawal/intoxication present.
- (1) Mild/moderate intoxication, interferes with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.
- (2) May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.
- (3) Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.
- (4) Incapacitated. Severe signs and symptoms. Presents danger, e.g., seizures. Continued substance use poses an imminent threat to life.

Help Me Decide

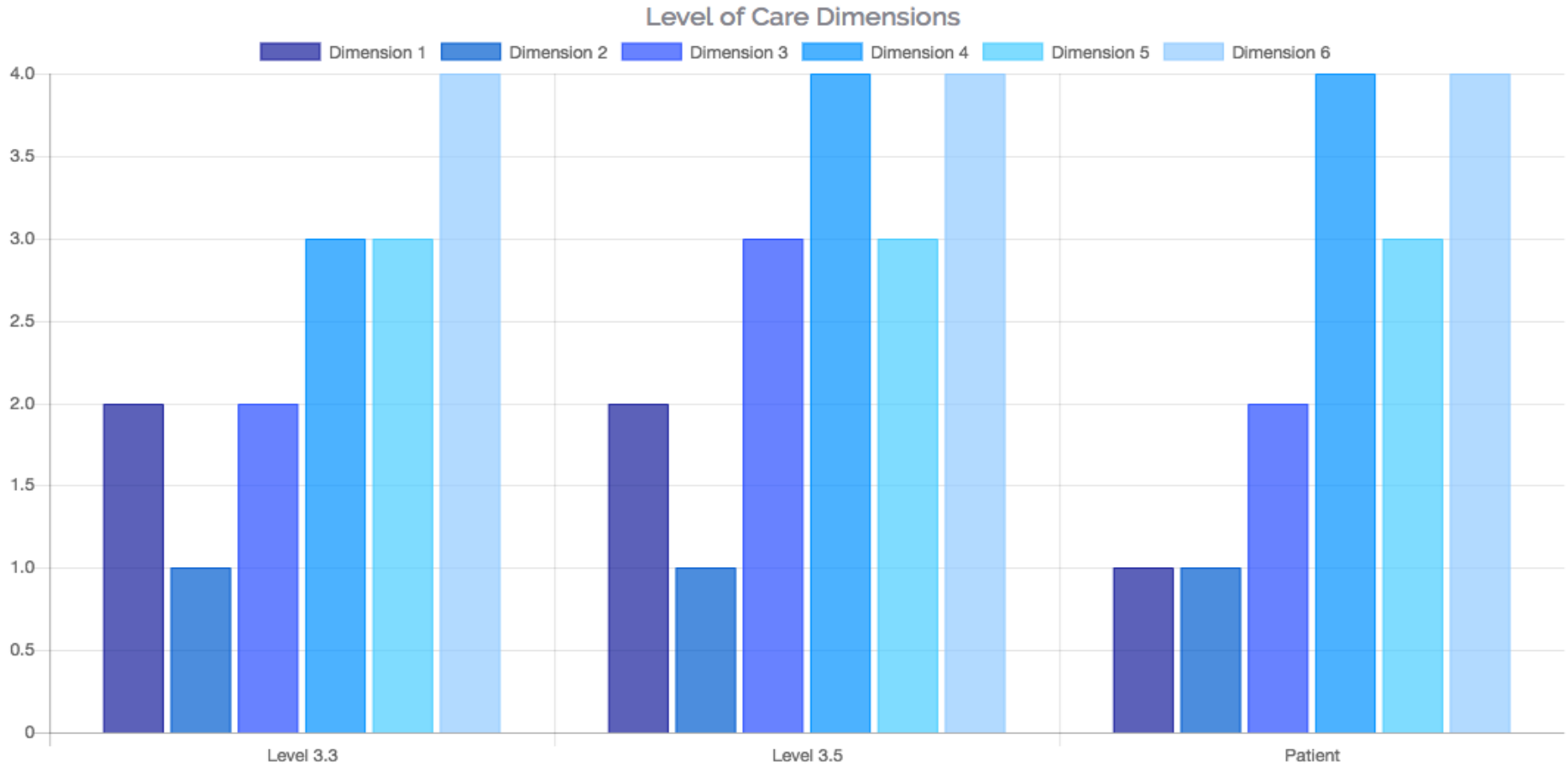
Next

Decision support tool results recommend an ASAM-based level of treatment

Level of Treatment Results

Recommended Level of Care : Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services

Alternate Level of Care-1 : Level 3.5 - Clinically Managed High-Intensity Residential Services



ED staff may search for available treatment based on the patient's needs



Service Availability

Referral Request Status

Analytics



Hazel Mella ▾

Search Criteria Additional Search Criteria Search by Distance

Primary Service ⓘ

(Non-)Substances Treated

Payments Accepted

Enter Organization

- Inpatient Withdrawal Management
- Intensive Outpatient Treatment
- Medication-Assisted Treatment: OTP
- Medication-Assisted Treatment: non-OTP

Search

Submit Request	Organization ▲	Primary Service ▼	Inpatient/Residential Beds Available				Total	Outpatient		Comments	Contact and Service Info	Last Updated ▼
			Adult		Adolescent			Next Available Appointment	Walk-in Access			
			M	F	M	F						
→	Albuquerque Health Services	Medication-Assisted Treatment: OTP-1						●	NE Clinic (Monroe): Intakes for Methadone on Mondays, Tuesdays, and Thursdays. Walk-ins welcome on intake days between 5:30 am - 6:30 am. (COVID-19 daily screening required)	ⓘ	10:35 07-08-2020	
→	Albuquerque Health Services	Medication-Assisted Treatment: OTP-2						●	NW Clinic (Montano): Intakes for Methadone and Suboxone on Mondays, Tuesdays, and Thursdays. Walk-ins welcome on intake days between 5:30 am - 6:30 am. (COVID-19 daily screening required)	ⓘ	10:35 07-08-2020	
→	Albuquerque Health Services	Medication-Assisted Treatment: OTP-3						●	Rio Rancho: Intakes for Methadone and Suboxone on Wednesdays and Fridays. Walk-ins welcome on intake days between 5:30 am - 6:30 am. (COVID-19 daily screening required)	ⓘ	10:35 07-08-2020	

Contact and service information

The screenshot shows the OpenBeds interface with a 'Contact' modal window open. The modal provides the following information for Albuquerque Health Services:

Treatment Organization	Albuquerque Health Services
Website	https://www.abqhealthservices.com/
Primary Service	Medication-Assisted Treatment: OTP
Service Address	112 Monroe Street NE, Albuquerque, NM, 87108
Service e-mail	neclinic@abqhealthservices.com
Service Phone	(505) 260-9917
(Non-)Substances Treated	Heroin, Other Opioids
Special Populations	Adults (18 and older), Criminal Justice: parole and probation, Criminal Justice: preadjudication, Geriatric, Homeless Specialty, LGBTQ, Military and Veterans, Native Americans, Pregnant Specialty, Women with children
Gender and Age Focus	Adult (18 and older) - Male, Adult (18 and older) - Female
Providers on Site	Case Managers, Peers, Physician

The background interface shows a table with columns for 'Submit Request', 'Organization', and 'Primary Service'. A small 'i' icon is visible next to the organization name in the table, which is the focus of the modal.

50 By clicking on the small “i” beside each organization on the previous slide, contact information of the provider is shown

Staff views real-time availability of both inpatient and outpatient treatment resources and social services

Search Criteria Additional Search Criteria Search by Distance

Primary Service ⓘ (Non-)Substances Treated Payments Accepted Enter Organization Search

- ✖ Inpatient Withdrawal Management
- ✖ Medication-Assisted Treatment: OTP
- ✖ Shelter Type Facility

Service Availability

Check to make a referral to up to 3 facilities

Submit Request	Organization	Primary Service	Inpatient/Residential Beds Available					Outpatient		Comments	Contact and Service Info	Last Updated	
			Adult		Adolescent		Total	Next Available Appointment	Walk-in Access				
			M	F	M	F							
	Hidalgo Medical Services - Tu Casa	Medication-Assisted Treatment: OTP								●	Any client that calls will be given an appointment within 3 days		13:19 07-06-2020
	ALT Recovery Group	Medication-Assisted Treatment: OTP								●			18:52 02-14-2020
	First Nations Community HealthSource	Medication-Assisted Treatment: OTP						07-12-2020		●	Albuquerque location		07:54 07-07-2020
	Central New Mexico Treatment Center	Medication-Assisted Treatment: OTP						07-01-2020		●	6th and Haines clinic. Intakes Mon-Fri starting at 5am. Walk-ins welcome. Dosing Mon-Fri 5am to 11:30am then again 2:00pm to 5:00pm. Holiday hours 6am to 8am. Clinic open 365 days a year.		09:37 06-19-2020
	Courageous Transformations Inc	Medication-Assisted Treatment: OTP								●	Courageous Transformations is accepting new Methadone, Suboxone, and Vivitrol patients. Patients may call for inquiries, pre-screening, and intake information Mon-Fri 6am-1pm.		12:29 06-22-2020
	Duke City Recovery Toolbox	Medication-Assisted Treatment: OTP								●	DCRT is currently accepting patients for intake and following all CDC guidelines		10:07 06-30-2020
	Guidance Center of Lea County, Inc.	Medication-Assisted Treatment: OTP						06-01-2020		●			13:03 05-27-2020
	New Mexico Treatment Services	Medication-Assisted Treatment: OTP-1								●	Albuquerque location.		07:54 05-26-2020
	Albuquerque Health Services	Medication-Assisted Treatment: OTP-1								●	NE Clinic (Monroe) Intakes for Methadone on Mondays, Tuesdays, and Thursdays. Walk-ins welcome on intake days between 5:30 am - 6:30 am. (COVID-19 daily screening required)		10:35 07-08-2020
	Guidance Foundation	Medication-Assisted Treatment: OTP-1						07-09-2020		●	Due to COVID-19 all appointments are telemedicine/phone		17:10 07-08-2020
	New Mexico Treatment Services	Medication-Assisted Treatment: OTP-2								●	Espanola location.		07:54 05-26-2020
	Albuquerque Health Services	Medication-Assisted Treatment: OTP-2								●	NW Clinic (Montano) Intakes for Methadone and Suboxone on Mondays, Tuesdays, and		10:35 07-08-2020

After identifying the appropriate level of care, a digital referral is created using dropdown menus and free text, the referrer may attach the patient's notes to the referral as well

OpenBeds® Service Availability Update Service Availability Referral Request Status Analytics Nishi9bs Rawat -

Referral Request

Contact Information	
Treatment Organization:	Fairbanks
Service:	Residential Treatment Program
Address:	8102 Clearvista Parkway, Indianapolis IN, 46256
Phone #:	(317) 572-9396
Email:	fairbanksopenbeds@ecommunity.com

Your preferred method to contact as per your profile is

E-Mail

Changing this will update your profile upon submit

Submit Request

Primary Service*	Residential Treatment Program	Urgency of need*	Client is perceived to be at high risk for crisis
Gender and Age*	Youth (17 and under)	Substance(s) - leave blank if not applicable	Alcohol
Medical and Psychiatric Conditions	Schizophrenia and other psychotic disorders	Special Populations*	Youth (17 and under)
Payment*	Medicaid/Expanded Medicaid	Sending Service*	Inpatient Detoxification

Request (Maximum 200 characters)*

Enter additional information here regarding the client's condition including co-occurring medical and/or psychiatric conditions. Maximum 200 characters

Check If referral is voluntary
 Check If referral is non-voluntary

Wrap Around Services
This generates a notification to 211. Consent the patient about 211 contacting them. 211 will reach out within 48 hours.

Submit Cancel Patient Information

You may enter data on this form without patient identifiers. If using identifiers, please select Patient Information and ensure that patient consent has been obtained

Facilities are able to see the status of their referral

OpenBeds® Service Availability Referral Request Status Analytics Hazel Mella

Referral Request Status

Active Archived

Search by Last Name or Request ID Referred By: -- ALL -- Status: --All-- Show/No Show: --All--

View referrals that were accepted, but need a follow up

1 - 1 of 1 Rows Per Page: 25

Archive Selected Request

Select to Archive	Time/Date	Referring Contact Info	Receiving Contact Info	Request Details	Receiving Service	Status	ID	Patient Info	Messaging
<input type="checkbox"/>	12/24 06-03-2020	Hazel Mella State Authority, NM HSD-Behavioral Health Services Division 37 Plaza LaPrenza Santa Fe, NM 87505 hazel.mella@state.nm.us 505 709-5670 Referrer Notified by E-Mail	Z_OpenBeds_Test_Receiving1 Residential Substance Use Treatment 5255 Winthrop Ave. Indianapolis, IN 46222 Openbeds123-rmrec1@gmail.com 5551555-5555 Provider Notified by Service E-Mail	Test	Residential Substance Use Treatment	Declined Closed No-Show	118		

1 - 1 of 1 Rows Per Page: 25

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- The referring facility will always know the status of their referral

Providers message back and forth to determine patient appropriateness for care

OpenBeds® [Service Availability](#) [Update Service Availability](#) [Referral Request Status](#) [Analytics](#) Nishigb1 Rawat

Referral Request Messaging

Request ID 21895 [Back](#) [Refresh](#)

Time/Date	Name	Role	Activity	Action/Message	Attachment
09:50 11-04-2019	Nishigb1 Rawat	Receiving Service Administrator	Accepted Show	Patient showed up for assessment on 11/4.	
09:50 11-04-2019	Nishigb1 Rawat	Receiving Service Administrator	Accepted and Closed	Patient accepted.	
09:49 11-04-2019	Nishigb1 Rawat	Receiving Service Administrator	Messaging	Got it. Will review.	
09:48 11-04-2019	Nishiga1 Rawat	Referring Administrator	Opened	test	Appriss and--.pptx

1 - 4 of 4 Rows Per Page

Send Message

Messages and notifications of messages are automatically received by sending and receiving providers.

[Choose Files](#) No file chosen

Select below to notify your team members

Select

[Send](#)

Status Opened Closed Accepted Declined

Did Patient Show Up? Yes No

Local Action

Actions are only seen locally at your organization. Add a note in the box below and click on 'Save' for your own purposes.

Select below to notify your team members

Select

[Save](#)

Rationale for declined referrals helps identify gaps in care

Time/Date	Name	Role	Activity	Action/Message	Attachment
12:55 12-09-2019	Steve1a Carroll	Referring Provider	Messaging	here you go	
12:54 12-09-2019	SteveRec3b1 Administrator	Receiving Service Administrator	Messaging	thanks send pt history	
12:54 12-09-2019	SteveRec3b1 Administrator	Receiving Service Administrator	Action	take notes that only you see	
12:51 12-09-2019	Steve1a Carroll	Referring Provider	Opened	additional clinical that may be important	Attachment Auto removed Attachment Auto removed

1 - 5 of 5

Rows Per Page 25

Send Message

Messages and notifications of messages are automatically received by sending and receiving providers.

Choose Files no files selected

Select below to notify your team members

Select

Send

Status Opened Closed Accepted Declined

Decline Reason (Category) *

Patient Acuity

Decline Reason (Sub-Category) *

✓ -- Select --

- Client is too medically unstable
- Client is too psychiatrically unstable
- High level of acuity currently in facility

Did Patient Show Up? Yes

Check one or more permitted check box or button, add message, and click on

Local Action

Actions are only seen locally at your organization. Add a note in the box below and click on 'Save' for your own purposes.

Select below to notify your team members

Select

Save

Staff may request social services and resources in conjunction with a treatment referral



Service Availability Update Service Availability Referral Request Status Analytics

Nishi3bs Rawat -

Referral Request

Contact Information

Treatment Organization:	Fairbanks
Service:	Residential Treatment Program
Address:	8102 Clearvista Parkway, Indianapolis IN, 46256
Phone #:	(317) 572-9396
Email:	fairbanksopenbeds@ecommunity.com

Your preferred method to contact as per your profile is

E-Mail

Changing this will update your profile upon submit

Submit Request

Primary Service*

Residential Treatment Program

Urgency of need*

Client is perceived to be at high risk for crisis

Gender and Age*

Youth (17 and under)

Substance(s) - leave blank if not applicable

Alcohol

Medical and Psychiatric Conditions

Schizophrenia and other psychotic disorders

Special Populations*

Youth (17 and under)

Payment*

Medicaid/Expanded Medicaid

Sending Service*

Inpatient Detoxification

Request (Maximum 200 characters)*

Enter additional information here regarding the client's condition including co-occurring medical and/or psychiatric conditions. Maximum 200 characters

- Check If referral is voluntary
- Check If referral is non-voluntary

Wrap Around Services

This generates a notification to 211. Consent the patient about 211 contacting them. 211 will reach out within 48 hours.

Shelter Transportation

Submit Cancel

Patient Information

You may enter data on this form without patient identifiers. If using identifiers, please select Patient Information and ensure that patient consent has been obtained

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

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