STATE OF NEW MEXICO
Human Services Department
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Department of Health and Human Services
Behavioral Health Services Division
Behavioral Health Digital Access and Referral Network
Standards and Guidelines

1. Individuals experiencing a psychiatric and substance use disorder (SUD) issue can often experience long delays in accessing appropriate services. These delays can result in long waits at home, in emergency departments, or in jails while an appropriate, available facility is identified. BHSD has established a goal that 100 percent of clients experiencing a psychiatric and substance use crisis receive appropriate care without delay. The use of a psychiatric and SUD treatment digital access and referral platform that tracks all available inpatient psychiatric and SUD beds, opiate treatment programs, and intensive outpatient services is a tool that can help solve this problem and one that many states are implementing to help address this issue.

Our new behavioral health digital access and referral network, built on the OpenBeds® platform, in conjunction with its public access website, Treatment Connection, will allow our treatment community to rapidly and effectively assess the needs of their patients, locate an appropriate facility and refer them to care. Effectively implemented our new system will ensure that there is no delay in accessing the most appropriate 24/7 emergency, crisis stabilization, inpatient, and recovery services. However, our new network requires the engaged participation of our entire behavioral health community, in order to be effective. Together we must ensure that **a) the information in the system is accurate, b) the information is timely, and c) the treatment programs in the network strive to accept referred patients that meet the facility's acceptance criteria and availability**. Our new network will also be an important part of a statewide crisis services management system which allows a mental health and substance use disorder service system to manage the flow of patients in crisis to appropriate levels of care, of which inpatient care is only a small part of a continuum, and provide information that can allow a system to determine the appropriate service capacity for all levels of care.

Goal: 100% of Consumers have access without delay to the most appropriate 24/7 emergency, crisis stabilization, inpatient or recovery treatment.

2. Updating Bed and Next Appointment Availability. The OpenBeds platform will date and time stamp each time a treatment facility updates its bed count, the next available appointment, or its instructional comments in order to provide necessary information to our referring population. Importantly, these 'comments' may be used to provide information on pending discharges and when vacancy is expected; this will allow referring agencies to send a referral despite a lack of immediate availability as necessary.

There is a balance between providing sufficient information to prevent declined referrals and the burden of updating availability. Thus, we expect acute inpatient care and residential treatment beds to be **updated at least once daily** and all other services as necessary. Performed correctly, collectively, and consistently throughout the network, this action will increase confidence in our network and help reduce the number of declined referrals and provide the state with information that will help it identify gaps in care and, therefore, better target resources.

Requirements:

Service Type	Frequency	Notes
Acute Inpatient Care	Twice Daily	Recommend updating in the morning and evening
Residential Treatment	Once Daily	Recommend using and updating comments daily to demonstrate active participation
Outpatient Treatment	As Necessary	Use the "comments" box to display next appointment TIME or list walk in hours
Recovery Housing	As Necessary	Use the "comments" box to communicate waiting list information
Substance Use Disorder	As Necessary	Use the "comments" box to display next appointment TIME or list walk in hours

3. Digital Referrals and Communications. In addition to more effectively and efficiently placing patients into treatment, the OpenBeds platform captures key and essential referral process and outcome information through the use of a digital referral form that are not otherwise captured through manual (phone call/fax) referral processes. OpenBeds, through its contract with the state, provides this information to the state in a de-identified and aggregated manner. The state intends to use this information to help identify gaps in care delivery, inform resource allocation decisions, capture best practices, better pool resources, and connect patients to the social services (ex. Food, housing support). Your adherence and enforcement of the requirements below will both increase

the likelihood of more successful treatment outcomes, more efficient operations at your facilities, and the availability of information the state may use to make system-wide improvements.

a. **<u>Requirements</u>**.

1) Use the digital referral forms between network members.
2) Replace faxes with file attachments to digital referrals or subsequent communications.
3) Assign and ensure users are monitoring OpenBeds for responses.
4) Acknowledge (respond to) referrals and subsequent communications within 30 minutes.
5) Use the "Accept" or "Decline" radio buttons. When it is necessary to decline a referral, use the "Decline Reason (Category)" dropdown menu in the Referral Messaging Page to indicate the reason for not accepting the patient.
6) Use the "Did Patient Show Up?" radio buttons to indicate whether or not the referred patient made it to the treatment center.
7) Use the "Open" and "Close" radio buttons at your discretion to indicate when the referral process is complete on your end.

4. **Goals and Objectives**. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Association of State Mental Health Program Directors (NASMHPD) are working to create a registry of treatment services for people with serious mental illness (SMI) and Substance Use Disorder (SUD) in need. A shortage of inpatient beds and lack of knowledge of bed availability is a major barrier to adequate care for people with SMI and SUD.

a. The Long-Term Vision for this project includes linking psychiatric and substance use services to New Mexico community members and partner agencies.

b. The Short-Term objectives to help meet the long-term goals include the following:
   i. Identifying benchmark time standards for referrals and intakes.
   ii. Collecting the first year of data on how NM agencies receive and respond to referrals.
   iii. Identifying gaps in the BH system for the four identified treatment areas for phase one of this project (OTPs, SUD residential/ inpatient, SMI inpatient residential, IOP).
   iv. Improving communication between provider agencies, the community and provider agencies.

GOALS AND OBJECTIVES

Goal 1: Enhance linkage to care for those with substance use disorder (SUD) or at risk of an overdose. This includes connecting patients or their peer/family/community with a wide range of treatment and wrap-around services. Funds can be used to connect to care.

(1) **Objective 1**. Recruit and onboard 100% of SMI and SUD inpatient, residential, IOP and OTP treatment services on the network within 12 months of launch; 35% of available services types for launch.

(a) *How We Measure*: OpenBeds team and State Administration conduct monthly reconciliation of registered partner agencies vs OpenBeds members.

(b) *Success Indicators*: We will know we are successful when we have all of phase one identified partners onboarded and the site has ~~is ready to launch~~ launched.

(2) **Objective 2**. Recruit and onboard one third-party organization (i.e., 2-1-1) prior to launch that is responsive to wraparound services requests via direct digital referrals or notifications.

(a) *How We Measure*: OpenBeds tallies the total number of requests for social services and reports the numbers monthly--report failure to connect as possible.

(b) *Success Indicators*: We will know we are successful when we have NM 211 partners onboarded and the site has launched.

Goal 2: Reduce placement times for treatment by 20% in 180 days and by 40% in 360 days.

(1) **Objective 1**. 20% of total available referrals will be sent digitally via OpenBeds within 90 days.

(a) *How We Measure*. Calculate or otherwise determine average number of total referrals per month. OpenBeds will tabulate total referrals per period for comparison.

(b) *Success Indicators*: Between 90 and 180 days 20% of all referrals sent to partner agencies will be sent and received through OpenBeds

(2) **Objective 2**. Reduce digital response times by 100% in 90 days; 300% in 6 months.

(a) *How We Measure*. OpenBeds tabulates and reports response to digital referral times on a monthly basis.

(b) *Success Indicators*: 70% of provider agencies will use the OpenBeds platform to refer patients. Receiving agencies will use the OpenBeds platform to document acceptance or denial of the referral.

Goal 3: Identify gaps in care that may be effectively addressed by BHSD through cooperation with local governments, state agency partners and private organizations.

(1) **Objective 1**. Tabulate and report all declined referrals.

(a) *How We Measure*. OpenBeds tabulates and reports all declined referrals.

(b) *Success Indicators*. 100% of provider agencies are using the 'declined' referral button (not just failing to respond).

(2) **Objective 2**. Require treatment organizations to describe why they declined a referral using the free text box provided (short-term) and the dropdown menu choices (long-term).

      (a) *How We Measure*. OpenBeds tabulates declinations and reasons.

      (b) *Success Indicators*. 60% of treatment centers are willingly providing information and using 'decline' radio button.

Goal 4. Encourage and support evidence-based practices to increase successful treatment outcomes, including the use of certified peer support workers (CPSWs).

      (1) **Objective 1**. Add Peer Recovery services through direct referrals or notifications.

      (a) *How We Measure*. OpenBeds or network administrator tabulates and reports the total peer recovery services available monthly.

      (b) *Success Indicators*. 70% of partner agencies employee peer support workers and utilize them in the intake and treatment of referred patients.

      (2) **Objective 2**. Increase the use of peer recovery services to 80% of total SUD referrals.

      (a) *How We Measure*. OpenBeds or network administrator tabulates and reports the total peer recovery services requested monthly

      (b) *Success Indicators*. OpenBeds follows up with providers to determine treatment outcomes for those referred with peer recovery, and documents findings. The findings should include: the ratio of CPSWs to patients.

5. Social Resources and Services. The state is keenly aware that addressing social determinants of health and providing patients with the social services support they need before, during and after behavioral health treatment dramatically increases the probability for a successful treatment outcome for the patient. The OpenBeds platform provides for the ability to request those services either through a direct referral to one of our support agencies or through a notification to a third party.

Requirements: BHSD suggests the use of 211 either directly or in conjunction with referral to behavioral health treatment.

6. Decision Support Tools in accordance with the American Society of Addiction Medicine (ASAM)

    a. The ASAM Criteria text describes treatment as a continuum marked by four broad levels of service and an early intervention level. These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services. With the ASAM CONTINUUM™, clinicians are able to conduct a multidimensional assessment that explores individual risks and needs, as well as strengths, skills and resources. ASAM CONTINUUM then

provides clinicians with a recommended ASAM Level of Care that matches the intensity of treatment services to identified patient needs.

b. OpenBeds provides both an ASAM-based clinician facing decision support tool and a layman's triage tool available to providers and non-clinician referring entities. Please use these decision support tools as you see fit—we look forward to your future feedback on their usefulness. Anecdotal evidence points to higher referral acceptance rates when these tools are employed and made available to the treatment center for consideration.

7. Reporting. There are several ancillary benefits to digitizing our referral process, and one of these is the ability to capture, analyze and report information that may be used by our network members to help better understand and improve their individual referring processes and workflows.

a) All network members have access to an array of premade reports and analytics within their OpenBeds account to use as they see fit. Clearly, the usefulness of the information will increase as you move more and more of your referral traffic to OpenBeds and our network. Increasing your usage will also benefit our great behavioral health community as described below.

b) The OpenBeds team will periodically aggregate referral data from the entire network and submit reports to the state. We will use the information in these reports to measure the progress towards our goals, but for other very important uses as well. For example, information will help us better manage our state's behavioral health resources—current and future. It will help us better manage our state's behavioral health resources—current and future. And, it will help us identify gaps in care and discover best practices, all of which we will share with you.

8. Summary. We want to thank all of you in advance for your commitment to and participation in our behavioral health community network. We look forward to achieving our vision together with you.