



Consult for Addiction Treatment and Care in Hospitals (CATCH) Program

CATCH Implementation Guide

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Introduction

Hospitalization offers a ‘reachable moment’ to engage high-risk patients who would otherwise not seek treatment for SUD, thereby improving medical and substance use outcomes for these individuals (Trowbridge et. al 2017; Shanahan et. al 2010).

CATCH teams, typically comprised of an MD/NP, a counselor/social worker and peer, are critical for engaging patients with SUD in inpatient care. The CATCH teams will evaluate hospital inpatients to diagnose SUD, initiate a treatment plan, and provide a connection to outpatient specialty addiction services. Inpatient addiction consultations have been shown to reduce addiction severity 30 days after discharge, decrease hospital readmissions, and decrease utilization costs (Trowbridge et. al 2017; Wakeman et. al 2017). In a study from Boston Medical Center, hospital consultation care teams effectively identified patients with SUD, initiated MAT when indicated and linked patients to substance use treatment programs, particularly for those with OUD (Trowbridge et. al 2017). The program was both effective and feasible in the inpatient care setting (Trowbridge et. al 2017).

CATCH teams will be implemented at 6 facilities –Metropolitan, Bellevue, Lincoln, Coney Island, Woodhull, and Elmhurst. Funding for implementation is supported by City Hall’s *HealingNYC* initiative, however the program is embedded in hospital operations.

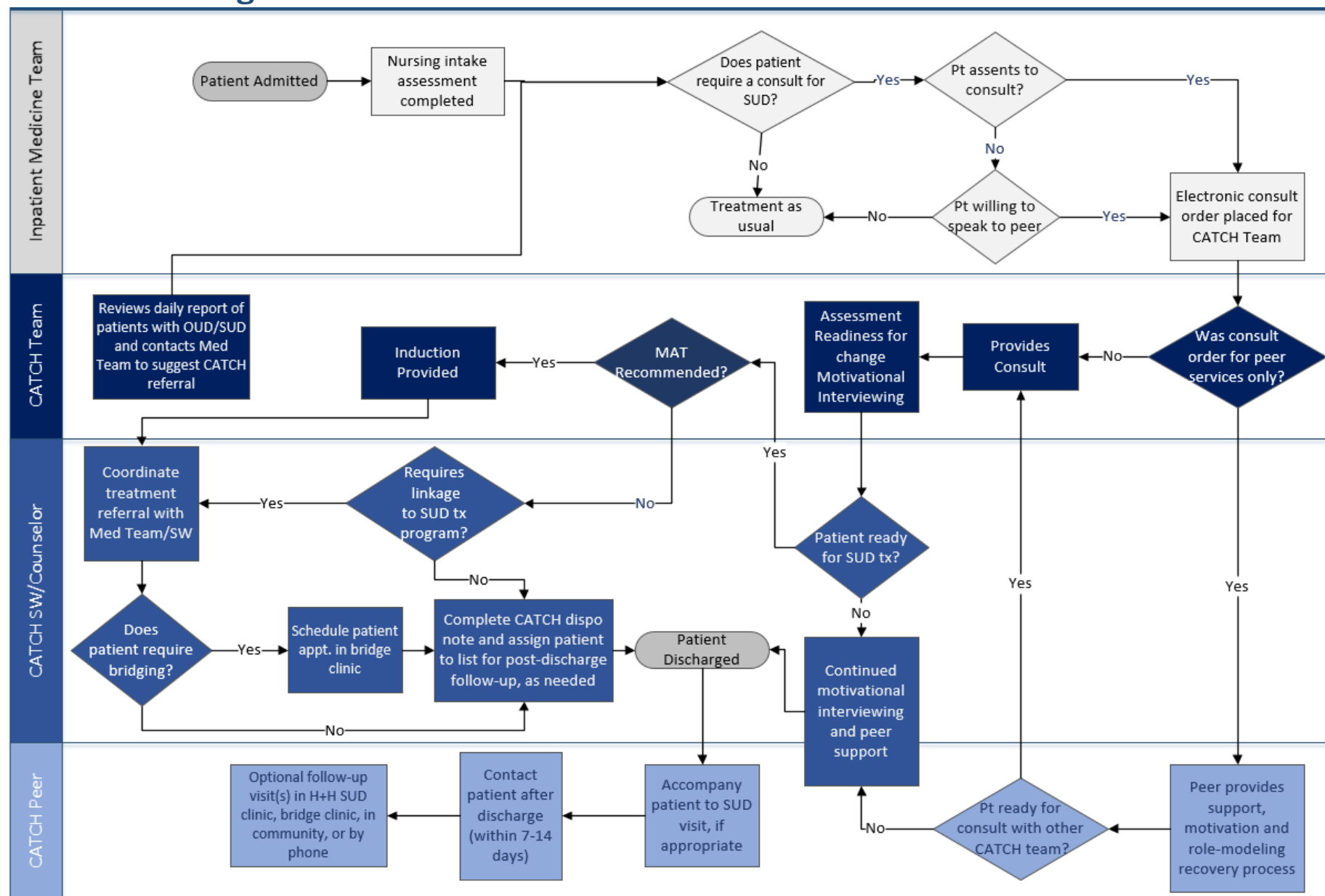
NYU has received funding from NIDA to evaluate the effectiveness of CATCH in increasing MAT *initiation* and *engagement* among patients with OUD. The study will use a stepped-wedge randomized trial design, splitting CATCH facilities into two groups and randomly assigning start dates for inpatient work.

- Group A: Bellevue, Lincoln, Metropolitan
- Group B: Coney Island, Woodhull, Elmhurst

CATCH Teams and Services at a Glance

Program Area	Details
Central Office Program Manager	Lynsey Avalone, Associate Director, Office of Behavioral Health Carla King, Associate Director, Office of Behavioral Health
CATCH Team Personnel	Three CATCH Teams using the following personnel: 1 Physician 2 Nurse Practitioners 3 Social Workers 3 Peer Counselors
Woodhull Program Leads	
Social Work Lead	
Peer Supervisors	
Evaluation Facility Contact	
Coverage Hours	
Medical Supervised Outpatient Program	Hours open: Appointment times: OTP/Methadone: Buprenorphine:

CATCH Program Overview



Implementation Timeline at a Glance

Facility Randomization/Launch Date Determination: April 1st

Launch Date: January 2020

A. Program Operations

Tasks	Target Completion Date	Status
1. Recruitment and Onboarding		
2. Coverage hours		
3. Communication Setup		
4. Supervision		
5. Training and Ongoing TA		
6. Launch Plans		
7. Billing and Documentation		

B. Inpatient Workflows

Tasks	Target Completion Date	Status
8. Consult Order Workflow		
9. CATCH Workflow Review		

C. Outpatient Workflows

Tasks	Target Completion Date	Status
10. Post-Discharge Follow-up		
11. Bridge Clinic Setup		
12. Role of Peers in Post-DC Follow-up		

A. Program Operations

1. Recruitment and Onboarding

☐ **Required for Site Randomization/Launch Date Determination:** Minimum 2 full CATCH teams recruited (6 FTEs) or contingency plan with internal resources established

- During staff recruitment, it is recommended that applicants are informed of the launch timeline (see appendix for information on the CATCH Evaluation)

Position	Name/Status	Start Date	Onboarding Location/Plan*
Physician			
Nurse Practitioners			
Social Workers			
Peers			

*Prior to your official launch date (determined by the evaluation) CATCH staff should not deliver care on med/surg unit

Onboarding Plans (prior to inpatient launch):

- Assist with implementation of a functioning outpatient *bridge clinic*. The bridge clinic is an integral part of successful CATCH work. Staffed by facility staff and CATCH team members, the bridge clinic provides close follow-up and monitoring for patients in need of treatment until linkage to long term treatment occurs. CATCH teams should devote time to setting up and launching the bridge clinic, including:
 - Providing care in current SUD programs to understand the referral processes and H+H SUD treatment program admissions and services
 - Developing expedited processes for accepting patients into care
 - Developing a referral network to link patients to appropriate long-term SUD services
 - Effectively manage patient flow in and out the bridge clinic
- Assist Central Office and facility leadership with CATCH workflows and implementation planning, including plans for the integration of CATCH teams into the inpatient med/surg floor and the methods of determining patients who would benefit from a CATCH consult
- Provide addiction consult services in emergency departments or ambulatory care settings, such as primary care or pain management clinics

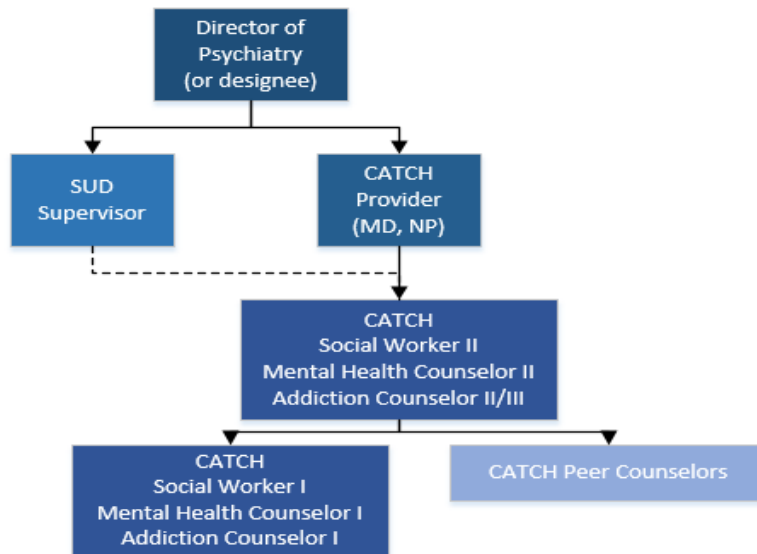
2. Coverage Hours

		Recommendations	Plan/Progress	Next Step	Owner	Target Date
<input type="checkbox"/>	Consults	<ul style="list-style-type: none"> Weekdays with some additional weekend coverage Weekend coverage/off-hours matching current CL service (on-call, shortened hours) 				
<input type="checkbox"/>	Bridge	<ul style="list-style-type: none"> Designated 2-3 hour time slot, 2-3 days/week; staffed during all open hours to accommodate walk-ins Coverage is flexible (ie. staffed by 1 peer if no appointments scheduled, additional staff paged as needed) 				

3. Communication Setup

		Recommendations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Pagers	<ul style="list-style-type: none"> All team members have a pager for internal communication 				
<input type="checkbox"/>	Cell Phone	<ul style="list-style-type: none"> Obtain team cell phone(s) to be used by CATCH staff: <ul style="list-style-type: none"> In bridge clinic For in-community follow-up For pt. contact, as appropriate 				
<input type="checkbox"/>	Tablets Laptops	<ul style="list-style-type: none"> Acquired for Epic documentation 				
<input type="checkbox"/>	Central Phone Number	<ul style="list-style-type: none"> Setup/determine one central phone number to provide to patients for making appointments at bridge, post-dc follow-up etc. (consider cell phones, bridge number, MSOP etc.) 				

4. Supervision



	Role	Description	Designated Staff
<input type="checkbox"/>	Task Supervisor	<ul style="list-style-type: none"> Works directly with team to assign and monitor day-to-day work Designates tasks relating to CATCH workflow Typically <u>CATCH MD or NP</u> 	
<input type="checkbox"/>	MD/NP Clinical Supervisor	<ul style="list-style-type: none"> Provides regularly scheduled clinical supervision to CATCH MD/NP Typically Director of Psychiatry or designee 	
<input type="checkbox"/>	Social Worker/ Counselor / Peer Clinical Supervisor	<ul style="list-style-type: none"> Provides regularly scheduled clinical supervision Ensure team members attend trainings and meetings Reviews active cases and discusses any needed interventions Typical BH/SUD/ED social worker 	

5. Training and Ongoing Technical Assistance

	Trainings	Information	Plan/ Attendees	Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Naloxone	Required to dispense naloxone kits To setup training, email: Jason Cartwright cartwrij@nychhc.org	All staff				
<input type="checkbox"/>	Epic	For EMR documentation and understanding of patient lists, system lists etc.	All staff				
<input type="checkbox"/>	OASAS/822 Training	To enable billing of pre-admission visits to the 822 treatment programs, CATCH staff must receive all relevant trainings and follow 822 policies and procedures	SW				
<input type="checkbox"/>	NowPow	Complete training to access to NowPow, an online application to quickly find and navigate treatment programs To sign up: ochsupportdesk@nychhc.org	SW				
<input type="checkbox"/>	Bupe Waiver Training	Required for x-waiver/buprenorphine prescribing	MDs, NPs				
<input type="checkbox"/>	Bi-Weekly Case Conferencing /Ongoing TA as needed	Bi-weekly 1-hour case-conferencing sessions with Boston Medical Center provide support for logistical and clinical challenges	All staff				
<input type="checkbox"/>	Two-Day CATCH training attendance		All Staff				

6. Launch Plan

- In the month prior to launch, a plan to inform other services about CATCH launch, staff involved, expertise provided etc. should be established

	Recommendations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Participating in grand rounds, department meetings				
<input type="checkbox"/>	Outreach to nurses, social workers, public safety groups				
<input type="checkbox"/>	Educating staff (physicians, nurses, SWs) on CATCH team skills/expertise				
<input type="checkbox"/>	Shadowing medicine, nursing, or SW teams				
<input type="checkbox"/>	Creating/Distributing flyers/brochures to service departments				
<input type="checkbox"/>					
<input type="checkbox"/>					

7. Billing and Documentation

Staff Type	Location	Department Login	Epic Encounter/Visit Type	Note Template(s)/Flow sheet(s)	Charge Capture method	Typical Procedure Code(s)
MD NP	Inpatient	<Facility> V-Healing	Hospital Encounter	CATCH Provider Note Disposition Note Fast-Track Form CA-1 Fast-Track Form CA-2	Note	Professional Services Billing 99251-99255 OR 99221-99223, 99231-99232
	Outpatient/Primary Care	<Facility> Primary Care	Healing Med SUD Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	Bridge Clinic Note Fast Track Form CA-1 Fast Track Form CA-2	Charge Capture	99201-99205 NEW 99211-99215 EXISITING
	Chemical Dependency	<Facility> Chemical Dependency	Healing Med SUD Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	Per typical CD workflow or Bridge Clinic Note Fast-Track Form CA-1 Fast-Track Form CA-2	Charge Capture	Withdrawal management and stabilization services (H0014, 99201-99205) Pre-admission screening (H0049) Brief Intervention (H0050) Assessment Brief (T1023-AG) Assessment Normative (H0001-AG) Assessment Extended (H0002-AG)
Social Worker Addiction Counselor Mental Health Counselor	Inpatient	<Facility> V-Healing	Hospital Encounter	SW/Counselor Consult Note Disposition Note	N/A	Not billable
	ED	<Facility> V-Healing	Hospital Encounter	Fast Track PA 2-4	Charge Capture	Pre-Admission screening (H0049) Brief Intervention (H0050) Assessment Brief (T1023) Assessment Normative (H0001) Assessment Extended (H0002)
	Outpatient/Bridge Clinic	<Facility> Primary Care	Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	Fast Track PA 2-4	Charge Capture	Pre-Admission screening (H0049) Brief Intervention (H0050) Assessment Brief (T1023) Assessment Normative (H0001) Assessment Extended (H0002)
	Chemical Dependency	<Facility> Chemical Dependency	Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	Fast Track PA 2-4	Charge Capture	Pre-Admission screening (H0049) Brief Intervention (H0050) Assessment Brief (T1023) Assessment Normative (H0001) Assessment Extended (H0002)
Certified Recovery Peer Advocate	Inpatient	<Facility> V-Healing	Hospital Encounter	CRPA Note	N/A	Not billable
	ED	<Facility> V-Healing	Hospital Encounter	CRPA Note	Charge Capture	Peer Advocate Services (H0038)
	Outpatient/Primary Care	<Facility> Primary Care	Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	CRPA Note	Charge Capture	Peer Advocate Services (H0038)
	Chemical Dependency	<Facility> Chemical Dependency	Healing New 30 Healing New 45 Healing New 60 Healing Revisit 15	CRPA Note	Charge Capture	Peer Advocate Services (H0038)

Important Billing Notes

Bridge Clinic Billing

- Social workers/Addiction Counselors/Mental Health Counselors/Peers can bill for in-community service visits delivered in or out of the OASAS 822 program
 - There is no maximum pre-admission visits for **Peer Support Services**
 - There is a **maximum of 3 pre-admission assessments** with Social Workers/Addiction Counselors/Mental Health Counselors
 - The link below provides a letter stating it is OASAS counsel's opinion that commercial plans should reimburse for services delivered through an 822 clinic outside of the walls of the clinic
<https://www.oasas.ny.gov/regs/documents/CoverageforCommunityServices5.18.18.pdf>
- CATCH MD/NPs can provide **pre-admission Medication Administration/Management** for patients (ie. 'bridge' them) while the appropriate level of care is determined
 - There is no maximum number of these visits if there is clinical necessity

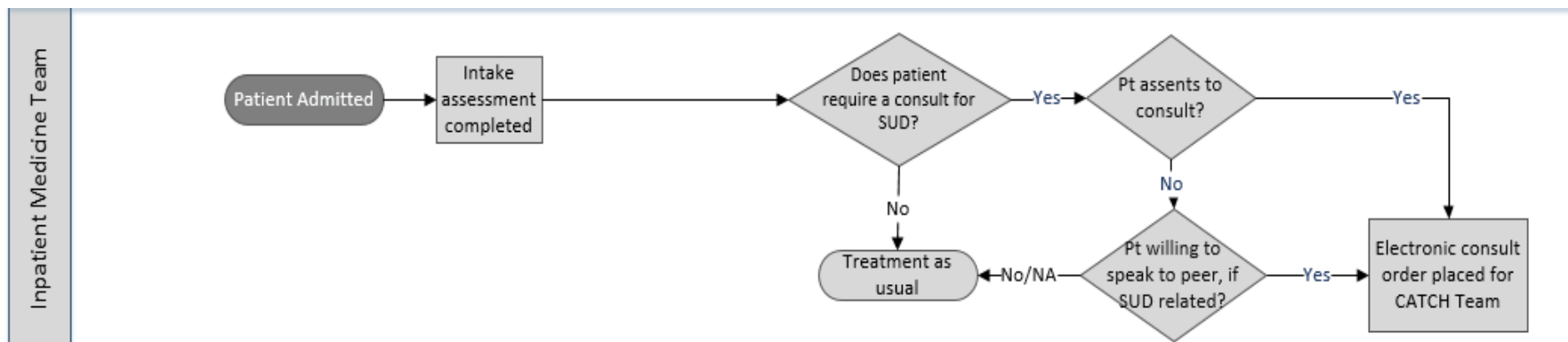
	Requirement	Owner	Target Date
<input type="checkbox"/>	CATCH staff need to be listed on the 822 roster/budget (and follow relevant 822 policies and procedures when billing pre-admission services) <ul style="list-style-type: none">• Salaries should be netted zero on budgets• PAS reporting procedures apply for these services/staff		

Insurance Notes

- CPT/HCPCS procedure codes (above) are for billing Medicaid fee for service and Medicaid managed care plans (Mainstream, HARP, HIV SNPs, FIDA). CPT codes reported for assessment and therapy are also billable to Medicare, Medicare HMOs and commercial plans.
- OASAS APGs are negotiated into: MetroPlus/Beacon, Healthfirst and Fidelis contracts as 100% of Medicaid rate
- Contracts in-progress with Empire Healthplus and United (as of 12/2017)
- Non-contracted with Affinity and Wellcare (as of 12/2017)

B. Inpatient Workflows

8. Consult Order Workflow



		Recommendations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Assessment Tools	<ul style="list-style-type: none"> Confirm nursing assessment tools (ie. SISQ, COWS, CIWA) and identification of SUD patient 				
<input type="checkbox"/>	Defining Consult criteria	<ul style="list-style-type: none"> Educate medicine on criteria for CATCH consults Consider providing <u>decision tool</u> to medicine for making consult order determination 				

Inpatient Consult to CATCH Team

✓ Accept ✗ Cancel

Priority:

Routine

Routine

STAT

Reason for consult
(select all that apply):

☐ Management of withdrawal

☐ Assessment / diagnosis

☐ Initiate medication for addiction treatment

☐ Overdose prevention / harm reduction / education

☐ Linkage to treatment

☐ Peer support services

☐ Other (please specify)

Patient told of consult
request?

Yes

No

Category of substance currently using (select all that apply):

☐ Opioids

☐ Alcohol

☐ Benzodiazepines

☐ Other (please specify)

☐ Not applicable

Patient in SUD
Treatment Program?

Yes

No

Toxicology screen order has been placed / completed?

Yes

No

HIV tested?

Yes

No

HCV tested?

Yes

No

Ordering Provider or
Medical Team Contact
Info:

Did you contact the consulting team via phone/pager?

Yes

No

Comments:

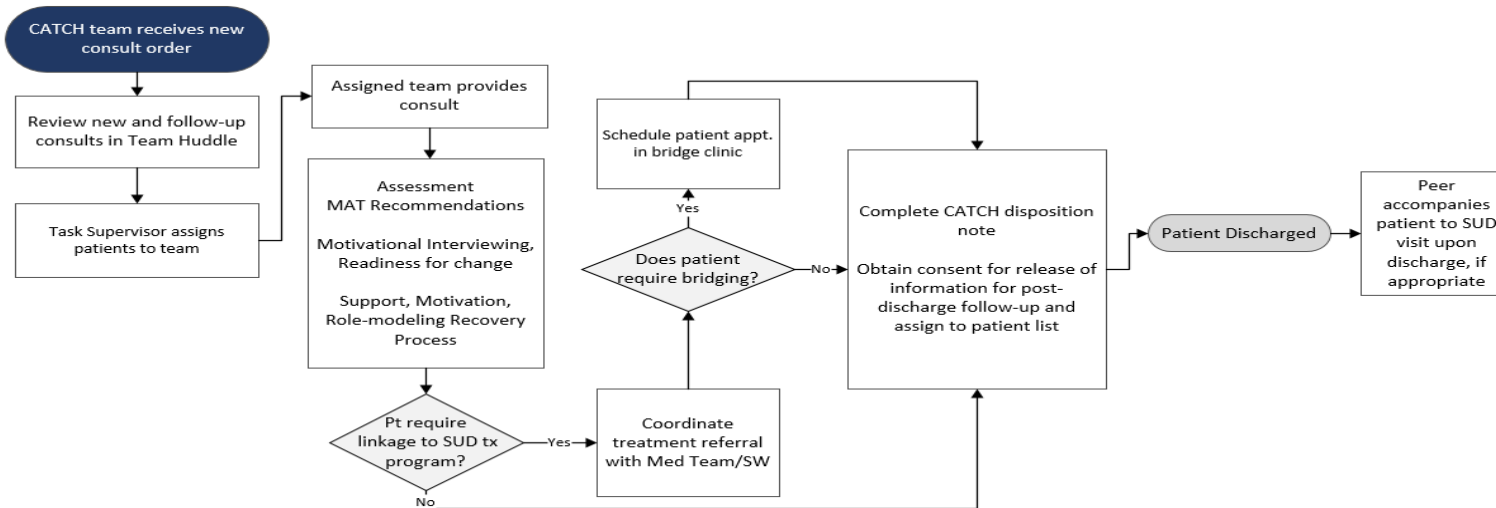
+ Add Comments (F6)

Next Required

Link Order

✓ Accept ✗ Cancel

9. CATCH Workflow Review



		Workflow/Recommendations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Assigning consults	<ul style="list-style-type: none"> New consult orders populate onto a CATCH 'system list' and are reviewed by task supervisor daily MD/NP will document consult response, unless otherwise determined by the team; documenting a consult response will drop a patient off the system list Patients are added to the 'CATCH Patient List' providing a means of tracking patient needing follow-up/visits from other CATCH team staff 				
<input type="checkbox"/>	Documentation	<ul style="list-style-type: none"> MD/NPs, SW/Counselors and Peers have specific note types for their encounters (see Billing and Documentation for more info) 				

<input type="checkbox"/>	Communication with Medicine Team	<ul style="list-style-type: none"> • Communication with med team via phone/face-to-face to discuss cases prior to and/or after a consult is encouraged 				
<input type="checkbox"/>	Discharge planning	<ul style="list-style-type: none"> • Coordination of discharge plans is critical to ensure the plan is streamlined and appropriate, given other medical issues • CATCH social workers are responsible for completing CATCH disposition note in Epic to summarize the SUD treatment plan • Patients should be added to the 'CATCH Post-discharge follow-up' patient list for tracking those needing post-discharge follow-up • Patients should be asked to sign a Release of Information form prior to discharge for the purpose of CATCH contacting SUD treatment programs/family members after discharge, if needed 				
<input type="checkbox"/>	Scheduling Bridge Appts.	<ul style="list-style-type: none"> • Scheduled in Epic by CATCH SW 				
<input type="checkbox"/>	Warm-hand offs	<ul style="list-style-type: none"> • For patients discharged on same day as their SUD treatment appointment, peers can accompany patients to their visit • Peers can assist patients with medication pick-up from pharmacy (esp. if patient does not have ID) 				

<input type="checkbox"/>	'SUD Daily Report' Manager	<ul style="list-style-type: none"> • 'SUD daily report' is an automatically generated Epic system list that captures <u>all patients currently admitted to inpatient Med/Surg/ObGyn floors with an opioid, alcohol, or sedative use disorder</u> ICD-10 code on their chart • Report Utility: <ul style="list-style-type: none"> ○ New patient case finding ○ Identifying re-admitted pts from whom CATCH could revisit and a consult was not order this admission 				
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10. Treatment Referral Resources

Resource	Description
OBH Referral Resources	<ul style="list-style-type: none"> List of SUD treatment programs, by proximity to facility, is available on Sharepoint <ul style="list-style-type: none"> This includes a list of all SUD treatment programs, including buprenorphine, methadone and other treatment providers/programs at H+H and in the community A request for access may need to be submitted
NowPow	<ul style="list-style-type: none"> An online application to quickly find and navigate treatment programs www.nowpow.com
SUD Fast-Track	<ul style="list-style-type: none"> TBA
Maintaining your own Referral List	<ul style="list-style-type: none"> BMC recommends maintaining a detailed referral list in excel, which includes to following headings: <ul style="list-style-type: none"> <i>Agency name, services provided, address, hours, coverage, main contact name and role, email, phone number, fax number, alternative contact name and role, alternative email, alternative phone number, alternative fax, notes</i>
Bupe in Primary Care	<ul style="list-style-type: none"> Confirm contacts and workflow for referrals to primary care for buprenorphine
Bupe pharmacy/Insurance Resource	<ul style="list-style-type: none"> CO pharmacy is working on a community pharmacy and insurance resource for buprenorphine prescriptions The list contains pharmacies with available bupe (dosages, open boxes etc.), as well as insurance requirements and contact information for pre-authorizations etc.

C. Outpatient Follow-up

11. Post-Discharge Follow-up

- **Contact with CATCH patients within 7-14 days post-discharge is recommended to:**
 - Confirm treatment referrals/appointments were successfully attended
 - Check-in with patients who may need support prior to/after a treatment visit
 - Schedule/attend a warm-hand off with patients at their treatment appointment

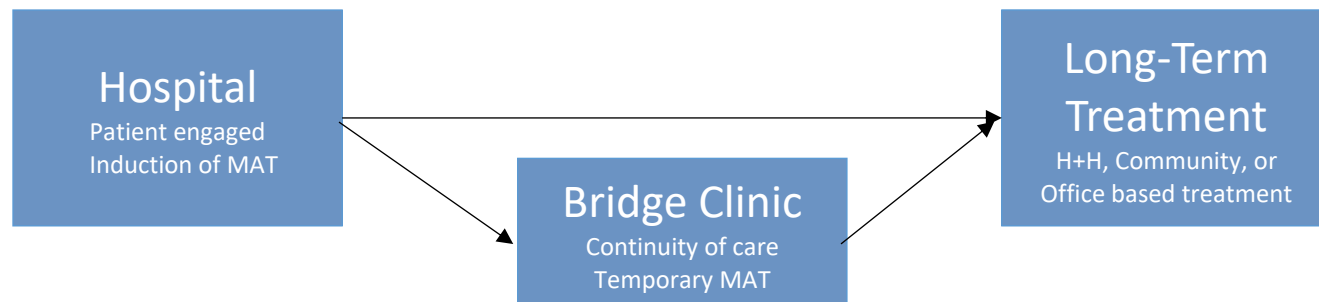
		Recommendations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Post-Discharge Follow-up Guidelines	<ul style="list-style-type: none"> Review Guidelines (see below) 				
<input type="checkbox"/>	Contact Number	<ul style="list-style-type: none"> Determine the contact number to provide patients for follow-up 				
<input type="checkbox"/>	Set up Outpatient Patient List and assign manager	<ul style="list-style-type: none"> A 'CATCH post-discharge' patient list can be created in 'My Lists' for tracking patients who need contact 7-14 days post-discharge 1-2 CATCH staff member(s) should be assigned as manager of the Outpatient List; the list can be created by 1 team member and shared with all other CATCH staff 				

Post-Discharge Follow-up Guidelines

Steps	Notes
1. Prior to discharge, ensure: <ul style="list-style-type: none"> • Release of Information Form is signed • a minimum of 3 contact numbers for the patient are collected and documented in the CATCH disposition note 	<ul style="list-style-type: none"> • While the patient is in the hospital, ask them to sign a Release of Information Form so that you can contact treatment programs and/or family members to determine the status of their linkage to treatment in the event the patient cannot be contacted • Ask the patient to supply multiple numbers where they can be contacted
2. Review 'CATCH Post-Discharge Follow-up' Patient List and prioritize patients who need a warm-hand off to SUD treatment programs at H+H and in community	<ul style="list-style-type: none"> • For face-to-face encounters, documented and enter the charge capture for billing
3. Prioritize patients on the post-discharge list who need to be contacted by phone	<p><u>How should I prioritize post-discharge follow-up calls to patients?</u></p> <ol style="list-style-type: none"> a) Priority patients as discussed with your supervisor (ie. high risk) b) Patients who were referred to treatment who have not been contacted within 14 days of their discharge c) Patients referred to treatment who you've tried to contact 1x and need a second phone call within 14 days of discharge d) Patients who were not referred to treatment while on inpatient, but were added to the list
4. If patients contacted in Step 3 have upcoming appointments at SUD treatment programs, schedule a warm-hand off	<p><u>What is a warm-hand off?</u></p> <ul style="list-style-type: none"> • Meeting a patient at the front of the hospital or subway stop and walking them to their appointment • Meeting a patient nearby their house or the location of their appointment • Staying with the patient while they navigate their first appointment
5. Patients can be removed from the 'CATCH Post-Discharge Follow-up' patient list when they meet discharge criteria	<p><u>How should I determine when to stop following a patient?</u></p> <ol style="list-style-type: none"> a) The patient has been contacted within 14 days of discharge and successfully made it to their SUD treatment program b) Two unsuccessful attempts to contact a patient/SUD program have been made c) The patient/SUD program has been contacted, but has not made it to their SUD treatment appointment after 30 days of following d) The patient has asked you to discontinue follow-up e) Other reasons discussed with your task supervisor

12. Bridge Clinic

- The bridge clinic is a short-term, low-barrier access clinic for patients who *cannot* be directly linked to the appropriate long-term treatment program and required continue care/engagement in SUD treatment
- Any CATCH team member can see patients at the bridge clinic and provide services within their scope until a patient is linked to their long-term treatment program, including:
 - Medication administration
 - Brief Interventions (maximum 3)
 - Pre-admission assessments (maximum 3)
 - Peer support services (no limit to service)



- ☒ **Required for Site Randomization/Launch Date Determination:** a designated location with defined hours from which a patient can receive a buprenorphine prescription from a CATCH provider the day after discharge
- This could be a temporary location in the current SUD program, utilizing the pre-admission visits allowed by OASAS prior to admission into the program until a more permanent bridge clinic setup can be established

		Considerations	Plan/Progress	Next Steps	Owner	Target Date
<input type="checkbox"/>	Location	<ul style="list-style-type: none"> Can be located in Primary or MSOP <ul style="list-style-type: none"> Pre-admission medication administration at MSOP is appropriate if CATCH team is actively seeking a referral to the appropriate level of care Ensure convenient collection and processing of urine for toxicology Develop relationship with key personnel in pharmacy <ul style="list-style-type: none"> BMC Recommendation: to have a backline accessible by staff for expedited contact with a pharmacy tech who will expedite prescriptions and address any insurance. Capacity for front desk/admin staff to help with: <ul style="list-style-type: none"> Faxing prescriptions to pharmacies, as needed Coordinate sending patients to the lab for blood and urine studies 				
<input type="checkbox"/>	Hours	<ul style="list-style-type: none"> Designated 2-3 hours/day several days per week with capacity for walk-ins/make-up appointments 				
<input type="checkbox"/>	Booking appts.	<ul style="list-style-type: none"> Designated CATCH staff member can schedule prior to discharge Establish appt. booking contact number for scheduling/rescheduling appointments (ie. existing registration staff contact) 				
<input type="checkbox"/>	Intake Logistics	<ul style="list-style-type: none"> Ensure Standard Treatment Forms available Determine elements of the initial assessment <ul style="list-style-type: none"> BMC Recommendation: a comprehensive metabolic panel, HIV, hepatitis, gonorrhea, chlamydia, and syphilis screenings, a urine drug screen which includes immunoassay testing for amphetamines, opiates, benzodiazepines, barbiturates, cocaine, fentanyl, oxycodone, methadone, and buprenorphine. 				

13. Role of Peers in Outpatient Follow-up

Do	Do Not
<ul style="list-style-type: none">• Follow-up with patients or SUD treatment programs within 7-14 days post-discharge to ensure the patient made it to their first appointment• Be available to patients during their normal working hours <u>only</u> to provide support and motivation for <u>SUD treatment</u>• Have access to a cell phone during their work in the community• Make calls:<ul style="list-style-type: none">○ Pre-visit outreach/support○ Missed appointment follow-ups○ Treatment plan check-in• Meet in the community/SUD program:<ul style="list-style-type: none">○ Navigate patients to initial appointment(s) at SUD treatment program or Bridge clinic○ Provide social and emotional support before, during or after SUD program visits• Should a peer feel uncomfortable or unsafe, they should leave the situation <u>immediately</u> and contact their supervisor once in a safe place	<ul style="list-style-type: none">• Provide clinical assessments, treatment determinations, counseling, or case management• Assume the role of a medical provider or first responder –if a patient requires attention from a physician for a medical emergency or a clinician at an SUD treatment facility, they should follow standard protocols (emergency department/911 etc.)• Enter homes of patients and instead meet in the community or at the SUD program• Contact/connect with patients outside of their role as a Peer• Contact/connect with patients outside of business hours

APPENDIX

Program Evaluation

- As of March 5, 2018, NYU was awarded NIDA funding to evaluate the effectiveness of CATCH as a strategy for engaging patients with OUD in treatment
- The research is led by Dr. Jennifer McNeely, an Associate Professor in the Dept. of Population Health at NYU and an addiction treatment provider at Bellevue Hospital
- **The study will use a stepped-wedge randomized trial design, splitting CATCH facilities into two groups and randomly assigning start dates:**
 - **Group A: Bellevue, Lincoln, Metropolitan**
 - **Group B: Coney Island, Woodhull, Elmhurst**
- All facilities will be evaluated 12 months pre- and post-implementation of the CATCH program
 - This is why it is critical to avoid any inpatient CATCH work prior to your official launch date
- The IRB-approved research protocol is available upon request

Evaluation Aims

- **Aim 1** (Primary aim): Evaluate the effectiveness of CATCH in increasing MAT *initiation* and *engagement* among patients with OUD.
- **Aim 2:** Assess the effectiveness of CATCH for increasing MAT *retention* in patients with OUD.
- **Aim 3:** Compare the frequency of *acute care utilization* and *overdose deaths*, and their associated costs, among patients with OUD hospitalized during the CATCH period versus usual care.
- **Aim 4:** Evaluate implementation outcomes to assess: *Reach* – proportion of eligible patients reached by CATCH; *Adoption* – utilization of CATCH by medical staff; *Implementation fidelity* – barriers to delivering high-quality MAT to the target population, during and after hospitalization.

Quality Improvement Metrics

Process Metrics

- Timely onboarding of staff
- Referral and Consult Volume
- Post-Discharge Follow-up
- Revenue Targets

Other QI Metrics

- Disposition notes completed/Referral location
- Encounters by Staff Type (inpatient and outpatient)

Outcome Metrics

- Engagement in Medication for Addiction Treatment (MAT)
- Retention in Treatment
- Reduced Utilization
- Reduced Likelihood of Overdose Death

Functional Job Descriptions

CATCH Team

1. The multidisciplinary CATCH consultation team will be available to assess, recommend and ensure appropriate interventions and monitoring of patients with substance use disorders presenting with intoxication or withdrawal symptoms including, those presenting with a co-occurring biomedical or behavioral conditions. The team will follow these patients throughout transitions of care/services to ensure a safe and appropriate discharge plan.
2. Serve as liaison with the hospital providers across services and with network/external programs to ensure optimal coordination of care and patients disposition.
3. Ensure referral of patients with substance use disorders to appropriate setting including inpatient, residential, or outpatient.
4. Development and participation in quality improvement projects and report process and outcomes measures in the HWPI activities meetings.
5. Participate in reviewing, developing and implementing appropriate policies, procedures and protocols for substance abuse disorders

Psychiatrist/Physician

1. Maintains clinical privileges in the Department of Psychiatry
2. Prescribes medications and orders tests in accordance with the delineation of privileges on file with the medical board
3. Documents in the chart all care rendered to patients and supervisory activities
4. Participates in the QI process of the Department of Psychiatry, including the use of tracking and trending, random and focused chart reviews.

Clinical Responsibilities include but not limited to:

1. Obtains pertinent health history which includes medical, psychosocial, functional and spiritual history
2. Triage and establishes priorities appropriately
3. Performs comprehensive physical examination
4. Requests appropriate screening and diagnostic tests
5. Gathers additional relevant patient information
6. Interprets and evaluates data gathered
7. Develops an addiction plan of care for the patient in coordination with the primary physician and other CATCH team members
8. Designs and implements an individualized patient care plan in accordance with established standards and patient wishes.
9. Makes appropriate referrals to other health care providers and community based services
10. Identifies health education needs
11. Ensures a safe and secure environment free of hazards to reduce risk of injury to all customers (patients, visitors and staff)
12. Demonstrates responsibility and respect to coworkers, unit and institution
13. Effectively utilizes the electronic as well as the paper medical record

Nurse Practitioner

1. Demonstrates advanced knowledge of psychopathology and addiction in assessing patients/families in need of treatment, including addiction assessment, mental status examination and diagnostic evaluation.
2. Develops an individualized treatment plan after collecting and reviewing psychosocial data, medical history, nursing assessment and other pertinent information.
3. Demonstrates knowledge of services available both within the hospital and in outside agencies in developing a discharge plan and creates working relationships with community agencies.
4. Demonstrates advanced knowledge of psychopharmacology as it pertains to the patient population being treated and writes prescriptions.
5. Demonstrates crisis intervention techniques including verbal de-escalation, use of restraint and constant observation, PRN psychotropic medication.
6. Counsels patients and families using advanced psychotherapeutic techniques in both individual and group modalities. Initiates and participates in studies/research related to Nurse Practitioner services and addiction medical care of specific treatment population.
7. Provides clinical and didactic instruction to professional staff, students, and community groups, and conducts in-service educational programs.
8. Provides patient/family education in areas of psychopathology, compliance with aftercare and medication, services offered for addiction recovery both by the hospital and by outside agencies.
9. Integrates nursing and medical concepts in planning care for medically complicated psychiatric patients. Evaluates patients for level of acuity and changes the treatment approach as necessary.
10. Recognizes the effect of one's own belief system, personal feelings and prior experience in the nurse practitioner-patient relationship and seeks supervision, as needed.
11. Identifies cases with complicated treatment issues and collaborates with designated physician on regular basis, and as needed.
12. Collaborates with multidisciplinary treatment team to coordinate and implement the treatment plan and discharge plan, evaluating and modifying these as necessary.
13. Tolerates dysfunctional and difficult behavior of patients, families and visitors by interacting in a non-judgmental way with the goal of helping to solve problems.
14. Communicates the hospital mission to patients and families. Initiates and participates in PI and QI activities
15. Responsible for induction, monitoring and management of buprenorphine

Social Worker

Assignment Level I Functional Job Description

1. Provide timely and complete psycho/social assessments on all cases assigned and planning appropriate interventions
2. Engage in assessment, treatment, and education and provide interventions for patients who may have a substance abuse problem
3. Document findings, interventions and plans in patients' medical records on the same date patients were interviewed
4. Provide ongoing support and counseling, family intervention and education about CATCH, and concrete services
5. Provide information about community resources and developing appropriate aftercare plans such as coordinating appropriate referral(s) to treatment programs/facilities, including the provision of relevant information about professional services, community resources, and appropriate follow-up

communication

6. Participate as part of the multidisciplinary teams in formulating overall treatment and discharge plans including participating in multidisciplinary rounds
7. Work closely with related social and community agencies
8. Provide consultations to other Hospital Personnel about CATCH services and available treatment facilities
9. Provide therapeutic services and psychoeducation for individuals and groups dealing with the disease of addiction, transition of recovering persons, etc.
10. Complete monthly statistics
11. Escort patients for placement interviews/discharge when appropriate and/or indicated by supervisor
12. Perform duties as assigned by supervisor/designee

Assignment Level II Functional Job Description

Under general supervision, with moderate latitude for the exercise of independent judgment, in addition to performing the typical tasks described in Assignment Level I above, may perform the following typical tasks:

1. Coordinates and conducts quality activities within the department regarding social work practice on complex issues.
2. Acts as project leader for special studies and research projects. Collects and evaluates data related to vulnerable client populations. Prepares and presents reports to hospitals or social work staff related to these service populations.
3. Trains and instructs social work staff in clinical social work techniques. Serves as a resource and role model for beginning social work staff in various aspects of advanced social work practice.
4. Formally orients and educates members of other professional disciplines by developing training curricula and presenting lectures covering workshops, seminars, etc. on social work concepts and functions.

Peer Counselor

Assignment Level I Functional Job Description

1. Comforts patients, reassuring them about recovery and explaining the process of how acute distress is addressed.
2. Provides orientation and support to patients and collaterals.
3. Helps patients to understand their role in their own recovery process.
4. Uses personal experience as a recipient of behavioral health services (including co-occurring/substance use background) in role-modeling recovery and providing hope for other recipients.
5. Assists patients in seeking clarification about the treatment and recovery process.
6. Assists the patient in identifying their own individual warning signs of relapse and identifying and developing individual coping strategies.
7. Engages patients and helps motivate them to enter treatment and engage with care coordination.
8. Provides motivation to address ambivalence about change using basic motivational interviewing techniques.
9. Conducts overdose prevention trainings with patients and their families, including naloxone distribution.
10. Clarifies issues for the patient and assists with the process of referral for treatment, rehabilitation, housing and supportive services. Follows-up to determine whether services were provided and used.
11. Conducts follow-up with patients after discharge.
12. Conducts outreach and connection to services for a period after discharge.

13. Assists with patient documentation, tracking, and follow up.
14. Works with OPD treatment team to facilitate engagement with clinic services.
15. Collaborates with staff in maintaining appropriate documentation.
16. Participates in supervision, department staff meetings, and other program review meetings.
17. Receives supervision and support from substance use disorder treatment program and administrative leadership. In addition, receives task supervision from team leads with whom they work on other services.
18. Other duties as assigned.

Assignment Level II Functional Job Description

In addition to performing the duties of Assignment Level I at a more difficult and responsible levels, performs the following tasks:

1. Acts as preceptor to Peer Counselors in Assignment Level I.
2. Provides education training on patient issues to mental health and other human services providers.
3. Advocates for the needs of people with psychiatric disabilities within the mental health system and within service delivery systems
4. Participates in utilization review and quality improvement activities.

Assignment Level III Functional Job Description

In addition to performing the duties of Assignment Level I and Level II at a more difficult and responsible levels, performs the following tasks:

1. Supervises and instructs Peer Counselors in Assignments Levels I and II, volunteers, interns/students and other related auxiliary staff.
 2. Coordinates and reviews the work of subordinate staff, providing direction and corrective measures to ensure the achievement of departmental goals.
 3. Provides consultation for difficult cases requiring a higher level of knowledge and expertise.
 4. Serves as a liaison with community agencies.
 5. Initiates and participates in special studies and research projects.
 6. Represents the department at conferences, workshops, in-house services, hospital or community functions and reports actions and findings to the department.
- CUNY/NYAACH Curriculum available on request

References

- Office of the Mayor. (2016). *HealingNYC: Preventing Overdoses, Saving Lives*. Retrieved from <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/HealingNYC-Report.pdf>.
- Office of the Mayor. (2018, March 19). *HealingNYC: Mayor and First Lady Announce \$22 Million Expansion of City's Plan to Combat Opioid Epidemic* [Press Release]. Retrieved from <http://www1.nyc.gov/office-of-the-mayor/news/143-18/healingnyc-mayor-first-lady-22-million-expansion-city-s-plan-combat-opioid#/0>.
- Salzer, M. S., Schwenk, E., & Brusilovskiy, E. (2010). Certified peer specialist roles and activities: Results from a national survey. *Psychiatric Services*, 61(5), 520-523.
- Trowbridge, P., Weinstein, Z.M, Kerensky, T., Roy, P., Regan, D., Samet, J.H, and Walley, A.Y. Addiction Consultation Services – Linking Hospitalized Patients to Outpatient Addiction Treatment. *Journal of Substance Abuse Treatment*. 2017:In press.
- Wakeman, S.E., Metlay, J.P., Chang, Y., Herman, G.E., and Rigotti, N.A. Inpatient Addiction Consultation for Hospitalized Patients Increases Post-Discharge Abstinence and Reduces Addiction Severity. *J Gen Intern Med*. 2017.