



BEHAVIORAL  
HEALTH

## Consult for Addiction Treatment & Care in Hospitals (CATCH)

### Program Overview

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## Context

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).

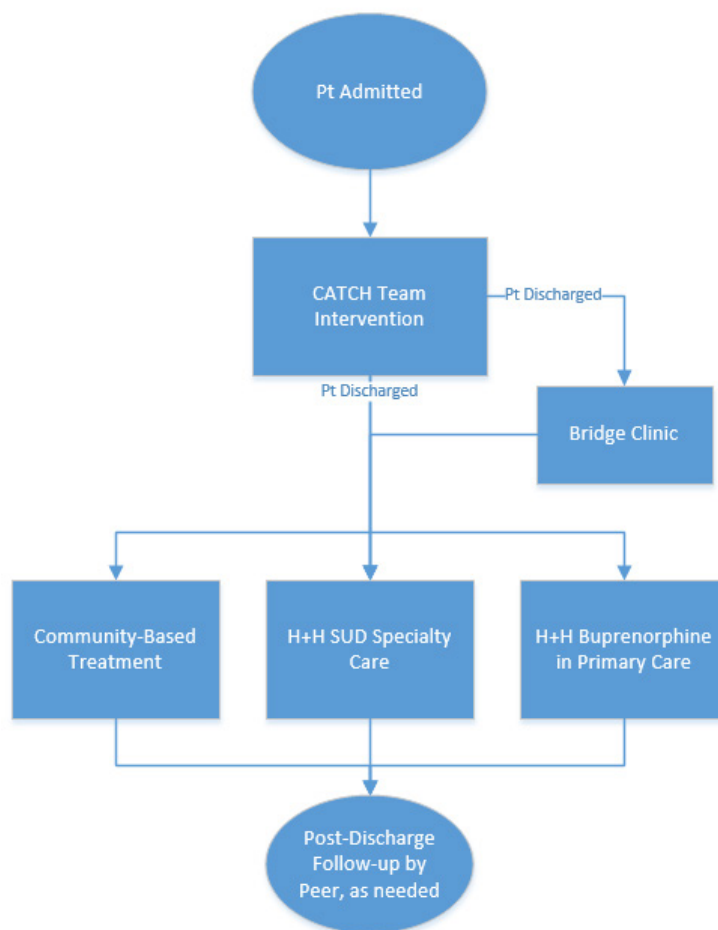
Inpatient addiction consultations have been shown to reduce addiction severity 30 days after discharge, decrease hospital readmissions, and decrease utilization costs (Trowbridge et. al 2017; Wakeman et. al 2017). In a study from Boston Medical Center, hospital consultation care teams effectively identified 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 Program Overview

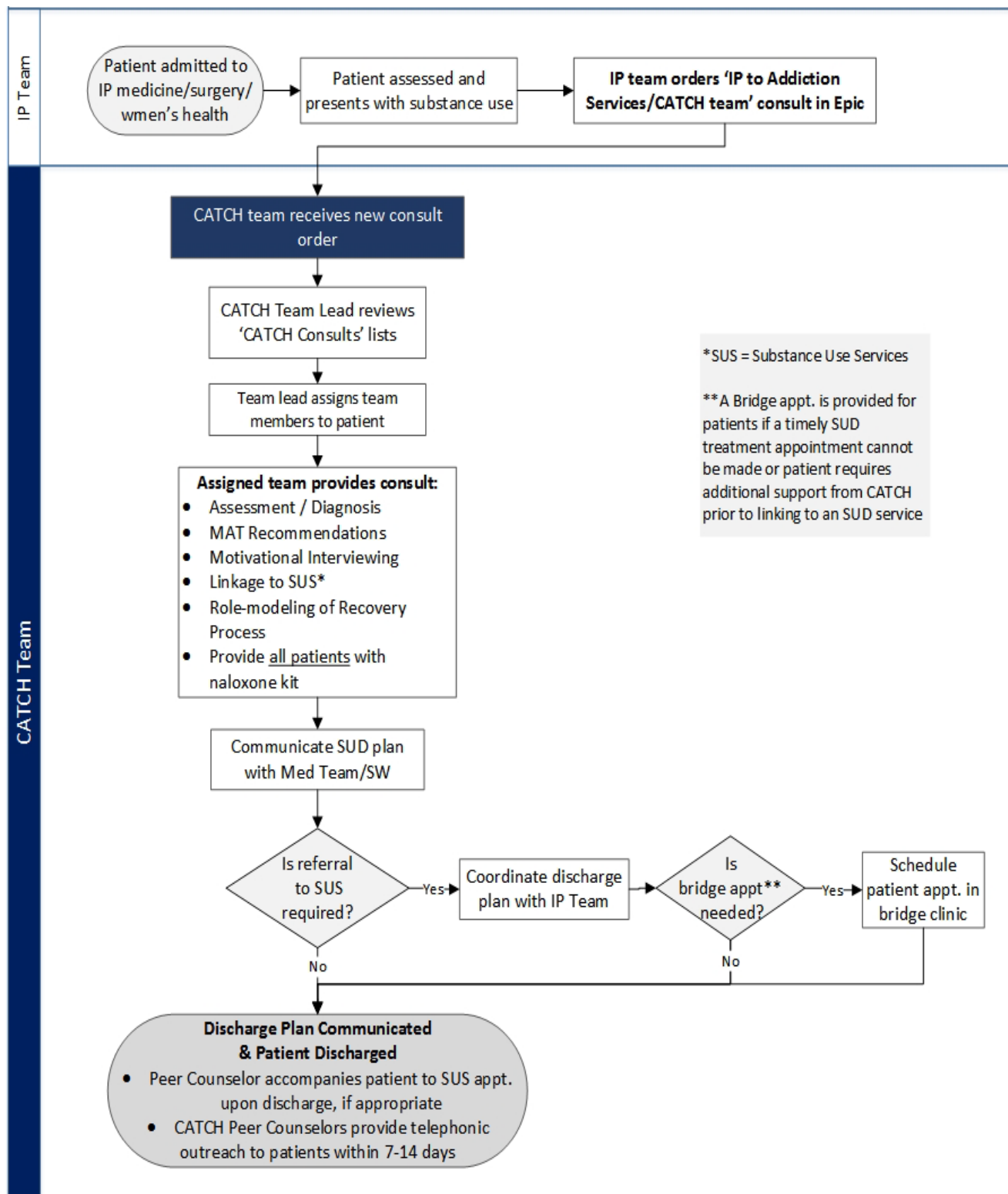
- **CATCH teams are comprised of:**
  - Medical Providers with addiction medicine expertise (physicians, psychiatrists, nurse practitioners)
  - Social Workers, Addiction Counselors and/or Mental Health Counselors
  - Peer Counselors with lived substance use experience (Certified Recovery Peer Advocates or CRPAs)
- **As an Addiction Consult Service for Inpatient Med/Surg/Women's Health, CATCH provides:**
  - Expert evaluation, diagnosis, and treatment for patients with substance use disorder who are hospitalized for any condition
  - Initiation of medication for addiction treatment (MAT) while patients are hospitalized
  - Linkage to ongoing substance use services as part of the discharge plan
  - Short-term outpatient services through a 'bridge clinic' when a direct link to care cannot be made prior to discharge
  - Warm-hand offs and post-discharge outreach by a Peer Counselor

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

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

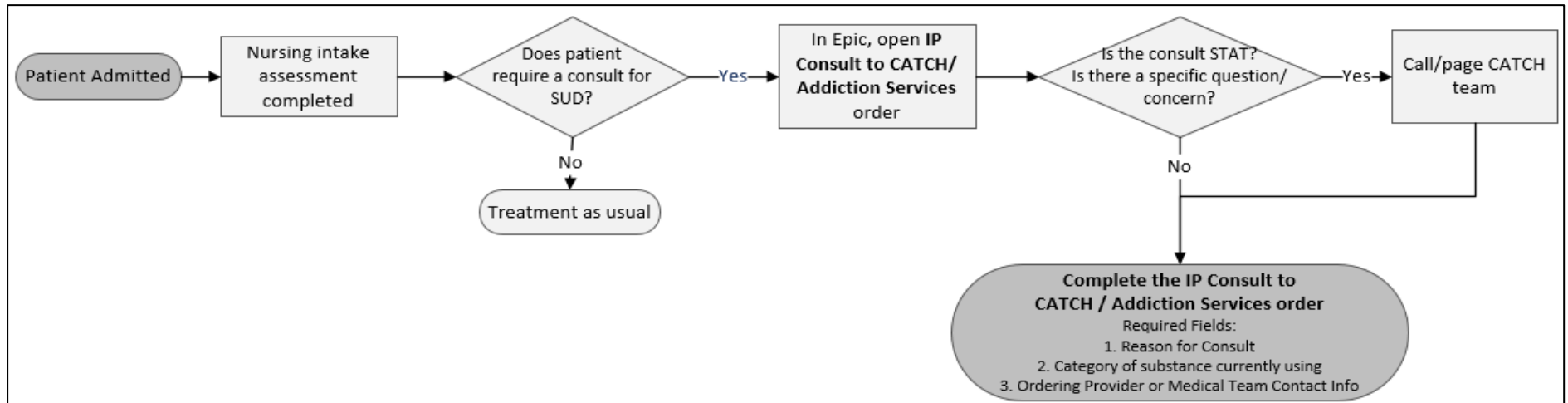


## A. INPATIENT CATCH SERVICES



## Ordering a Consult

- IP teams will place an order for an 'Inpatient Consult to CATCH /Addiction Services



- Consults should be placed for any patient with problematic substance use
- If the patient denies substance use, CATCH Peer counselors are experts at engaging patients non-clinically in an attempt to motivate the patient to accept treatment

**Inpatient Consult to CATCH Team** ✓ Accept ✗ Cancel

Priority:

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?

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

☐ Opioids ☐ Alcohol ☐ Benzodiazepines ☐ Other (please specify) ☐ Not applicable

Patient in SUD Treatment Program?

Toxicology screen order has been placed / completed?

HIV tested?

HCV tested?

Ordering Provider or Medical Team Contact Info:

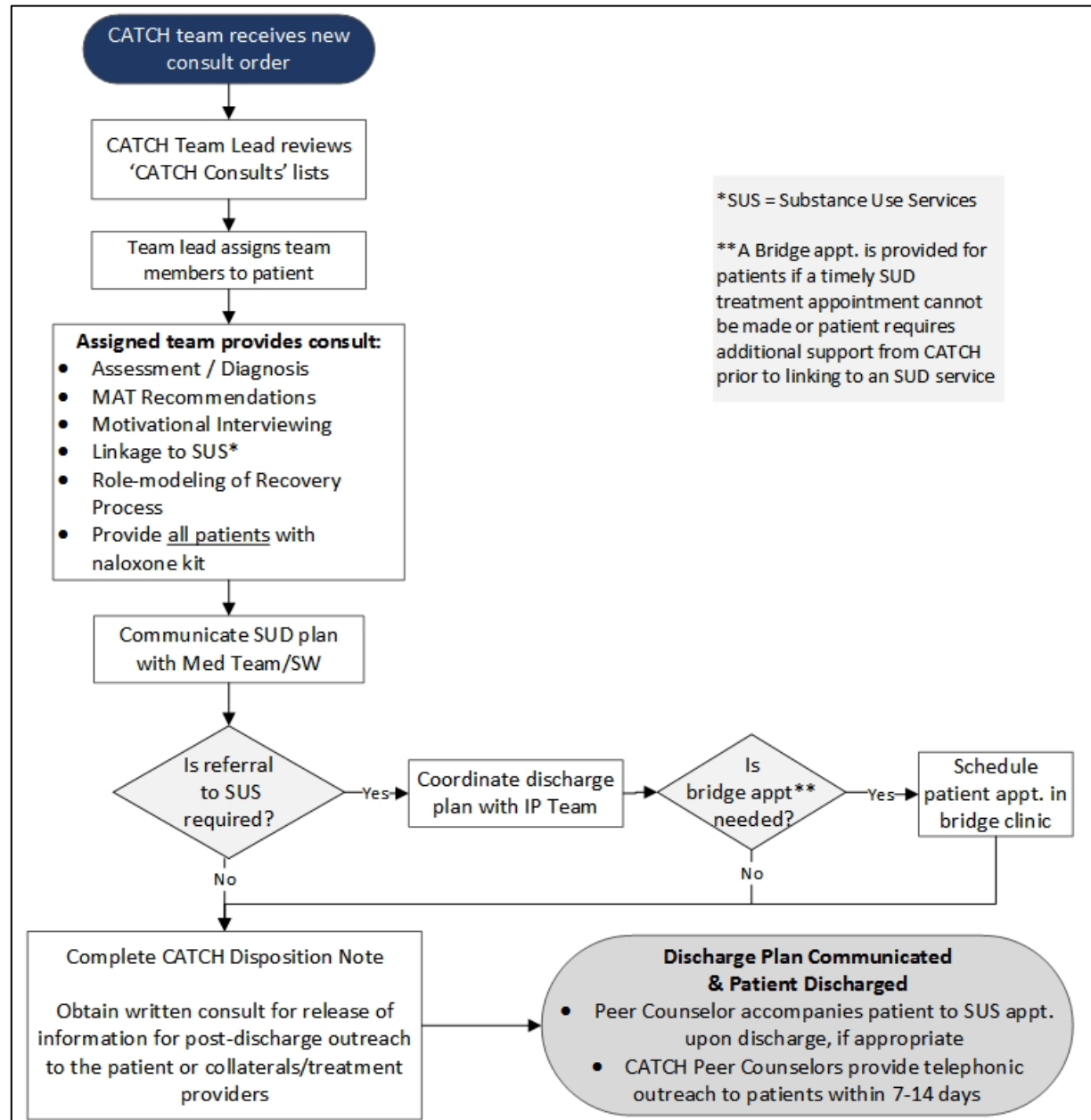
Did you contact the consulting team via phone/pager?

Comments: [+ Add Comments \(F6\)](#)

⚠ Next Required [Link Order](#) ✓ Accept ✗ Cancel

## CATCH Consult

- CATCH medical providers and/or social workers/counselors will initially assess the patient
- Peer counselors work in collaboration with the other team members and/or visit with the patient after the initial encounter with a clinical team member is completed
- CATCH teams communicate their consultation findings to the Ordering provider/team and work collaboratively to establish the substance use discharge plan and provide the patient with a naloxone kit
- CATCH team members complete a specific CATCH disposition note when consultation for the patient is completed, documenting:
  - Whether a referral was completed and the location of referral
  - Confirmation a naloxone kit was provided
  - Contact information for the patient for outreach post-discharge

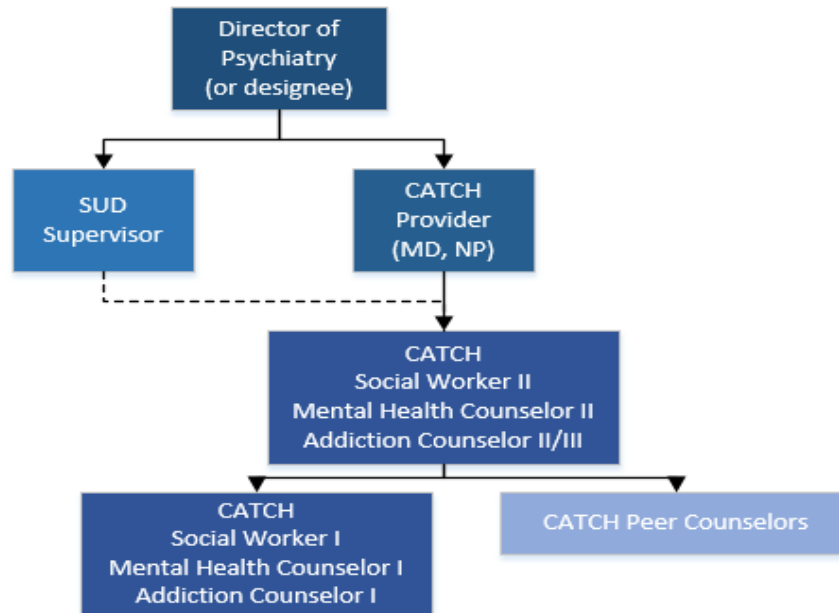


### **Typical Roles of CATCH Team Members**

- Please see functional job descriptions (pages 20 to 25) for specific roles/responsibilities
- Please see job specific CATCH Tip Sheets for documentation requirements



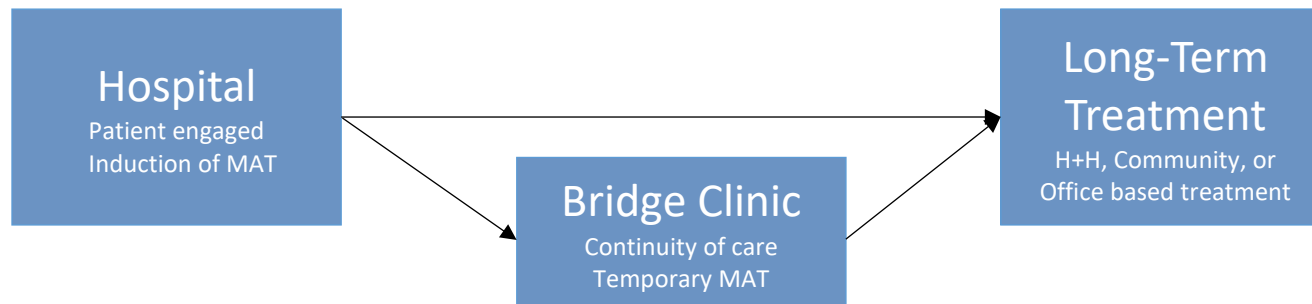
## Supervision Structure



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

## B. BRIDGE CLINIC SERVICES

- 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 *pre-admission* 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)



- OASAS 822 policies and procedures must be followed when providing services in the bridge clinic including:
  - Blue book documentation
  - Admission/Readmission policies and procedures

## C. Documentation and Billing

### Inpatient/Consult Billing

- Physicians and NPs only submit inpatient consult bills
- See page 13 for documentation requirements

### Bridge Clinic Billing

- Pre-admission face-to-face services delivered at the bridge clinic (ie. associated with the OASAS 822 program or in the community) by counselors or peers are billable
- Visits with CATCH staff need to be scheduled using HEALING VISIT TYPES (see document on page 14)
- Peers: There is no maximum **pre-admission visits for Peer Support Services**
- Social workers/Counselors: A **maximum of 3 pre-admission assessments and 3 brief interventions** can be billed
  - 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/regg/documents/CoverageforCommunityServices5.18.18.pdf>
- 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, but a pre-admission visit with a CATCH social worker needs to be scheduled within 7 days of their first visit
- CATCH staff need to be listed on the 822 roster/budget (and follow relevant 822 policies and procedures when billing pre-admission services)
  - Salaries should be netted zero on budget
  - PAS 48 reporting procedures apply for these services/staff

EPIC Documentation Login, Note Templates and Flowsheets

| Staff Type   | Location                                      | Department Login    | Visit Type/Appt Needed?                                 | Note Template(s) / Flowsheet(s)                | Charge Capture? | Typical Procedure Code(s)   |
|--|---|---------------------|---|--|-----------------|---|
| <b>MD<br/>NP</b>   | Inpatient                                     | V-Healing           | No  | CATCH Provider Note<br>Disposition Note        | Yes             | Professional Services Billing<br>99251-99255<br>OR<br>99221-99223, 99231-99232  |
|  | Chemical Dependency / Bridge                  | Chemical Dependency | Yes - 'Healing' Visit Type used when scheduling in Epic | Per typical CD workflow                        | Yes             | Withdrawal management and stabilization services (H0014, 99201-99205)<br><br>Brief Intervention (H0050)<br>Assessment Brief (T1023-AG)<br>Assessment Normative (H0001-AG)<br>Assessment Extended (H0002-AG) |
| <b>Social Worker<br/>Addiction Counselor<br/>Mental Health Counselor</b> | Inpatient                                     | V-Healing           | No  | SW/Counselor Consult Note<br>Disposition Note  | No              | Not billable/no charge capture needed   |
|  | Chemical Dependency / Bridge                  | Chemical Dependency | Yes - 'Healing' Visit Type used when scheduling in Epic | PA-1 (Brief intervention)<br>PA-2 (Assessment) | Yes             | Pre-Admission screening (H0049)<br>Brief Intervention (H0050)<br>Assessment Brief (T1023)<br>Assessment Normative (H0001)<br>Assessment Extended (H0002)  |
| <b>Certified<br/>Recovery Peer Advocate</b>                              | Inpatient                                     | V-Healing           | No  | CRPA Note                                      | No              | Not billable/no charge capture needed   |
|  | Chemical Dependency / Bridge/in the community | Chemical Dependency | Yes - 'Healing' Visit Type used when scheduling in Epic | CRPA Note                                      | Yes             | Peer Advocate Services (H0038)  |

## CATCH Pre-Admission Bridge / In-Community Service Visit Scheduling and Billing Guidance

| CATCH AND ED Leads PRE-ADMISSION BRIDGE/OUTPATIENT VISIT SCHEDULING AND BILLING GUIDANCE |  |  |  |   |   |
|--|--|--|--|---|---|
| Visit Type   | New or Established CATCH/ED Leads/Bridge Clinic Patient? | Visit Length/staff   | Pre-Admission Billing Codes**  |   |   |
|  |  |  | MD/NP  | Social Workers/Addiction Counselor/Mental Health Counselor  | Peers*  |
| HEALING MED SUD  | New or Established                                       | 60   | 99201-99205 NEW<br>99211-99215 ESTABLISHED   |   |   |
| HEALING NEW 75   | New  | 75   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute min.)<br>+/-Assessment Normative (H0001-AG; 30 minutes)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>+/-Brief Intervention (H0050; 15 minutes)  | Assessment Extended (H0002; 75 minutes)   | Peer Advocate Services (H0038)<br>75 minutes; Quantity x5 |
| HEALING NEW 60   | New  | 60   | Medication Induction/Ancillary Withdrawal (H0014; 30 minute min.)<br>+/-Assessment Normative (H0001-AG; 30 minutes)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>+/-Brief Intervention (H0050; 15 minutes)   |   | Peer Advocate Services (H0038)<br>60 minutes; Quantity x4 |
| HEALING NEW 45   | New  | 45   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute min.)<br>+/-Assessment Normative (H0001-AG; 30 minutes)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>+/-Brief Intervention (H0050; 15 minutes)<br>Medication Induction/Ancillary Withdrawal (H0014; 30 minute min.) | Assessment Normative (H0001; 30 minutes) + Brief Intervention (H0050; 15 minutes)   | Peer Advocate Services (H0038)<br>45 minutes; Quantity x3 |
| HEALING NEW 30   | New  | 30   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute min.)<br>+/-Brief Intervention (H0050; 15 minutes)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>Medication Induction/Ancillary Withdrawal (H0014; 30 minute min.)   | Assessment Normative (H0001; 30 minutes)<br>Assessment Brief (T1023; 15 minutes) + Brief Intervention (H0050; 15 minutes) | Peer Advocate Services (H0038)<br>30 minutes; Quantity x2 |
| HEALING NEW 15   | New  | 15   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute min.)   | Assessment Brief (T1023; 15 minutes)<br>Brief Intervention (H0050; 15 minutes)  | Peer Advocate Services (H0038)<br>15 minutes; Quantity x1 |
| HEALING REVISIT 60   | Established  | 60   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute min.)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>+/-Brief Intervention (H0050; 15 minutes)  |   | Peer Advocate Services (H0038)<br>60 minutes; Quantity x4 |
| HEALING REVISIT 45   | Established  | 45   | Medication Management Routine or Complex (99201-99205 NEW; 10 minute minimum)<br>+/-Assessment Brief (T1023-AG; 15 minutes)<br>+/-Brief Intervention (H0050; 15 minutes)   | Assessment Normative (H0001; 30 minutes) + Brief Intervention (H0050; 15 minutes)   | Peer Advocate Services (H0038)<br>45 minutes; Quantity x3 |
| HEALING REVISIT 30   | Established  | 30   | Medication Management Routine or Complex (99211-99215 ESTABLISHED; 10 minute minimum)  | Assessment Normative (H0001; 30 minutes)  | Peer Advocate Services (H0038)<br>30 minutes; Quantity x2 |
| HEALING REVISIT 15   | Established  | 15   | Medication Management Routine or Complex (99211-99215 ESTABLISHED; 10 minute min.)   | Brief Intervention (H0050; 15 minutes)<br>Assessment Brief (T1023; 15 minutes)  | Peer Advocate Services (H0038)<br>15 minutes; Quantity x1 |
| *must have CRPA credential to bill   |  | **Please consult the OASAS APG Policy and Medicaid Billing Guidance document for detailed service requirements |  |   |   |

## D. POST-DISCHARGE OUTREACH

- Contact with CATCH patients within 7-14 days post-discharge is recommended to:
  - Provide reminders for upcoming appointments at the bridge clinic or other SUS
  - Confirm treatment referrals/appointments were successfully attended
  - Check-in with patients who may need support prior to/after a treatment visit
  - Schedule a warm-hand off to treatment programs
- All telephonic outreach is documented in Epic via the 'telephone call' note
- Billing is only required for face-to-face encounters

### HIPAA Telephone Rules

1. If a patient provides a contact telephone number to a healthcare provider, the provision of that telephone number constitutes explicit consent for telephone calls to be made, subject to certain HIPAA restrictions. Consent applies to calls and text messages in relation to:
  - Providing medical treatment
  - Healthcare checkups
  - Reminders of appointments
  - Laboratory test results
  - Pre-operative guidelines
  - Post discharge follow up phone calls
  - Notifications and alerts relating to prescriptions
  - Instructions for home healthcare
  - Pre-registration hospital instructions
  -
2. The content of all telephone communications is still subject to certain HIPAA restrictions – for example the Minimum Necessary Standard. Calls can only be made for the purposes mentioned above, and cannot involve any telemarketing, advertising or solicitation
3. Verifying the patient via phone
  - a. Request full name and at least two other identifiers such as date of birth, address, emergency contact name, phone number, last 4 digits of their social security number.
  - b. If doubt persists, call the patient back using the phone number listed in the Epic

## Post-Discharge Outreach Guidelines

| Steps  | Notes   |
|--|---|
| <b>1. Prior to discharge, ensure:</b> <ul style="list-style-type: none"> <li>• <b>Release of Information Form is signed</b></li> <li>• <b>A minimum of 3 contact numbers for the patient are collected and documented in the CATCH disposition note</b></li> </ul> | <ul style="list-style-type: none"> <li>• While the patient is in the hospital, ask them to sign a <b>Release of Information Form</b> for contact with treatment programs and/or family members to determine the status of their linkage to treatment</li> <li>• Ask the patient to supply <b>multiple numbers</b> where they can be contacted</li> </ul>  |
| <b>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</b>  | <ul style="list-style-type: none"> <li>• For <b>face-to-face encounters</b>, document <b>and</b> enter the charge capture for billing</li> </ul>  |
| <b>3. Prioritize patients on the post-discharge list who need to be contacted by phone</b>   | <p>How should I prioritize post-discharge follow-up calls to patients?</p> <ul style="list-style-type: none"> <li>a) Priority patients as discussed with your supervisor (ie. high risk)</li> <li>b) Patients who were referred to treatment who have not been contacted within 14 days of their discharge</li> <li>c) Patients referred to treatment who you've tried to contact 1x and need a second phone call within 14 days of discharge</li> <li>d) Patients who were not referred to treatment while on inpatient, but were added to the list</li> </ul> |
| <b>4. If patients contacted in Step 3 have upcoming appointments at SUD treatment programs, schedule a warm-hand off</b>   | <p>What is a warm-hand off?</p> <ul style="list-style-type: none"> <li>• Meeting a patient at the front of the hospital or subway stop and walking them to their appointment</li> <li>• Meeting a patient nearby their house or the location of their appointment</li> <li>• Staying with the patient while they navigate their first appointment</li> </ul>  |

**5. Patients can be removed from the 'CATCH Post-Discharge Follow-up' patient list when they meet discharge criteria**

How should I determine when to stop following a patient?

- a) The patient has been contacted within 14 days of discharge and successfully made it to their SUD treatment program
- b) Two to three 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

Role of Peers in Outpatient Follow-up

| Do   | Do Not   |
|--|--|
| <ul style="list-style-type: none"> <li>Follow-up with patients or SUD treatment programs within 7-14 days post-discharge to ensure the patient made it to their first appointment</li> <li>Be available to patients during their normal working hours to provide support and motivation for <u>SUD treatment</u></li> <li>Have access to a cell phone when work in the community (ie. making a warm-hand off at an off-site treatment program)</li> <li><b>Make calls:</b> <ul style="list-style-type: none"> <li>Pre-visit outreach/support</li> <li>Missed appointment follow-ups</li> <li>Treatment plan check-in</li> </ul> </li> <li><b>Meet in the community/SUD program:</b> <ul style="list-style-type: none"> <li>Navigate patients to initial appointment(s) at SUD treatment program or Bridge clinic</li> <li>Provide social and emotional support before, during or after SUD program visits</li> </ul> </li> <li>Should a peer feel uncomfortable or unsafe, they should leave the situation <u>immediately</u> and contact their supervisor once in a safe place</li> </ul> | <ul style="list-style-type: none"> <li>Provide clinical assessments, treatment determinations, counseling, or case management</li> <li>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.)</li> <li>Enter homes of patients and instead meet in the community or at the SUD program</li> <li>Contact/connect with patients outside of their role as a Peer</li> <li>Contact/connect with patients outside of business hours</li> </ul> |



## E. 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
- All facilities will be evaluated 12 months pre- and post-implementation of the CATCH program
- 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.

## F. 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

## **G. 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.

### Addiction Counselor

#### Assignment Level I Functional Job Description

In close coordination with other CATCH team members, the CATCH Counselor may perform the following:

1. Engages in assessment, treatment, education and consultative activities for patients, primarily on the inpatient unit, who may have a substance abuse problem
2. Develops appropriate evaluation reports and/or psycho-social/addiction histories for new patients.
3. Documents findings, interventions and plans in patients' medical records on the same date patients were interviewed;
4. Coordinates appropriate referral(s) to treatment programs/facilities, including the provision of relevant information about professional services, community resources, and appropriate follow-up communication;
5. Participates in CATCH team and unit interdisciplinary team rounds and provides updated information about the patients to the team;
6. Provides information related to CATCH inpatient consultation services to patients and next of kin as needed or as required by the interdisciplinary team
7. Provides consultations to other Hospital Personnel about CATCH services and available treatment facilities;
8. Provides therapeutic services and conducts educational groups dealing with the disease of addiction, transition of recovering persons, etc.

9. Negotiates and provides direction to patients regarding contingency contracting (appointment scheduling, screening mechanisms, etc.).
10. Provides home visits, follow-up and aftercare, as necessary.
11. Completes monthly statistics
12. Can be assigned to other designated areas in the hospital as needed when deemed appropriate by supervisor/designee;
13. Responds and participates in external and internal disasters when indicated/assigned by supervisor.
14. Escorts patients for placement interviews/discharge when appropriate and/or indicated by supervisor or CATCH provider lead
15. Performs duties as assigned by supervisor/designee

## **Mental Health Counselor**

### **Assignment Level I Functional Job Description**

Under direct supervision of a licensed mental health professional and in close coordination with other CATCH team members, performs the following tasks:

1. Engages in assessment, treatment, education and consultative activities for patients, primarily on the inpatient unit, who may have an identified substance use disorder
2. Participates in the interviewing and case history taking process by utilizing appropriate assessment and screening tools
3. Coordinates appropriate referral(s) to treatment programs/facilities, including the provision of relevant information about professional services, community resources, and appropriate follow-up communication
4. Participates in CATCH team and unit interdisciplinary team rounds and provides updated information about the patients to the team
5. Provides information related to CATCH inpatient consultation services to patients and next of kin as needed or as required by the interdisciplinary team
6. Provides consultations to other Hospital Personnel about CATCH services and available treatment facilities
7. Negotiates and provides direction to patients regarding contingency contracting (appointment scheduling, screening mechanisms, etc.).
8. Provides home visits, follow-up and aftercare, as necessary
9. May be assigned to coordinate and supervise the activities of support staff in related areas (ie. CATCH peer counselors/advocates)
10. Can be assigned to other designated areas in the hospital as needed when deemed appropriate by supervisor/designee.
11. Escorts patients for placement interviews/discharge when appropriate and/or indicated by supervisor or CATCH provider lead.
12. Perform other duties as assigned by supervisor/designee.

### Assignment Level II Functional Job Description

Under direct supervision of a licensed mental health professional and in close coordination with other CATCH team members, performs the following typical tasks in addition to performing the duties of Assignment Level I at a higher level:

1. Provides counseling and consultation services for individual cases that require more in-depth knowledge of mental health counseling principles and techniques
2. Provides counseling and support services on behavioral health issues to clients within medical services
3. May provide direct supervision for mental health counselors assigned at Level I

### Assignment Level III Functional Job Description

Under general supervision, with very broad latitude for independent judgment and decision making performs highly difficult and responsible professional and supervisory work in the mental health discipline, performs the duties of Assignment Level I and II at a higher level, also performs the following typical tasks:

1. In collaboration with CATCH leadership, coordinates and implements counseling programs for an assigned area of a healthcare facility.
2. Monitors and guides mental health counselors assigned at Levels I and II in the establishment and provision of these programs
3. Assigns appropriate supervisory responsibilities to mental health counselors assigned at Level II
4. Assesses individual performance competencies for mental health counselors assigned to Levels I and II, and arranges staff development opportunities based on assessment outcome
5. Facilitates the participation of consumers of mental health services within assigned area.
6. Acts as a liaison between the facility and community agencies or programs.

## 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.



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