

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

Warm Hand-off Policy Bucks County Connect, Assess, Refer, Engage, Support (BCARES) Revised March 13, 2020

General Purpose: The BCARES (Bucks County Connect. Assess. Refer. Engage. Support.) warm hand-off program ensures that any individual who overdoses on opiates and is admitted to a Bucks County hospital unit or emergency department (ED) is provided with recovery support services, education, and resources, and is offered a direct transition to drug and alcohol treatment, if they agree. Individuals with any substance use disorder are also assisted with support, resources, referral to an assessment center or a direct transition to treatment. Families are engaged and provided with resources, and stigma is addressed with hospital staff. Services are provided to hospitals 24/7 for overdose survivors using a combination of on-site and on-call hours.

BCARES includes two enhancements. BCARES Family Connect is a group of family members with a loved one either in recovery, or active in their substance use disorder. They are available 24/7 to meet with other families who are having difficulty coping and are in need of support. They used their lived experience to provide support and also provide information about family groups and other community resources. Referrals can be made by the BCARES CRS, an assessment center, hospital social workers and others.

BCARES Healthcare Professionals Opposing Stigma is a group of healthcare professional who are all in long-term recovery. They visit the six Bucks County hospitals to tell their recovery stories to other professionals, and provide education on language and stigma, signs of substance use in co-workers, medication diversion in hospitals, the impact of impaired healthcare professionals on the hospital and patients, and they provide professional resources for help.

Responsibility: Health Care Coordinator (HCC - provides oversight of BCARES initiative)

Date: January 2014

Effective Date: January 2014

Revision Date: June 2015, July 2016, September 2017, February 2018, March 2019, October 7, 2019, March 13, 2020

Corresponding DDAP Manual Section(s): 5.04

Attachments: BCARES Brief Assessment.

Policy: BCDAC, Inc. will provide priority access to services and treatment through BCARES to those individuals who have experienced an overdose, which is

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defined as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. A direct transfer from the ED or other hospital unit to drug and alcohol treatment for these individuals is the primary goal. In addition, individuals in any of the six Bucks County EDs or other hospital units who are identified as potentially having any substance use disorder are offered recovery support services, education, resources, and treatment options. Families and natural supports are provided with education and resources, and are offered BCARES Family Connect services. Hospital staff are educated 1:1 by the BCARES CRS about language and stigma, as well as other substance use topics. A full-time Health Care Coordinator has been hired by BCDAC, Inc. to oversee the BCARES initiative.

The BCARES program is a partnership between three providers of Certified Recovery Specialists (CRS) and Certified Family Recovery Specialists (CFRS), and the six hospitals located in Bucks County. BCDAC, Inc. contracts for CRS services with Gaudenzia Lower Bucks to serve Lower Bucks Hospital; Penn Foundation to serve Grand View Hospital, St. Luke's Upper Bucks Campus and Doylestown Hospital; and The Council of Southeast PA to serve Jefferson Bucks and St. Mary Medical Center. Due to difficulty in hiring and retaining CRS staff because of their location and available resources, Penn Foundation utilizes a "blended model" which includes CRS/CFRS and certified assessor staff to engage individuals and families. Please note that any reference to CRS staff below may also include CFRS and certified assessors.

Each hospital procedure is customized to the specific hospital's identified needs and protocol. Providers and hospitals work together to identify the times of greatest need and the appropriate number of on-site vs. on-call hours to ensure 24/7 in-person coverage of BCARES services. Penn Foundation has chosen to provide 24/7 on-site services to their three hospitals during the week, with a combination of on-site and on-call on the weekends. CSEPA provides 24/7 services with on-site from 9am to 9pm for their two hospitals. From 9pm to 9am, the BCARES CRS is on-call and must arrive at the hospital within 30 minutes of a call notifying them of an overdose survivor. Gaudenzia is also providing 24/7 services from 10am to 10pm on-site for Lower Bucks Hospital and 10pm to 10am on-call. Because they are co-located on the same campus as Lower Bucks Hospital, the BCARES CRS must arrive at the hospital within 15 minutes of a call notifying them of an overdose survivor.

Any time Narcan is administered in the community by police, recovery houses, or providers, we ask that they complete a Narcan Use Questionnaire and submit it to BCDAC, Inc. The Health Care Coordinator reviews the NUQ and, without breaching confidentiality, reaches out to the BCARES providers to see if they may have provided BCARES service to the individual in one of the six Bucks

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County emergency departments. This is an attempt to ensure that individuals taken to the ED post-overdose are served by BCARES, as well as to gather statistics on Narcan use.

Procedures:

- 1) Individuals who have experienced an overdose, which is defined as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol, must be given priority funding for treatment. The individual will be placed accordingly in the appropriate level of care.
- 2) Opioid overdose survivors will be offered a 24/7 direct transition from the ED or other hospital unit to drug and alcohol treatment. All EDs will have a CRS from a contracted agency connected to the ED.
 - a) Services will be provided 24/7, with the majority of services embedded in the ED, as stated above.
 - b) Each contracted agency including Gaudenzia, Penn Foundation and The Council of Southeast PA will have their own policies and procedures with all DDAP identified policy requirements. They will also establish a Memorandum of Understanding, Letter of Agreement or Collaborative Agreement with the corresponding hospital(s) that they serve. Agreements between providers and hospitals will include not only engagement in the ED, but identification, referral and engagement with any individuals identified with a substance use disorder on any hospital unit.
 - c) Once the ED staff or hospital social worker identifies an overdose survivor, they are to contact the CRS assigned to their hospital.
 - d) The CRS staff will meet face-to-face with the overdose survivor and determine placement needs.
 - e) The CRS will engage the individual directly (face-to-face) to offer support, education and resources for treatment intervention.
 - f) Based on the engagement and treatment determination, and with input from ED staff, the overdose survivor will be transferred to a treatment facility directly from the ED if they choose. Individuals will also be given a BCARES envelope with resources. If the individual is agreeable to entering into treatment, the CRS will complete the following Approval of Care (AOC) paperwork and send over to the AOC Department within 24 hours:
 - i) BCARES Brief Assessment
 - ii) AOC 13 (BCARES agency)
 - iii) AOC 13 (Referring facility)
 - iv) AOC 14
 - g) If the individual accepts a transition to a treatment facility, the CRS is to call the treatment facility and arrange for transportation to that facility directly from the ED or other hospital unit.
 - h) AOC will conduct a clinical review with the receiving facility within three (3) business days of admission. The following steps need to happen in addition to the clinical review:
 - i) The admission ASAM is to be sent from the treating facility to AOC department within 24 hours.
 - ii) Client must be put into the PA-WITS system within 48 hours by the treating facility.
 - iii) Receiving facility must enter GPRA information to PA-WITS for individuals with opioid use disorder and/or a history of opioid use disorder.
 - iv) All other AOC paperwork is to be completed and forwarded to the AOC unit within the three (3) business days. This includes all consents and the RFA. All other BCDAC, Inc. paperwork is to be completed and maintained in the file (Client Liability Income Verification Form,

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HIPPA Disclosure, Client Handbook sign-off and Recovery Plan).

- i) If client has another funding source (Medicaid or HealthChoices, Medicare, commercial insurance etc.) and a pre-certification is completed on day of admission, the facility is required to notify the AOC department within 24 hours. The above mentioned items in section h may not be needed if another funding source is paying for client's treatment starting from the day of admission.
 - j) A memo has been sent to all contracted providers instructing them of this process and ensuring payment for the initial three days of treatment until other available funding is identified and secured.
 - k) Family members/natural supports will be educated, and if the overdose survivor consents, part of the placement process. All connected family members/natural supports will be given a BCARES folder with resources, supports and treatment process information. The CRS will talk with the family/natural supports about BCARES Family Connect and will provide their contact information. The CRS will ask the family for permission to contact Family Connect on their behalf.
 - l) Hospital staff is to be educated by providers on substance use disorder, the need for continued support, use and process of the BCARES program to ensure overdose survivor treatment placement, available resources, and how to make specialty referrals such as to Mobile Engagement, Centers of Excellence, or community CRS. Other topics will be included as identified. Hospital staff will also receive a packet of information including resources for distribution to overdose survivors and/or supports.
- i) **Admission during BCDAC, Inc. business hours:**
- (1) The CRS will reach out to BCDAC, Inc. contracted treatment providers to facilitate admission into treatment. CRS will identify as being a part of the BCARES warm hand-off program and forward the BCARES memo to facilities as needed.
 - (2) If a bed is not available at one of the contracted treatment providers, AOC staff will explore admission at an out of network provider.
 - (3) Once admission is confirmed, the CRS will coordinate with the entity where the overdose survivor is located to facilitate a seamless admission into treatment, which includes the removal of barriers to admission.
 - (4) If there are barriers identified to an admission into treatment, CRS and AOC staff will collaborate to remove barriers.
 - (5) AOC staff will work with a representative from the entity making the referral to facilitate an admission into treatment. This will include having the entity complete the SCA paperwork. Both parties will coordinate the process of locating a treatment slot and coordination of removal of any barriers to admission.
- ii) **Admission during BCDAC, Inc. non-business hours (after hours, weekends and holidays):**
- (1) The CRS will reach out to in-county contracted treatment providers to facilitate admission into treatment. CRS will identify as being a part of the BCARES warm hand-off program and forward the BCARES memo to facilities as needed.
 - (2) Once admission is confirmed, the CRS will coordinate with the entity where the OD survivor is located to facilitate a seamless admission into treatment, which includes the removal of barriers to admission.

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- (3) CRS will contact the AOC department and leave a message if they are unable to locate a bed, and if any barriers develop which prevent the client's admission into treatment. AOC staff will follow up the next business day.
 - (4) If there are barriers identified to an admission into treatment, CRS and AOC staff will collaborate to remove barriers.
- 3) Tracking of individuals who have survived an overdose:
 - a) The Approval of Care department will utilize the AOC Assessment ACCESS Database in tracking of all individuals being referred following an overdose.
 - b) AOC staff will document the OD referral and the following information in Excel:
 - i) Who made referral
 - ii) If an individual accepted a BCARES Brief Assessment
 - iii) Who completed the BCARES Brief Assessment
 - (1) Level of Care recommendation
 - (2) Identified barriers to admission and removal of these barriers
 - (3) Continuum of Care
 - c) AOC staff will document Coordination of Services and appropriate referral to ancillary services such as Intensive Case Management, MOMS, Mobile Engagement Services, Certified Recovery Specialist, Recovery House, Recovery Centers, Centers of Excellence, etc.
 - d) AOC will confer with CRS on LOC and referral.
- 4) The Health Care Coordinator will receive and track BCARES activity through a monthly report from the contracted providers. This report will indicate referrals to BCARES, number of individuals who agreed to see BCARES CRS, referrals to treatment, number of family connections, and refusals to engage in treatment, barriers to treatment etc. This monthly submission by the providers will allow the HCC to complete and submit the DDAP report via Survey Monkey by the last Friday of each month.
- 5) BCDAC, Inc. maintains a current listing of contact information for all local contracted facilities providing drug and alcohol screening, assessment, and treatment. The listing will include the following:
 - a) Up to date contact information for all local contracted facilities providing screening, assessment and treatment.
 - b) Up to date hospital contact information
 - c) Process to access care during business, evening and holiday hours.
 - d) Information regarding priority access to substance use treatment for those being referred by an emergency department following an overdose. (including the updated memo sent to Providers to indicate treatment coverage-see attached memo)
 - e) Description of the process to access care for insured and uninsured individuals
 - f) If there are any revisions to the listing, the up to date information will be redistributed as revisions occur.
- 6) BCDAC, Inc. will annually review and revise as needed. Documentation of this review will be completed by the Approval of Care Supervisor and Health Care Coordinator.
- 7) BCARES informational sessions will be presented at various levels and entities to ensure knowledge of program.

This policy is to be reviewed and approved by management according to the following schedule. Initials

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and date attest that the policy was reviewed and approved:

- Every six months
- Annually
- Every Two Years