Telehealth Continuing Care Protocol for SUD Treatment: Guidelines for Treatment During the PA Crisis Declaration

These guidelines can be used for enrolling and treating individuals with a substance use disorder (SUD) in any Drug and Alcohol Licensed program, including Medication Assisted Treatment or as a guide in transferring individuals from residential treatment to an outpatient setting. Several companion documents are used in support of these guidelines and noted through links to our website. Community Care will update the guidelines, as needed, based on new information from the State about Medicaid services or the PA Crisis Declaration.

The primary companion document to these guidelines is the *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*. Each section of the manual includes two pages: the first page provides a description on how to perform the behavioral skill set and a second page includes instructions on activities or phrases to avoid when performing the skill set. The manual can be used by all staff involved in SUD treatment, including CRS, counselors, social workers, and nursing staff.

Enrolling New Clients in SUD Treatment via Telehealth

Telehealth technologies can be used to enroll new clients in SUD treatment. Please see our guide on providing telehealth *Providing SUD Treatment Services During the COVID-19 Crisis*, which includes a review of verbal consenting procedures during the PA Crisis Deceleration. All assessment forms can be completed through telehealth technologies, including phone or video options, though the phone is the most likely option for staff who are home-bound when answering the calls.

What should be considered in telehealth communication?

Inspire hope when answering all calls: The lack of direct contact may pose challenges around motivation and engagement; therefore, consider using engaging scripts as an introduction to all calls and for all staff answering the phones, such as:

- Hello, you have reached the XYZ agency, my name is Carol; how can I help you today?
- You have made a good first step by calling us, I can have you talk to one of our enrollment specialists, so you can learn about our variety of treatment options to meet your needs.
- Welcome to XYZ, we have a variety of educational and treatment options that you may find useful in meeting your needs.
- I can help you make another step, now that you have shown the courage to take the first step toward your recovery by asking for help.
- We have several options to meet your needs and financial resources, would you like to hear about our options before making a decision to start treatment?

Move up the suicide screening questions: Prioritize the suicide screen and other safety screens (e.g., psychosis, violence) for new clients, as callers will likely be a higher level of distress due to increased isolation associated with the pandemic

- Organize a crisis-triage process for clients that screen high for suicide risk or other symptoms, as the assessment staff will not have easy access to counselors, as they normally due in the office setting. As an example, have counselors on standby to respond via the telephone or have the local crisis number available. If you need to call 911 and the person is outside of your county, you can call 911 and ask to be transferred to the dispatcher of the county where the person is located.

Get the family involved immediately and consistently: Involving social supports in telehealth treatment is essential for helping the target client develop skills. Because telehealth requires individuals to learn skills in the home, rather than in treatment office setting, family and friends will play an important role in coaching their loved ones to practice relapse management techniques and other skills in the home. Update the enrollment protocol to acquire the names of one or more supportive persons who can be involved in both the relapse management training calls, noted in this document or to provide assistance when the client needs help attending the telehealth sessions. Verbal consenting can be used for all social supports.

Be helpful to everyone on every call: Develop a triage plan for callers who are not ready for more treatment, by offering a brief, phone-based intervention for 10 to 15 minutes – you will increase commitment in the person for the future, while also freeing up the enrollment line for those who are ready today to begin services

- Have a list of web-based mutual support services available for callers – you can produce your own or direct callers to our website
- Brief interventions are easy to administer over the phone
    - SAMHSA: Brief Interventions and Brief Therapies for Substance Abuse
    - WHO: Brief Intervention for Substance Use: A Manual for Use in Primary Care

Breakdown the assessment process: Individuals may tire quicker on the phone or video, than in-person, when completing the extensive forms used in the enrollment process; therefore, consider these options to break down the process into manageable chunks

- Coach staff to start every phone call with an engaging set of questions to increase the caller's motivation to persevere through the enrollment process
- Have the potential client complete some of the forms/questions that require minimal clinical skills to answer, such as closed ended questions (e.g., are you married?) and basic data (e.g., DOB, SS#, county of residence); you can mail or email them a copy and have them mail it back to you (or email it, if the client has that capacity)
- Break down the process to several phone or video calls to make it easier to complete
- Now is a good time to remove redundancies in data collection; therefore, try to remove redundant questions in all phases of the enrollment process

Triaging New or Existing Clients Based on ASAM Criteria

Use the ASAM criteria to assess the person's need for treatment and the level of care as a starting point. Consider these factors in the triage process for all new and existing clients.

- If the person has an opioid use disorder (OUD) and meets criteria for an outpatient level of care, consider referring immediately to a MAT provider, as telehealth can be used to enroll individuals on naltrexone or buprenorphine – see our updated guidelines for MAT providers during the crisis declaration
- If your agency can offer MAT on the campus or through guest dosing, consider following the enrollment strategies noted in our MAT manual *Recommendations for Initiation and Engagement of Medication-Assisted Treatment (MAT) for Individuals with an Opioid Use Disorder (OUD)*
- If your agency cannot offer MAT or guest dosing, please offer services, and refer the person to the nearest Center of Excellence (COE) to facilitate MAT referrals.
- If the person meets criteria for an alcohol use disorder (AUD) as well as an outpatient level of care, using ASAM, consider offering medications in addition to the range of telehealth services noted below. Medications for AUD can help individuals manage their urges to drink alcohol in addition to offering telehealth counseling.
    - Notably, mutual support has been found to be highly effective for people with an AUD and can also be helpful for other SUDs; provide all individuals with a SUD a list of web-based mutual support services and encourage them to participate (most are free and easy to join)
- If the person meets criteria for residential level of care and is willing to accept a referral, assist the individual in accessing a residential program; please contact Community Care if you need assistance in locating a residential program (many residential programs will also provide transportation),
- If the person meets criteria for a residential level of care, but is unwilling to receive a referral to a residential program, please consider providing telehealth treatment, including motivational interviewing to help the person move toward enrolling in treatment; your agency may be the only service available to individuals who are not ready or unable to enter a residential program
- If the person meets criteria for OP, IOP or partial hospitalization and both the agency and the client has access to telehealth group therapy technology, initiate enrollment in the group-therapy process, following all existing procedures,
- For all other scenarios, such as
    - working one-to-one with individuals who only have access to a landline or limited cell phone,
    - providing care coordination in a COE program (i.e., billing the g-code for care coordination)
    - providing weekly check-ins or relapse management with patients receiving MAT (including OTPs) or
    - working with individuals who do not have access to technologies for group-based treatment, follow the next section to begin engaging the individuals in telehealth treatment

Engaging and Inspiring Individuals to Stay Involved via Telehealth

Telephonic models of SUD treatment are highly effective and have comparable, if not better outcomes than office-based services for people with a SUD; however, the model requires a different set of skills than what is used in office-based settings. Each phone or video call is designed as a brief intervention, with an emphasis on coaching individuals on how to rapidly develop skills needed to manage the urges to use alcohol and other substances. The protocol can be used for new and existing clients, though existing clients will need some coaching to adapt to the telehealth protocol, if they are familiar with traditional OP services or group-based therapy.

What should be considered in telehealth communication?

Assess values and life goals first: Assuming a person's safety has been assessed first, including risk of suicide or an increase in other symptoms (e.g., psychosis or violence); the first step in the telehealth process can be assessing a person's values or life goals. Individuals involved in telehealth require constant inspiration to remain active in treatment as well as energized to complete the skills training in the home. Assess the values and life goals of a new clients first, before assessing the person's disease states and clinical diagnoses. Individuals are more likely to persevere to feed their values than they are to manage a clinical diagnosis or chronic disease. Follow the steps noted in the companion manual *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*, for ***Inspiring Individuals with their Values and Life goals.***

Start & end all telehealth sessions on the person's values or life goals: Document two or more of the person's values and life goals in the medical record and identify at least one of these values or life goals at the beginning and end of every telehealth session. Focusing on values improves memory and learning for the skills training sessions. Closing on a value can also help inspire the client to achieve his or her objectives for the week. Avoid closing the session on what the person should try to avoid, as this parting statement may cause the opposite to occur. Follow the steps noted in the companion manual *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*, for ***Universal Skills for All Interactions.***

Focus all sessions on what the person will achieve: Telehealth treatment is an effective intervention for people with a SUD but does not have all the cues associated with the office-based setting that help remind individuals they are in treatment. Focusing every call on skills training around relapse management or other skills for managing a SUD is necessary for keeping individuals focused on the task. Once repour has been developed, minimize non-SUD treatment related conversations, as any significant deviation from skills training can undermine the client's focus and motivation to learn the skills. Clients are going to feel isolated during the PA crisis declaration and may drift away from skills training and toward socializing. Avoid socializing during telehealth contacts and refer individuals to the extensive array of online social support options where they can spend their free time socializing or attending web-based mutual support meetings. Socializing and mutual support are essential elements in the recovery process, but not for skills training. For ideas on how to keep clients on the skills training tasks during telehealth contract, follow the steps noted in the companion manual *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*, for

- *Activating Individuals to Complete Steps in their Plan &*
- *Increasing an Individual's Commitment to Plan or Action Step*

Coach individuals to solve a problem on every call: Help clients on every telehealth session to expand their thinking capacity; clients are more likely to attend another session if they feel that the sessions are helpful. Use effective techniques to increase the confidence of clients during telehealth sessions. Because clients will have to solve many of their problems as well as learn new relapse management skills in their home, they will need coaching that promotes self-learning. Follow the steps noted in the companion manual Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff, for Helping Individuals through solution focused techniques for coaching strategies.

- Avoid the urge to provide quick advice, even when clients ask for advice, as it will not help individuals to retain new learning. Use solution-focused questions to expand the client's learning and memory. It can be helpful to offer ideas in a collaborative manner, though always nudge the client to problem solve ideas first, before offering additional ideas.

Providing Continuing Care (CC) & Relapse Management (RM) Telehealth Sessions

SUD treatment staff can implement a regular schedule of telehealth sessions with clients around relapse management training. CC & RM session can be used with existing and new clients, based on the strategies outlined in this section. Clients can have access to other services, such as crisis counseling, group therapy (if the both the client and agency has the technology) or consultation for medications; however, separate CC&RM sessions from these other sessions.

Develop a protocol to refer clients to a higher level of care, if individuals appear to be increasing their use of alcohol or other substances during the CC & RM sessions. Weave in the suicide risk screen as well for those who appear to be using more alcohol & other substances or verbalizing an increase in emotional distress.

What should be considered in telehealth communication?

Develop a one-page action or treatment plan for telehealth sessions: Telehealth forms of SUD treatment require focused interventions and simple behavioral plans, referred to as action plans. Traditional SUD treatment plans are not as useful during telehealth sessions; therefore, develop a one-page document for the telehealth CC & RM plan that will form the coaching contract between the client and staff. Follow the steps noted in the companion manual *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*, for ***Developing an Action Plan***.

Action plans:

- Are short in text,
- Titled with a person's values or life goals, not their SUD diagnosis,

- Include a list of the person's existing skills that he or she can use in the skills training sessions, &
- Include family or friends who will assist in implementing weekly objectives

Traditional treatment plans can be developed, maintained, or updated, if the agency feels that the comprehensive, SUD-driven documents are necessary to meet State or MCO requirements; however, all telehealth CC&RM sessions are driven by the shorter action plans. Action plans can be updated as needed and linked to the larger treatment plan, if one has already been developed for the client.

Establish a consistent meeting time on the phone: Individuals learn faster with structure; therefore, set a regular schedule for telehealth CC & RM sessions. Staff and clients can determine the schedule, though a minimum of weekly sessions is recommended for all new or existing clients who were already enrolled in an outpatient program or receiving MAT.

- Telehealth CC & RM session can be used for patients in an OTP program, as well as other MAT programs and will count for the DEA requirements for monthly counseling hours during the crisis declaration
- COE staff can also use the CC&RM sessions when billing the g-code activities for care coordination
- All staff members involved with the OP or MAT program can provide the CC & RM sessions, including CRS staff, though peers may require some initial training and online coaching to implement the noted skills
- Set up calls on the same day and time, such as every Tuesday and Thursday at 2:00 pm,
- Set aside 20 to 30 minutes on the call--telehealth contacts are always brief and focused on skills training (remember, no chit-chat on the call),
- Non-skills training telehealth sessions can be added to the treatment protocol as well, but don't mix the themes of the calls

Providing weekly relapse management training: Follow the five-step RM protocol outlined in the companion manual *Engagement Training Techniques for Substance Use Disorders (SUD) Treatment Staff*, for

- *Coaching Relapse Management &*
- *If-Then Plans--another version of pre-loading the brain.*

Coach individuals to identify one or two high-risk situations each week (or more frequently) where the person could encounter a strong cue or urge to use alcohol or other substances. Use the five-step model with the client and family members involved on the call to identify the high-risk cue as well as the plan, such as the if-then plan, the client will implement to manage the risk.

- Limit the training to one or two cues in each session to minimize the risk of mental exhaustion

- Once individuals have achieved self-efficacy/confidence to manage urges to use alcohol or other substances, CC&RM sessions can shift to other skills or objectives, such as finding employment, seeking healthcare, or managing symptoms of anxiety or depression using CBT strategies

Use a standardized scale to assess relapse risk each week: There are several national scales that can be used to monitor a person's risks of relapse. The Brief Addiction Monitor (BAM) was designed specifically for telephonic CC & RM calls

Stay the course in CC & RM sessions and minimize drift: Clients will eventually respond and benefit from the structure of a CC&RM session format; however, some clients may have a tendency to use the early CC&RM sessions to address emotional issues or temporary stressors, rather than focus on weekly skills training. Follow these steps to coach clients on how to remain focused during the CC & RM sessions.

- Start each phone call with one or two of the person's values or life goals and then provide a one-minute outline of the session, which will include
    1. a review of objectives selected during the last sessions,
    2. review the outcome of the objective; always remain positive and remind clients that all learning is useful, even if the person does use alcohol or other substances when the person was trying to avoid using them (trial & error is an essential part of learning),
    3. implement the five step RM skill training (or other behavioral skills training, once relapse risks are managed)
    4. if needed, role play a scenario on the call,
    5. close with a value or life goal
- Allow the client no more than five minutes to express any emotional distress that the person is experiencing; if the client needs more time to discuss a stressful issue, not related to the CC&RM session, ask the person if it is okay to add the issue to the end of the session
    - always prioritize the CC & RM skills training; otherwise, clients will likely use the session for venting, which is rarely helpful and can increase urges to use alcohol and other substances
- Consider adding another telehealth session track for other issues, beyond relapse risks, if these issues appear to surface frequently, such as an increase in symptoms of anxiety, depression, or PTSD
    - Develop a protocol for providing telehealth psychiatry for individuals who may need a consultation or medications for a mental illness

Develop supervision protocols for staff to implement telehealth treatment: Staff will need some assistance and coaching to transition from a traditional office-based model of treatment, where all contacts are face-to-face, to the telehealth model where the contacts will be mostly audio with some video communication.

- Set up shadow calls where supervisors can listen in on conversations with staff and clients; be sure to inform the client that the call is being monitored
- Simple fidelity tools can be developed to coach staff (see David Loveland or Rebekah Sedlock for examples of fidelity tools for telehealth contacts)
- Assist staff in coaching more and talking less on the calls; the clients will do more of the work through telehealth communication and will need time to both think and talk through the self-learning process
- Promote the involvement of family and friends in telehealth treatment

For more information, contact David Loveland, PhD, Senior Program Director, Community Care at lovelanddl@ccbh.com or Rebekah Sedlock, LCSW, CCTP, Project Director, Substance Use Disorder Services and Recovery, Community Care, sedlockr@ccbh.com.