



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Using Technology to Enhance Addiction Treatment

February 25, 2016



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Moderator:**



Aaron Williams, Director of Training and Technical Assistance  
& Substance Use, CIHS



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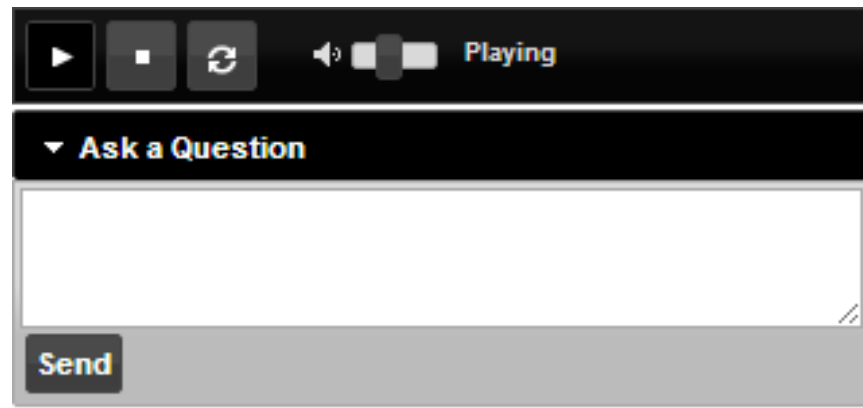
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Operating System	 <b>Passed</b>	Windows 7 Your operating system is ready to go!
Browser	 <b>Passed</b>	Google Chrome 33 Your browser is ready to go!
Bandwidth	 <b>Passed</b>	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 <b>Passed</b>	
Slide Display Test	 <b>Passed</b>	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36  Tech info: Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v.12.0.0   WMP v.Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.167   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a>  Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

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# Today's Speakers



- **Sirene Garcia**, Director of Special Programs, Finger Lakes Community Health
- **Jay H. Shore**, MD, MPH, Associate Professor, Department of Psychiatry, School of Medicine, Community and Behavioral Health, Colorado School of Public Health
- **Jim Miller**, CISSP, CIO/Security Officer, Solutions for Administrative Services-Operation PAR
- **Nancy Roget**, MS, MFT, LADC, Executive Director, The Center for the Application of Substance Abuse Technologies

# Today's Purpose

- Provide information about the implementation of tele-behavioral health technologies and their value in addressing gaps in substance use disorders.
- Describe various models of technology-based interventions
- Understand the Macro-level challenges, opportunities and key policy developments for adopting technology-based interventions
- Discuss workforce challenges and opportunities
- Understand the existing resources for tele-behavioral health and opioid treatment



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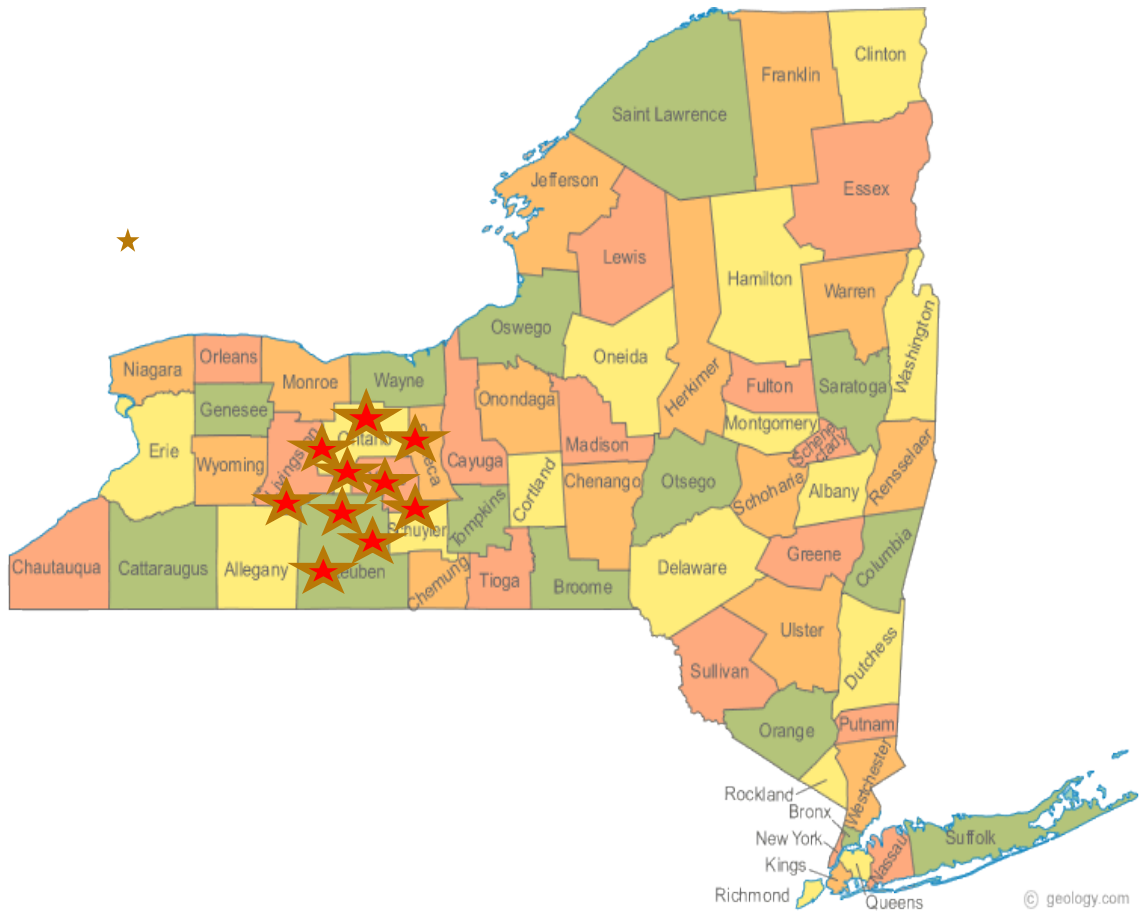
Sirene Garcia, Director of Special Programs  
Finger Lakes Community Health



# Finger Lakes Community Health: Who We Are...

- Community/Migrant Health Center (FQHC)
- 9 Health Center Sites (Wayne, Ontario, Yates, Seneca, Cayuga, Steuben Counties)
- School Based Dental Program
- Farmworker Mobile Medical Program (22 Counties)
- 25,000 patients seen in 2015 (UDS)
- 60% of our patients best served in language
  - Other than English in 2015 (UDS)

# Finger Lakes Community Health FQHC Sites



# The Problem?

- High number of our patients present with multiply chronic diseases as well as mental health or substance use problems.
- A lack of providers accessible to our patients for mental health and substance use services in our rural communities.
- Data demonstrates that a large percentage of emergency room visits in our region include a behavioral health diagnosis.
- 40% increase in overdose deaths in our region over the last 2 years.

# Why Telehealth?

- Inability to leave home
- Lack of access to providers
- Cost of health care services
- Uninsured/Underinsured
- Lack of trust in health care system
- Stigma



# Integration of Tele-Behavioral Health Into Primary Care

## **Improved Access:**

Increased access to specialists, primary care doctors, behavioral health providers, remote home monitoring

## **Better Care:**

- Reduced readmissions into the hospital
- Better access to clinical data (remote monitoring)
- More clinical educational opportunities, expertise/ knowledge sharing
- Care coordination

## **Lower or Stabilized Costs:**

- Remote monitoring enables patients to be monitored at home
- Lower utilization rates of ambulatory care
- Better access = lower costs per patient

# Behavioral Health Services Offered in our FQHC Sites

- Screening, brief intervention, referral to treatment (SBIRT) services
- Suboxone Treatment – Pilot Program using telehealth technologies to connect to Provider
- Substance Use Counselor – Contract arrangement with substance use agency – staff embedded into site full time
- Licensed Clinical Social Worker – 50% in person consults, 50% by telehealth

In 2015, our visits to LCSW increased by 30% due to use of telehealth technologies

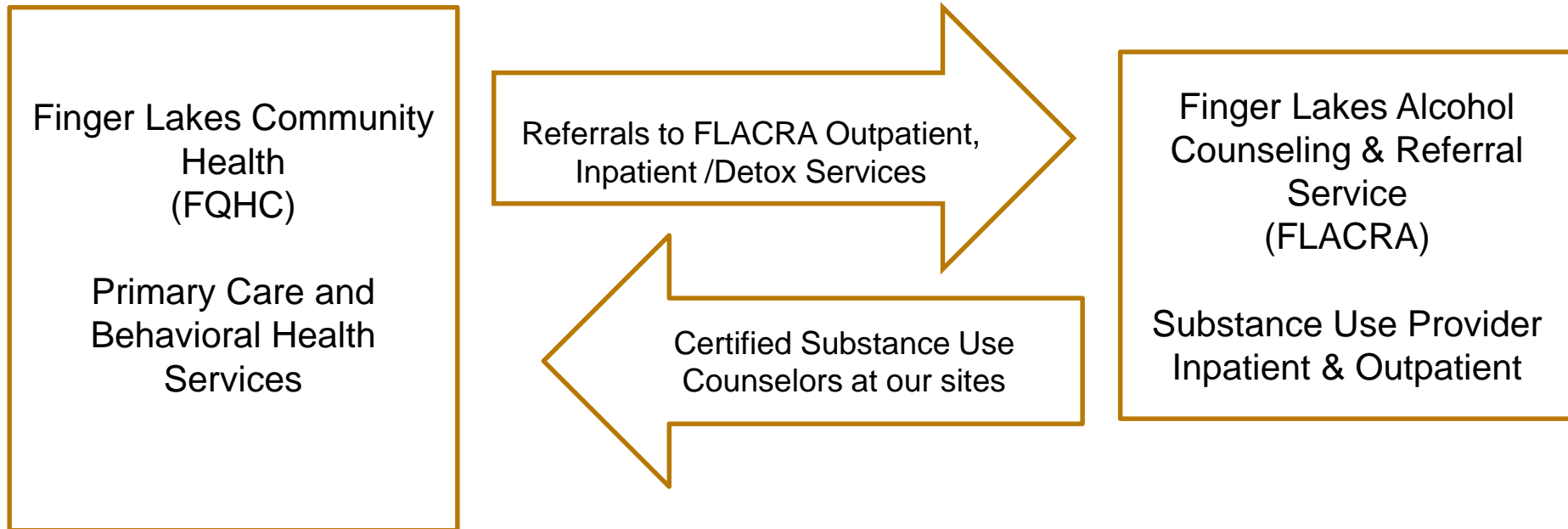
Tele-psychiatry services available in collaboration with another FQHC in NYC

- Patient Navigators and Community Health Workers at all sites:  
Assistance with housing, food, social services
- Interpretation Services
- Certified Insurance Enrollers
- Transportation Services
- Financial Advocacy

# Identifying the Problem

- We have had many of our staff certified to provide SBIRT services:
  - Clinical Providers
  - Community Health Workers
  - Patient Navigators
  
- Every patient of FLCH receives a substance use screening (CAGE) and depression screening (PHQ2/PHQ9) annually, unless changes indicate the need for additional screenings.
  
- Many of our front line staff are certified in Mental Health First Aid

# A Partnership for Substance Use Services





# FLCH & FLACRA Case Conferencing

- When a patient is released from a treatment center, the SU Counselor from FLACRA schedules the patient with the FLCH Licensed Clinical Social Worker and the Primary Care Physician for their first appointment at the Health Center
- The FLCH provider is able to talk to the patient Case Manager or Counselor via telehealth or in person when on site



# Finger Lakes Community Health Telehealth Program

Services offered at our Health Centers using telehealth:

- Psychiatry – Adults & Children over 5yrs.
- Counseling Services (LCSW)
- Pediatric Neurology
- Pediatric Dentistry
- HIV/AIDS Care
- Diabetic Retinopathy
- Hep C Treatment
- Geriatric Consults
- Remote Home Monitoring (Pilot Phase)

## Nutrition Therapy

- Pulmonology
- Dermatology
- Tele-Doc (Pilot Phase)
- Medication Adherence
- Other:
  - Interpretation Services
  - Provider Precepting
  - Provider Clinical Meetings
  - Administrative Meetings
  - Staff Training

# Why Does This Work?

- Reduction in stigma due to behavioral health services offered in a community health center setting. Allows for anonymity.
- For our patients in rural areas, we have found that it is necessary to have as many services available on site or by telehealth. Transportation is a major barrier to care.
- Also, we have enabling services on site to make sure that our patients are active participants in their care. It also cuts down on “no shows”, improves the patient-provider relationship and patient compliancy.
- Our partnerships with mental health and substance use services has been a “win-win” for our patients and for us. It has allowed for peer to peer learning opportunities as well as collaborating on care. Primary care and behavioral health providers are able to “learn each others language”.

# Thank You!

Sirene Garcia  
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# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



Jay H. Shore, MD, MPH, Associate Professor,  
Department of Psychiatry, School of Medicine,  
Community and Behavioral Health, Colorado  
School of Public Health

# Outline

History of  
Telepsychiatry

Use of Telepsychiatry  
in Addiction Treatment

Emerging Trends





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# History of Telepsychiatry



# Historical “Tele” Psychiatry



# University of Nebraska 1959

Photos from UNMC Archives, Special Collections Department, McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha, Nebraska



**Dr Reba Benschoter of the  
University of Nebraska**



**Dr. Benschoter and Dr. Wittson in  
Univ. of Nebraska's telemedicine  
studios**



**Psychiatric lectures via television  
with the Nebraska Psychiatric  
Institute, 1956**



**Dr. Affleck and an unidentified  
technician evaluate telemedicine  
equipment, 1961**



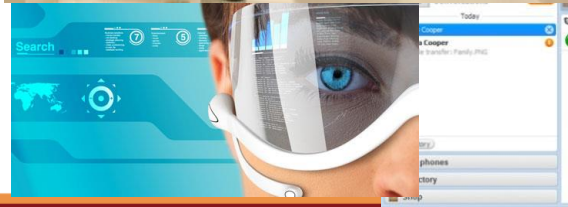
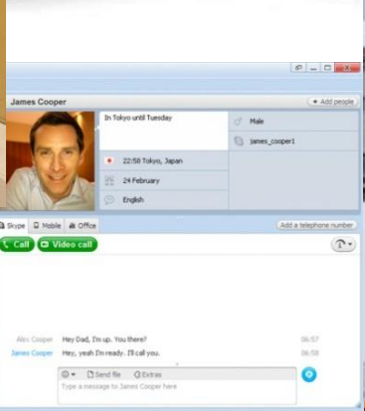
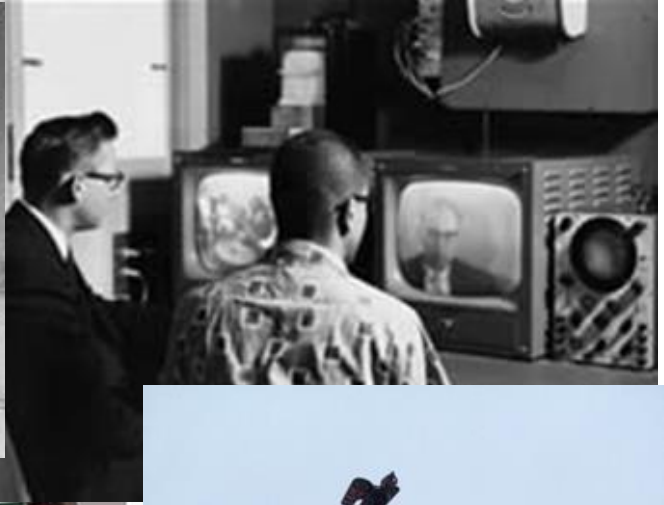
**Group telepsychiatry in progress  
using two-way video/audio  
links, 1961**



**The Institute's recording facilities.  
Technician operating an early  
videotape recorder.**



**Dr Menolascino participates in  
a video teleconsultation, 1966**



# The Effectiveness of Telemental Health: A 2013 Review

Donald M. Hilty, MD,<sup>1</sup> Daphne C. Ferrer, MD,<sup>2</sup>  
Michelle Burke Parish, MA,<sup>2</sup> Barb Johnston, MSN,<sup>3</sup>  
Edward J. Callahan, PhD,<sup>4</sup> and Peter M. Yellowlees, MD, MBBS<sup>1,2</sup>

<sup>1</sup>Department of Psychiatry and Behavioral Sciences, University of California—Davis, Sacramento, California.

<sup>2</sup>Health Informatics Graduate Program, University of California—Davis, Sacramento, California.

<sup>3</sup>HealthLinkNow, Sacramento, California.

<sup>4</sup>Department of Family and Community Medicine, University of California—Davis, Sacramento, California.

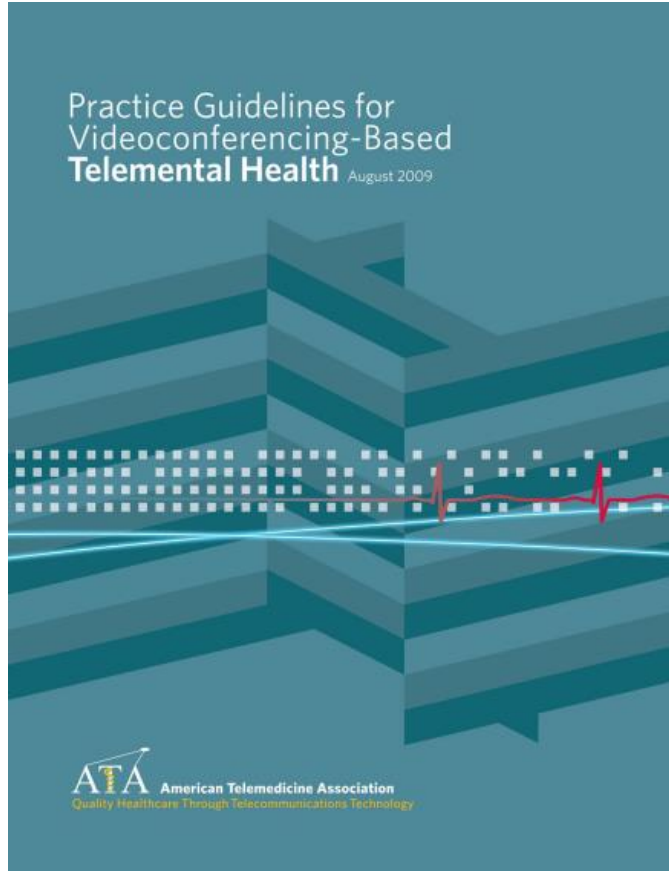
## Abstract

*Introduction: The effectiveness of any new technology is typically*

ciation (ATA) has published telemental health practice guidelines,<sup>2</sup> as has the American Association of Child and Adolescent Psychiatry.<sup>3</sup> A new generation of studies on telemedicine has replaced the “primary” view of telemental health as a new and different way of providing health services to a contemporary view that it is a vehicle for providing care that is here to stay. The studies supporting this contemporary view have examined the effectiveness of telemental health to answer the question “Is telemental health ‘effective’ to do ‘what’ for ‘whom’ and ‘when’ at this point in time, based on its evolution?”

Effectiveness implies that telemental health works. In telemedicine and telemental health, few authors have explicitly addressed effectiveness<sup>4</sup>; however, research appears to be changing this.<sup>5</sup> The underlying premise of being “effective” is the assurance that the chosen technology is specific to the objective of the service being offered.<sup>6</sup>

Practice Guidelines for  
Videoconferencing-Based  
**Telemental Health** August 2009



# Telepsychiatry Use Case in Addiction Treatment

Comorbid/dual treatments

Primary Treatment Settings

- Residential
- Inpatient
- Outpatient

Treatment modalities

- Telehealth augmentation vs. primary
- Individual vs. team-based
- Group vs Individual Treatment
- Ongoing vs. Consultation



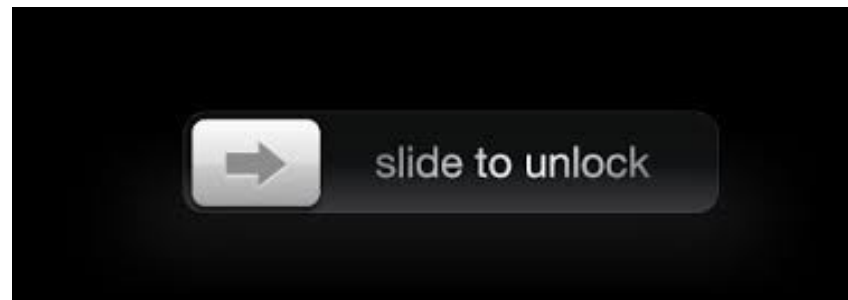
# Key Administrative Issues

Licensure

Malpractice

Standard of Care

Rules around prescribing





GET THE FACTS ABOUT DRUGS

## JUST THINK TWICE

GET INVOLVED

GET HELP

HOME

DRUG INFO

NEWS & MEDIA

TRUE STORIES

CONSEQUENCES

FACTS & STATS

SEARCH



His mother found Ryan lifeless in bed.

## RYAN HAIGHT, 18, VICODIN

### AT A GLANCE

Ryan died from an overdose of prescription drugs he had purchased online. He was only 18.

Ryan died from an overdose of prescription drugs he had purchased online. He was only 18.

Ryan loved math and science, and was an "A" student who looked forward to going to college. Ryan was athletic: he played baseball and varsity tennis. He also loved to ski, snowboard, waterski, bowl, play billiards, and ping-pong. He was also an avid computer fan; he was always online chatting with friends, playing games with them or surfing the Web.

His mother found Ryan lifeless in his bed. He had overdosed of Vicodin, a prescription drug. The DEA investigated his computer and found that Ryan had ordered the drugs from a medical doctor he never saw and an online pharmacist delivered them to his home. Both are now serving time in prison.

# The Ryan Haight Online Pharmacy Consumer Protection Act of 2008

- Created to regulate online internet prescriptions, enforced by DEA
- The act requires any practitioner issuing a prescription for a controlled substance to conduct an in-person medical evaluation and an in-person medical evaluation at least once every 24 months.
- The act also describes special circumstances such as covering prescribers, and prescribing within a federal health care system (eg. IHS, VA).  
Psychiatrist working in federal health care systems should be familiar with their organizations policy around telepsychiatric prescriptions of controlled substances.

# Buprenorphine

- Not specifically prohibited over telemedicine
- Appropriately trained and credentialed in context of buprenorphine prescribing
- State and federal compliance in rules and regulations for both buprenorphine and use of telemedicine in examinations

# Key Clinical Process Issues in Addiction Telepsychiatry

- Virtual “Team work”
- Biological testing and access
- Strengths and challenges of “virtual” presence
  - Assessing information
  - Rapport and confrontation

*“We cannot teach people anything; we can only help them discover it within themselves.”*

*-Galileo Galilei*

# Emerging Opportunities for Addiction Telepsychiatry

## Team-based models and approaches

- Integrated care
- Store and forward telepsychiatry

## Web-based VTC and expansion of access to care

## Leveraging and integrating other technologies

- Screening
- Education
- Management
- Monitoring



# Contact Information

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# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



Jim Miller, CISSP  
Dianne Clarke, Ph.D.  
Mark Vargo, Ph.D.  
Operation PAR, Inc.

# ***Mission and Vision***

## **Mission**

To strengthen our communities by caring for families and individuals impacted by substance abuse and mental illness

## **Vision**

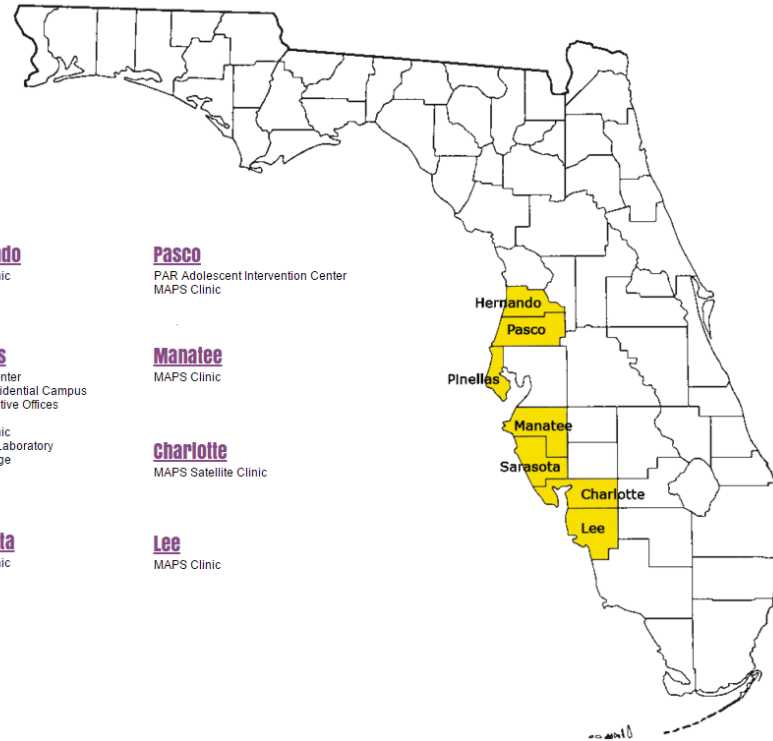
Operation PAR: A beacon of hope in our community – helping people be aware, be responsible, be healthy and happy



# Operation PAR Programs

## operation PAR Locations

Operation PAR offers a full continuum of services (prevention, intervention, treatment and research).



# Residential Treatment Services

## PAR Village

PAR Village is a nationally acclaimed residential program providing gender specific services for severely dysfunctional substance abusing females and their children.

Services focus on pregnant or parenting addicted women who desire to have their children reside with them in treatment.

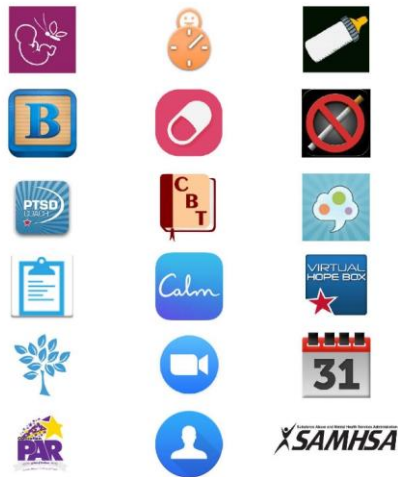
# Residential Treatment Services

## PAR Village

Since October, 2014 Operation PAR has provided computer tablets to clients while in treatment. Some of the uses for the tablets include:

- Assisting Clients with Scheduling
- Provide Breathing Exercises (Calming)
- Conduct Zoom sessions for family visitations
- Prepare them for continuing care using eTherapy

**Tablet Apps Manual for  
Operation PAR Programs**



**Pregnancy**

- I'm Expecting 3
- Contraction Timer 6
- Baby Feeding Log 8
- WebMD Baby 9

**Health**

- My Pill Box 12
- Quit and Be Free 15

**Recovery**

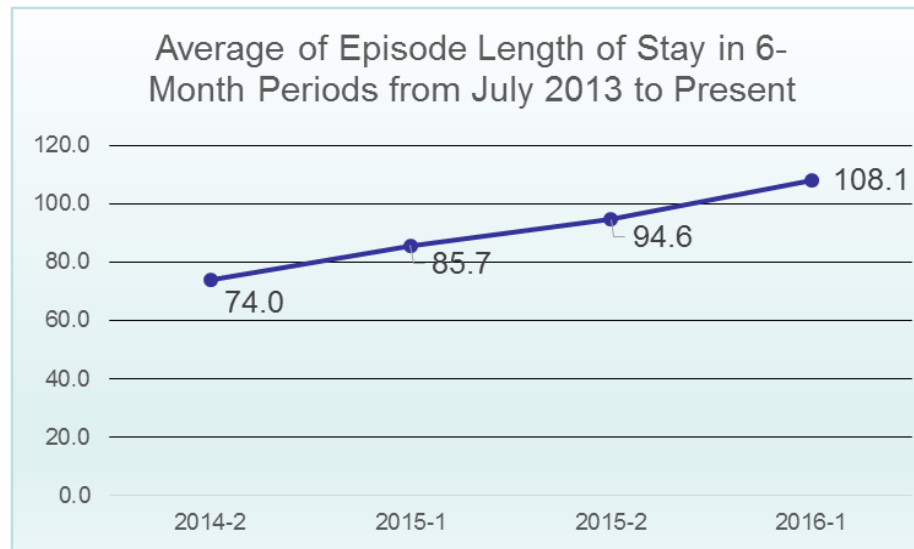
- PTSD Coach 16
- Cognitive Diary CBT Self-Help 18
- SAM App (Self-help Anxiety Management) 20
- Meeting Finder 22
- Calm (Calm, Mediate, Sleep, Relax) 23
- Virtual Hope Box 25
- In the Rooms 27
- Zoom 30

**Life Skills**

- Google Calendar 32
- Google Contacts 32

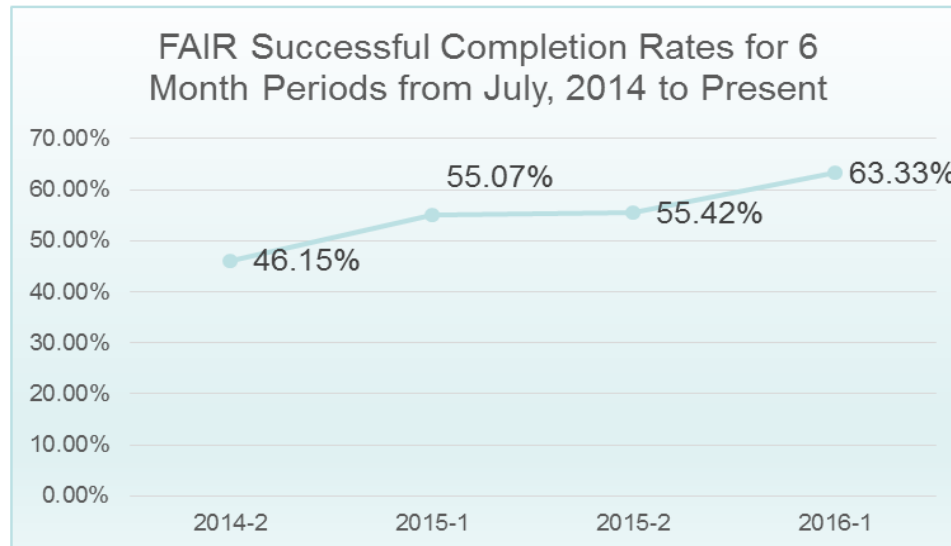
# Residential Treatment Services

## Project Outcomes: Length of Stay



# Residential Treatment Services

## Project Outcomes: Discharge Outcomes



# Outpatient Treatment Services

## Technology Assisted Care

Provides outpatient substance abuse treatment through the expansion and enhancement of the use of applications on devices such as tablets and/or smartphones, telephone counseling and web-based services.

Will overcome barriers to treatment such as:

- Transportation
- Child care

# ***TAC Referrals Sources***

## **Operation PAR Programs**

- Medication Assisted Treatment Programs in Seven Counties
- Step down from Short Term Residential
- Referral from Detoxification Programs
- Continuing Care for Pregnant/Postpartum Women in Residential Treatment
- Agency Outpatient Programs



# TAC by the Numbers

Enrolled 91 participants

- 73% between ages of 21-40
- Clients enrolled from 8 surrounding counties
- 81.3% of clients are female
- Average Length of Stay: 155 days
- Primary drugs of choice
  - Opioids—20.6%
  - Alcohol—17.3%
  - Cocaine—12.9%

# Project Successes

- Using Fed Ex and couriers to enroll clients without physically being in front of them
- Open Fridays have given clients added schedule flexibility to meet with counselors
- Expanded counseling services to include couples and family as an adjunct to Substance Abuse Counseling.
- Ability to coordinate services across the state in a cost-effective manner
- Contract with local homeless provider to provide eServices to their clients.

# Success Stories

“Steve” was able to open up to his eServices counselor via web sessions. The tablet enabled him to continue treatment sessions even on a camping trip.



# Success Stories

“Alex” was able to use the technology to engage his wife as part of his substance abuse treatment via web sessions.



# Project Challenges

1. Integration with Primary Health
2. Cost of Implementation/Sustainability
3. Technology “Hiccups”
4. Tablet preparation, breakage/loss
5. Medicaid Reimbursement Restrictions
6. Resistance at all Levels
  - Client Engagement
  - Staff
  - Funder
  - Judiciary

# Where We Want to Go


- Increased Infrastructure, i.e., agency Wi-Fi
- Qualified eService's Counselors Across the Agency
  - One Training has been conducted in June, 2015 with a second schedule in March 2016.
- Want to expand technology to all programs across the agency including Adolescent Services
- Want to expose all of our clients to the benefits of web-based support in their recovery through
  - 12 step meetings
  - Parenting sites
  - Education



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



Nancy A. Roget, MS


**National Frontier & Rural**  
**ATTC** Addiction Technology Transfer Center Network  
 Funded by Substance Abuse and Mental Health Services Administration



**Serve** as the national subject expert  
and key resource to **PROMOTE** the awareness  
and implementation of telehealth technologies



National Frontier & Rural

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Outline

- Prevalence of Use of Technology in Behavioral Health
- Definition of Technology-Based Interventions
- Review of Survey and Journal Article
  - Ramsey & colleagues, 2016
  - Muench, 2015
- Workforce Acceptability and Use of Technologies
- Clients' Acceptability and Use of Technologies
- Technology-Based Interventions for SUDs
- Summary/Resources



**People are using technology**

**Use of online and mobile technologies is increasingly ubiquitous across age, race/ethnicity, and geography.**

**Increasingly, consumers rely on Internet- and smartphone-based tools for health information and tracking.**



# Majority (**95%**) of persons with SUDs have not entered treatment **20.2 million in 2013**



(NSDUH, 2013)

# **It's imperative that addiction professionals understand...**

**the ability of technology to reach enormous numbers of people (it is undeniable)**

**the use of technology for treatment and recovery support offers the possibility of better care, reduced stigma, and broader reach**

# DEFINITION

**Use of technology devices to deliver some aspects of psychotherapy or behavioral treatment directly to patients via interaction with a web-based program.**

(Carroll & Rounsaville, 2010)

# **Recent Research Study: *'Paving the Way to Successful Implementation'***

**260 care decision makers  
completed an open-ended question  
about perceived barriers to use of  
technology at their behavioral  
health care agency**

**Member Agencies of National  
Council on Behavioral Health  
Study published in January 2016**

(Ramsey et al., 2016 )

# Findings Recommendations





**Agencies with annual operating budgets of greater than \$10 million reported significantly fewer barriers**



**than those with budgets of \$10 million or less**

(Ramsey et al., 2016 )



Agencies serving more than **3,000** clients per year reported significantly fewer implementation barriers than those serving less clients annually.

(Ramsey et al., 2016)

**Providers from rural organizations were more than **10** times as likely to endorse client Internet connectivity/service as a barrier to technology use as those from other geographic locations.**

**(Ramsey et al., 2016)**

# COSTS

There is some research to suggest that organizations are able to recoup the initial costs of technology-based data collection tools in as little as 3 months, but rigorous cost analysis data is largely unavailable, indicating a significant gap in the field.

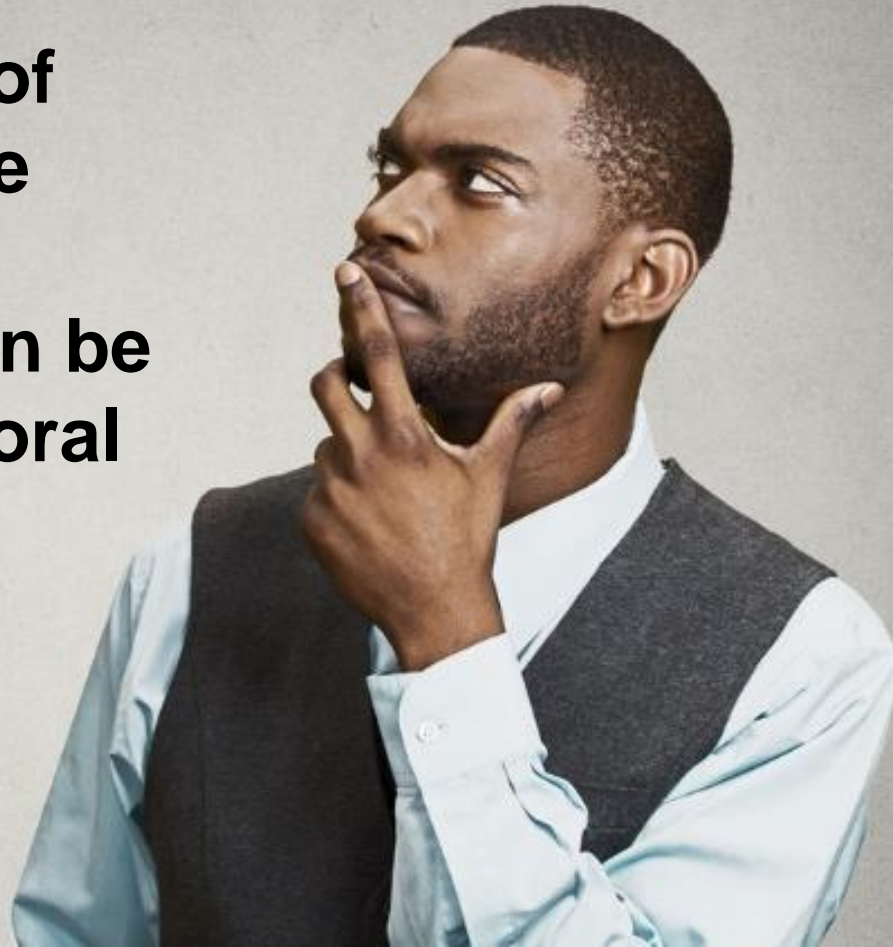
(Ramsey et al., 2016)

# Provider resistance to use technology-based interventions includes:

- limited awareness of established Benefits
- an organizational climate characterized by skepticism or unwillingness to try new approaches
- a demand for more research on the effectiveness and safety of these tools

(Ramsey et al., 2016)

**a substantial portion  
of providers  
reported a lack of  
basic knowledge  
about how  
technologies can be  
used for behavioral  
health care**



**(Ramsey et al., 2016)**

**this will require appropriate training to  
increase staff confidence in navigating  
potentially foreign technologies**



***The Promises and Pitfalls of Digital  
Technology in Its Application to Alcohol  
Treatment***

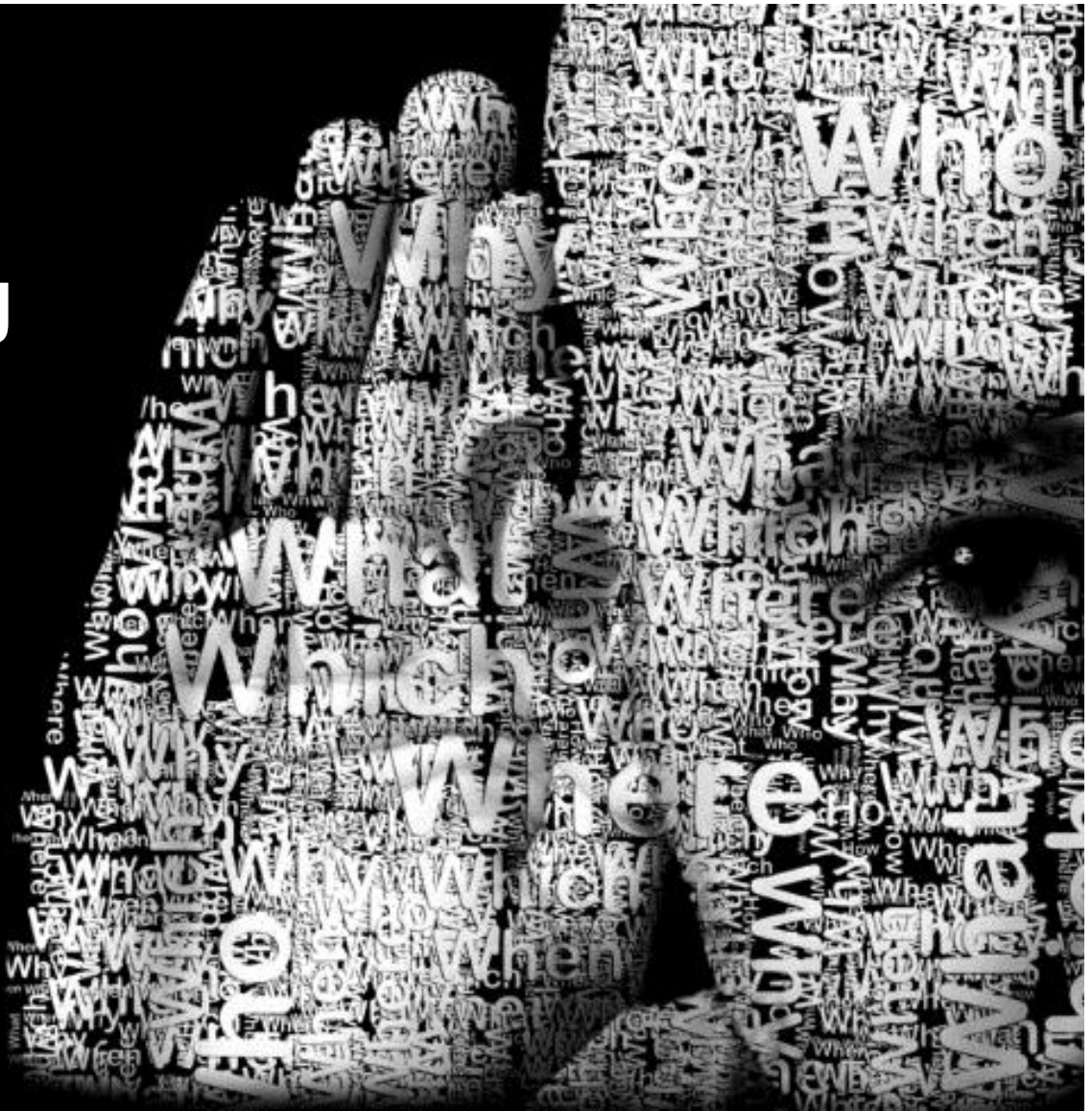
**2015 Frederick Muench, Ph.D.**

**Recommendations for  
Organizational integration**



# Integration requires an understanding of staff members' degree of comfort with technology

(Muench, 2015)





# and the time burden

# Most providers will need to re-structure operations to understand how technology will impact clinician workload...

accept e-mails or phone messages on work phones develop on call lists or use peer specialists to manage alerts/requests for help and client check-ins if not automated



(Muench, 2015)

For example, Muench and colleagues (2013) found that although **80%** of providers want to be alerted if their client is at risk of relapse, **only 8%** would want an immediate mobile alert.



(Muench, 2015)

# Technologies change how the provider does business....



**“I suppose I’ll be the one  
to mention the elephant in the room.”**

**(Muench, 2015)**

**debunk fears cited by providers  
regarding the use of technologies**

**FEAR**



**compromised client care and job replacement**

**(Ramsey et al., 2016)**



# Clinician Extenders

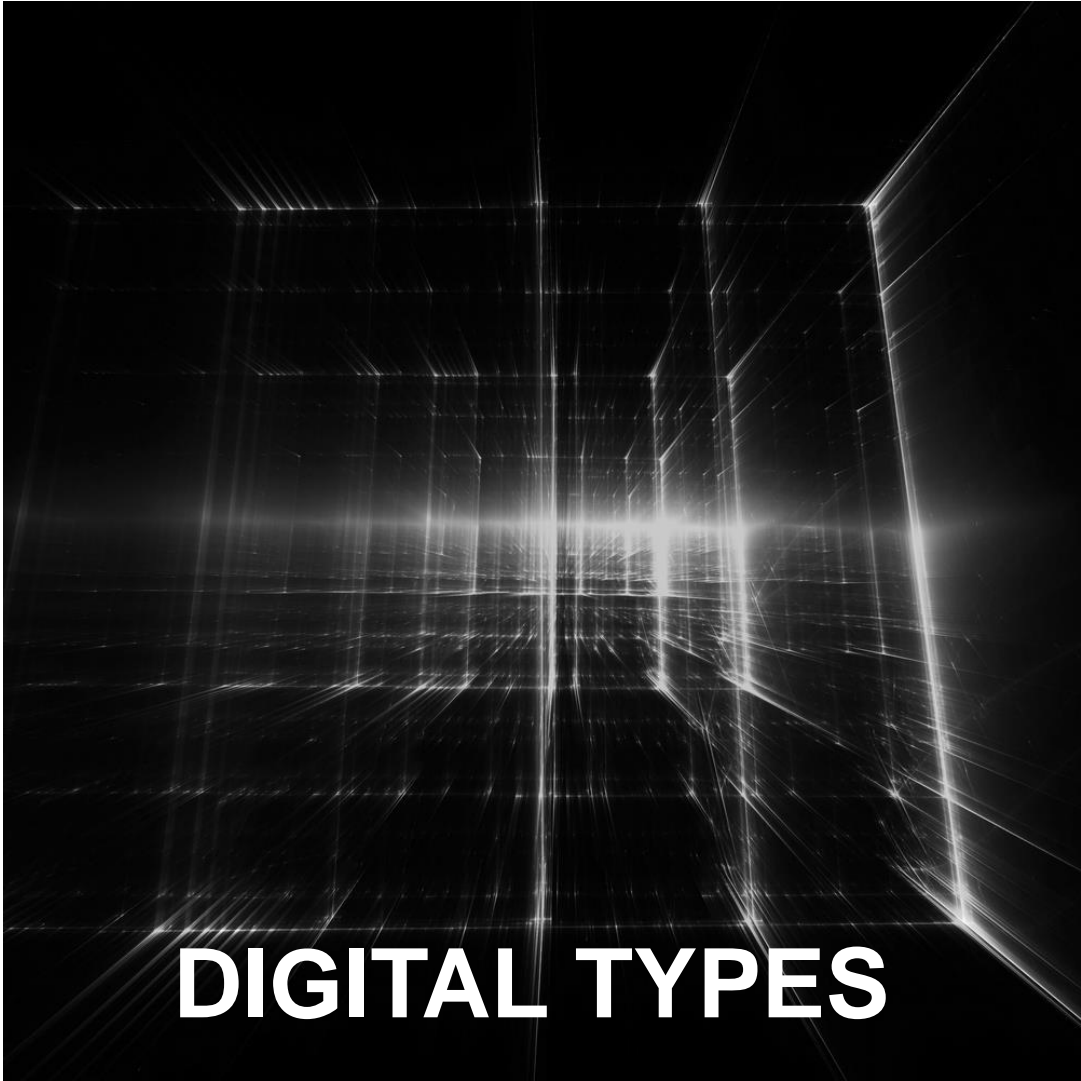
**allow providers to  
work at their highest  
level of training and  
focus on the most  
high need client  
issues**

(Ramsey et al., 2016; Marsch, 2011)

# Workforce & Technology Issues







# DIGITAL TYPES



# Digital Immigrants

(Zur, 2012; Prensky, 2001)

# Digital Immigrants

... people born before or about 1964 and who grew up in a pre-computer world



(Zur & Zur, 2011)



# Comparison of Digital Types

## Digital Immigrants

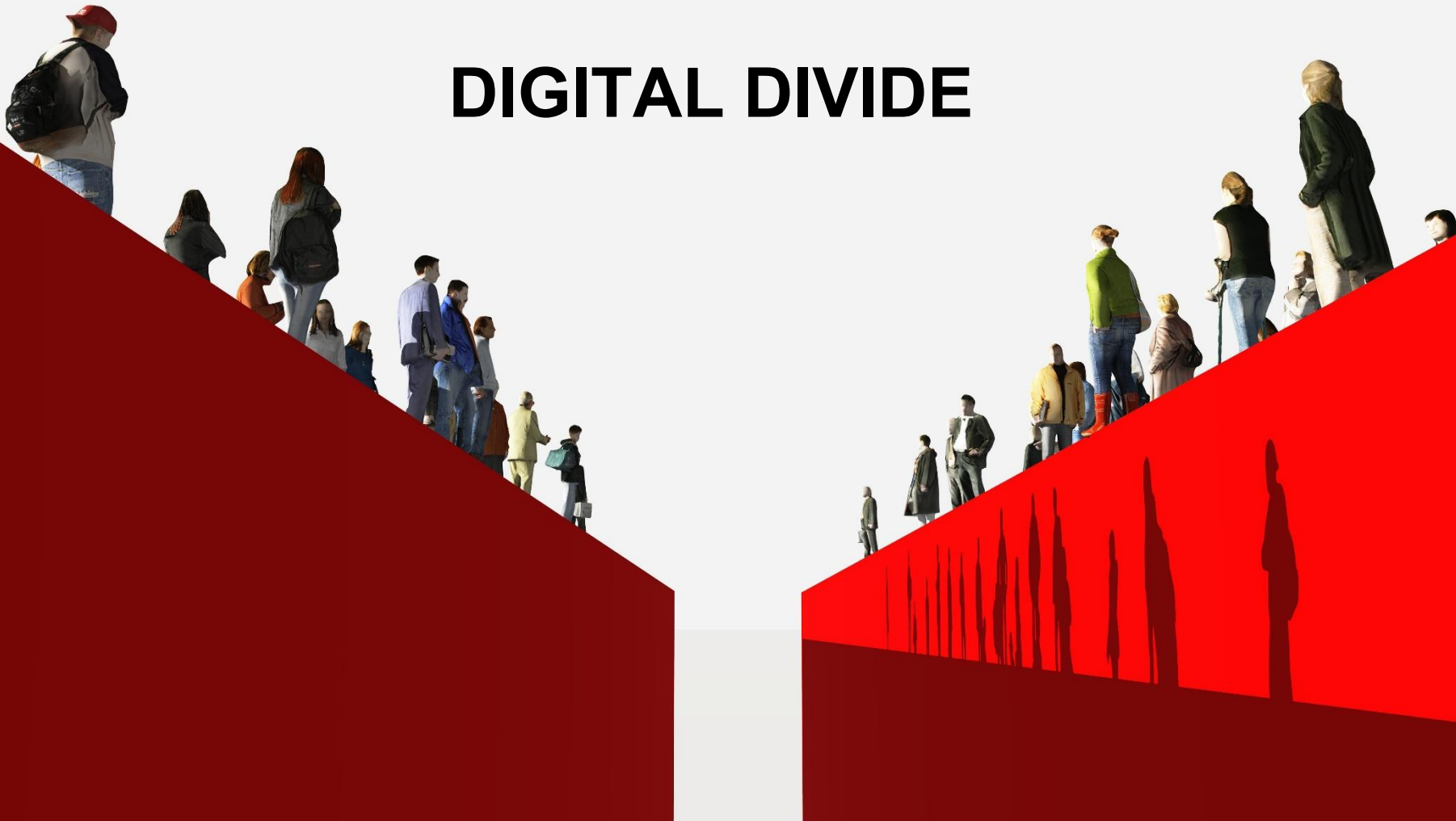
- Prefer to talk in-person or on the phone
- Don't text or only sparingly
- Prefer synchronous communication
- Prefer receiving information slowly: linearly, logically, & sequentially
- Prefer reading text (i.e., books) on processing pictures, sounds & video

## Digital Natives

- Prefer to talk via chat, text, or messaging thru social media
- Text more than call
- Prefer asynchronous communication
- Prefer receiving information quickly & simultaneously from multiple multimedia & other sources
- Prefer processing /interacting with pictures, graphics, sounds & video before text

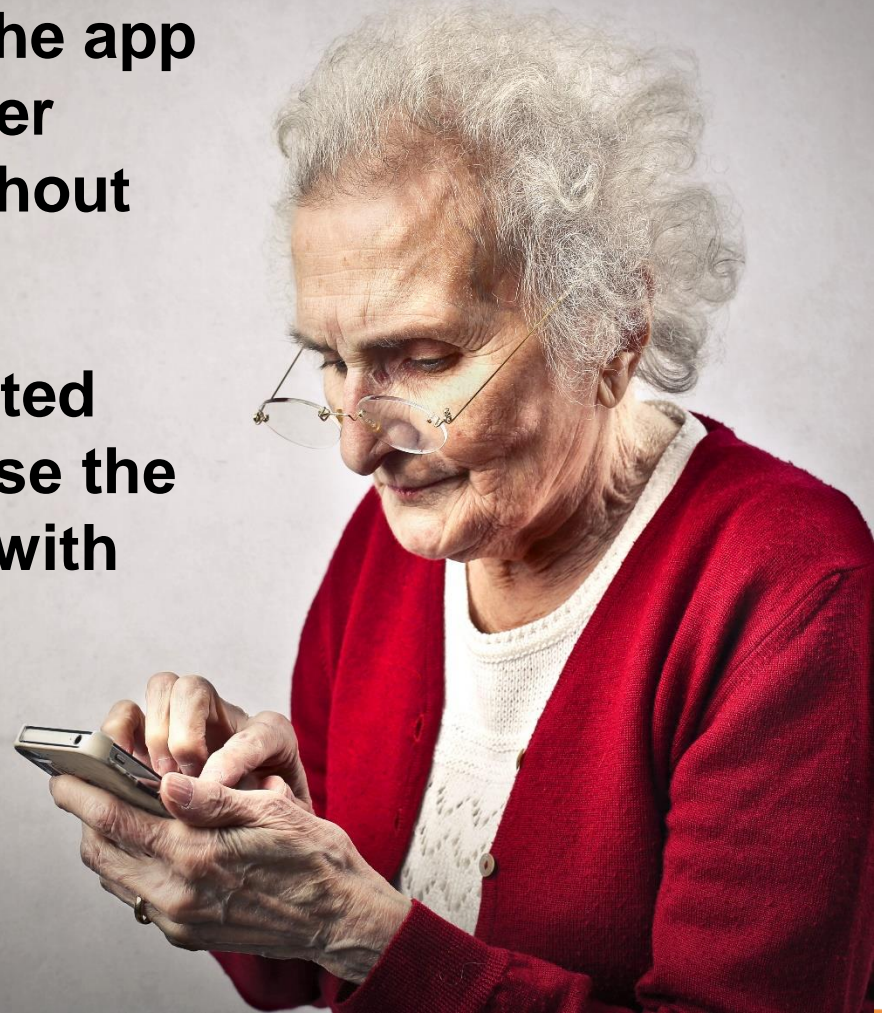
(Zur & Zur, 2011; Rosen, 2010; Prennsky, 2001)

# DIGITAL DIVIDE



**Younger clinicians and those with smartphones found the app more usable than older clinicians and those without smartphones.**

**These variables predicted clinicians' intentions to use the PTSD app in treatment with Vets.**



(Kuhn et al., 2014)

# Spread of Use of Technologies in Addiction Treatment & Recovery

Skeptical but understand and acknowledge clients' use of technologies

Limited use of technologies in treatment or recovery support but not well integrated

Use of technologies integrated in delivery of services

Don't believe in using technologies to deliver care

Contemplating use of technologies but still unsure of its utility and usefulness

Individuals using technologies on their own with clients





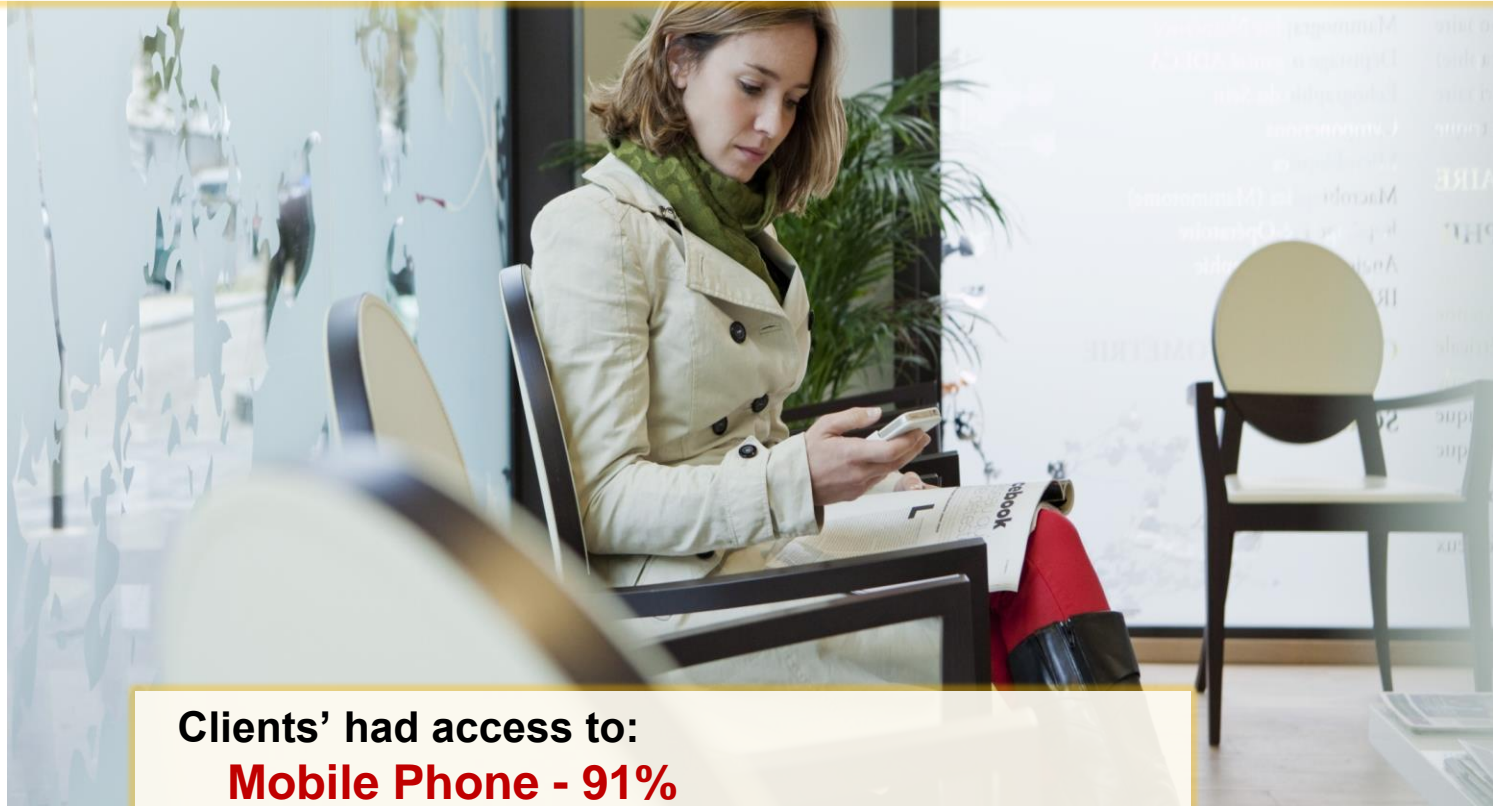
*“All I’m saying is now is the time to develop the technology to deflect an asteroid.”*

# Clients' Acceptability of Technologies



# What do we know about clients?

## Survey of 8 urban drug treatment clinics in Baltimore (266 patients)



**Clients' had access to:**

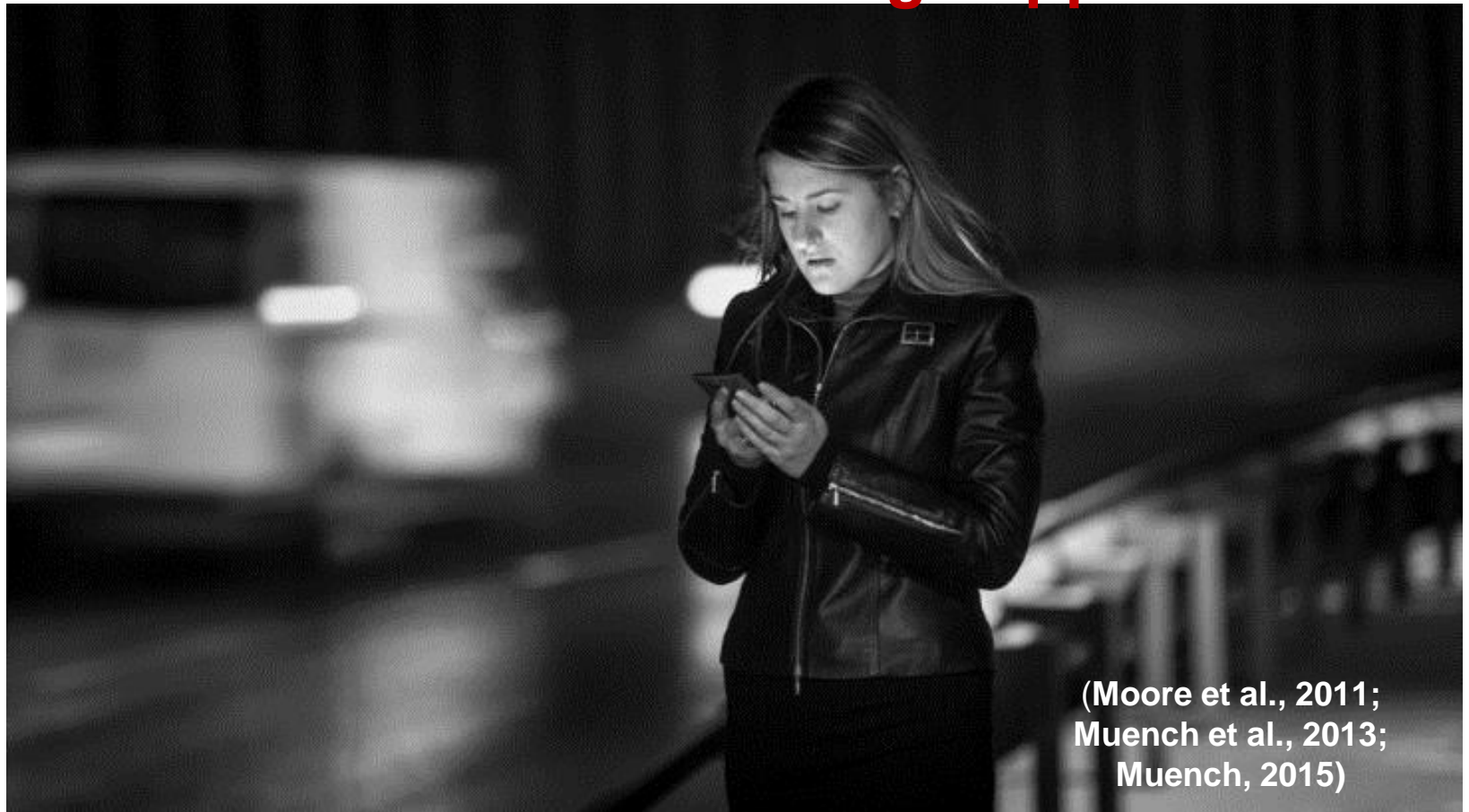
**Mobile Phone - 91%**

**Text Messaging - 79%**

**Internet/Email/Computer - 39-45%**

(McClure, Acquanta,  
Harding, & Stitzer, 2012)

**Current evidence demonstrates that clients use and are interested in using technologies as part of their treatment or continuing support.**



# Clients' Issues Regarding Using Technologies for Treatment and Recovery

Make sure clients' understand:

- technologies that may monitor them and their locations
- how to use the technologies
- what to do in the case of emergencies and service problems

(Muench, 2015)

# Other Technology Issues with Clients

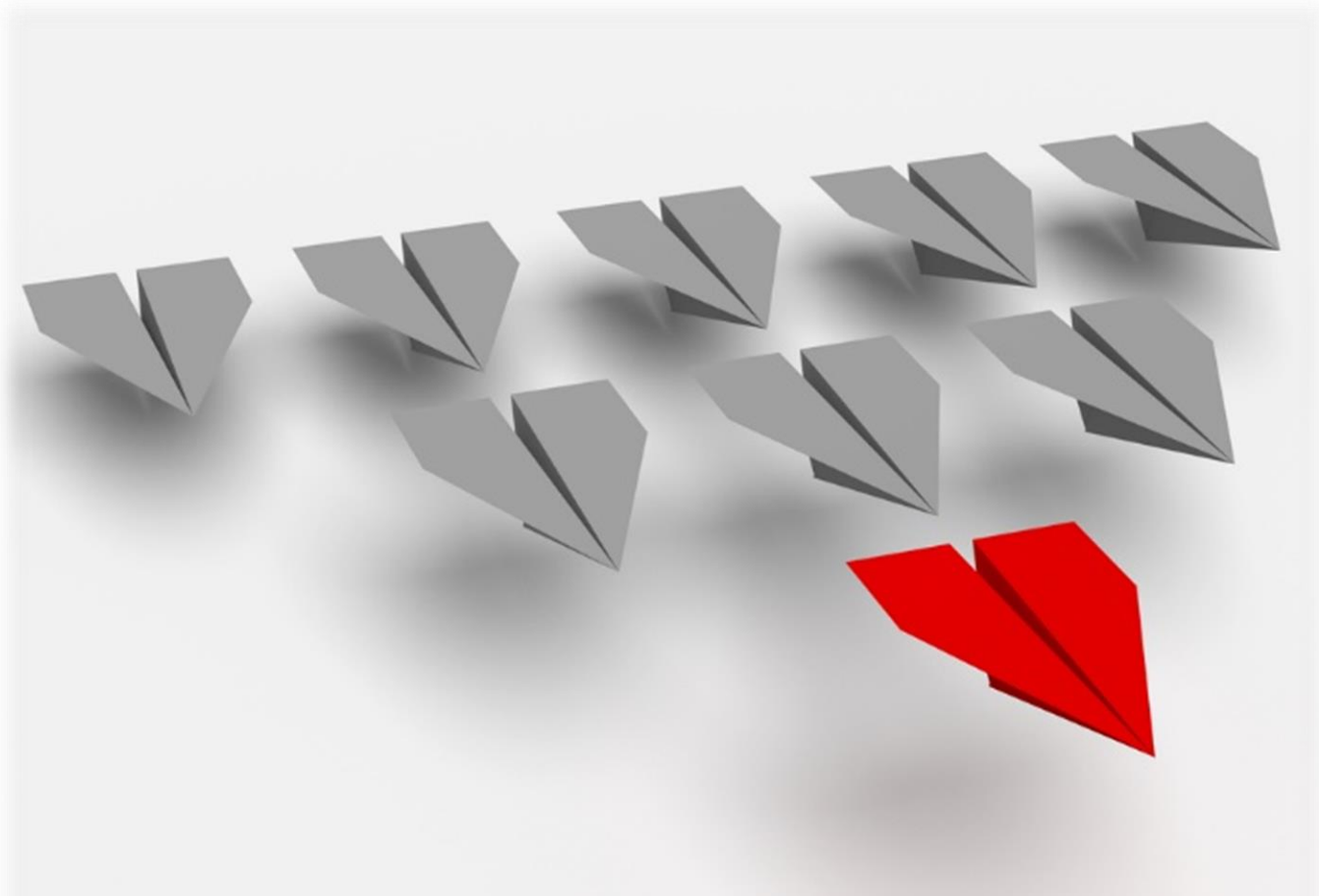
- Many clients change phone numbers or experience disruptions in their phone service which interferes with use of technology-based interventions.
- Approximately 20% of participants had their phone service turned off at least once over the course of a 5-week study as a result of nonpayment.
- Clients sharing phones with family members/others raises issues with privacy/security and confidentiality.
- Warn clients about technology failures and that their messages might not go through.
- Determine percentage of clients that have access to smart phones before implementing technology.

(Muench, 2012; 2015)



# RESEARCH

**Given the promise of web-based interventions, we feel encouraged that technology has become mature enough to capture at least some aspect of psychotherapy. (Campbell & Luo,2012)**



# Leading Technologies in Addiction Treatment



# 3 Choices



# Technology-Based Interventions





# Telephone

# Videoconferencing



# Studies on Videoconferencing in Addiction Treatment

Opioid Treatment-group counseling

(King et al., 2009 and King et al., 2014)

Alcohol Treatment

(Postel et al., 2005)

Alcohol Treatment

(Frueh et al., 2005)

Teleconferencing Supervision (TCS) – MI

(Smith et al., 2012)

# 3

**Technology-Based Interventions  
have been validated recently  
through funded research  
studies -**

**TES, CBT4CBT, and ACHESS**

# Therapeutic Education System (TES)

**An interactive, web-based psychosocial intervention for SUDs, grounded in:  
Community Reinforcement Approach (CRA) + Contingency Management Behavior Therapy + HIV Prevention**

# What Do People Say About TES?





# CBT4CBT

- A computer-based version of cognitive behavioral therapy (CBT)
- Designed to use in conjunction with clinical care for current substance users
- Multimedia presentation, based on elementary level computer learning games, requires no previous computer experience

(Carroll et al., 2008; 2009; 2011; 2014; Olmstead, Ostrow, & Carroll, 2010)

Recognize

Avoid

Cope

# CBT4CBT

Computer Based Training for  
Cognitive Behavioral Therapy

## Demo



<http://www.cbt4cbt.com>

# ACHESS



- Monitoring and alerts
- Reminders
- Autonomous motivation
- Assertive outreach
- Care coordination
- Medication reminders
- Peer & family support
- Relaxation
- Locations tracking
- Contact with professionals
- Information

**Clients and consumers are already embracing technology and creating a patient-centered health movement...**

**as the research has repeatedly revealed, technology-based interventions are most effective when combined with human support, reinforcing how providers will remain the foundation of care for those seeking help...**

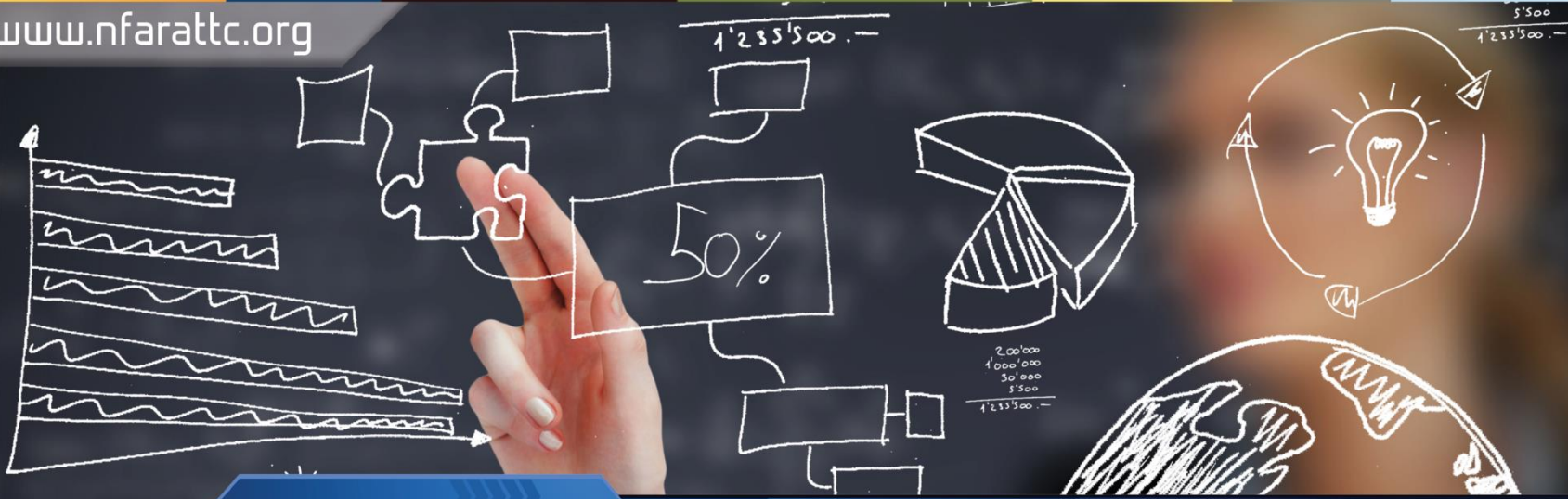
A TREATMENT IMPROVEMENT PROTOCOL

# Using Technology-Based Therapeutic Tools in Behavioral Health Services

# TIP 60



www.nfarattc.org



# Telehealth Capacity Assessment Tool



National Frontier & Rural

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## TCAT

Is your Agency ready for  
○○○○○ **○ Telehealth?**



# New Ethical Dilemmas in the Digital Age



**ATTC**

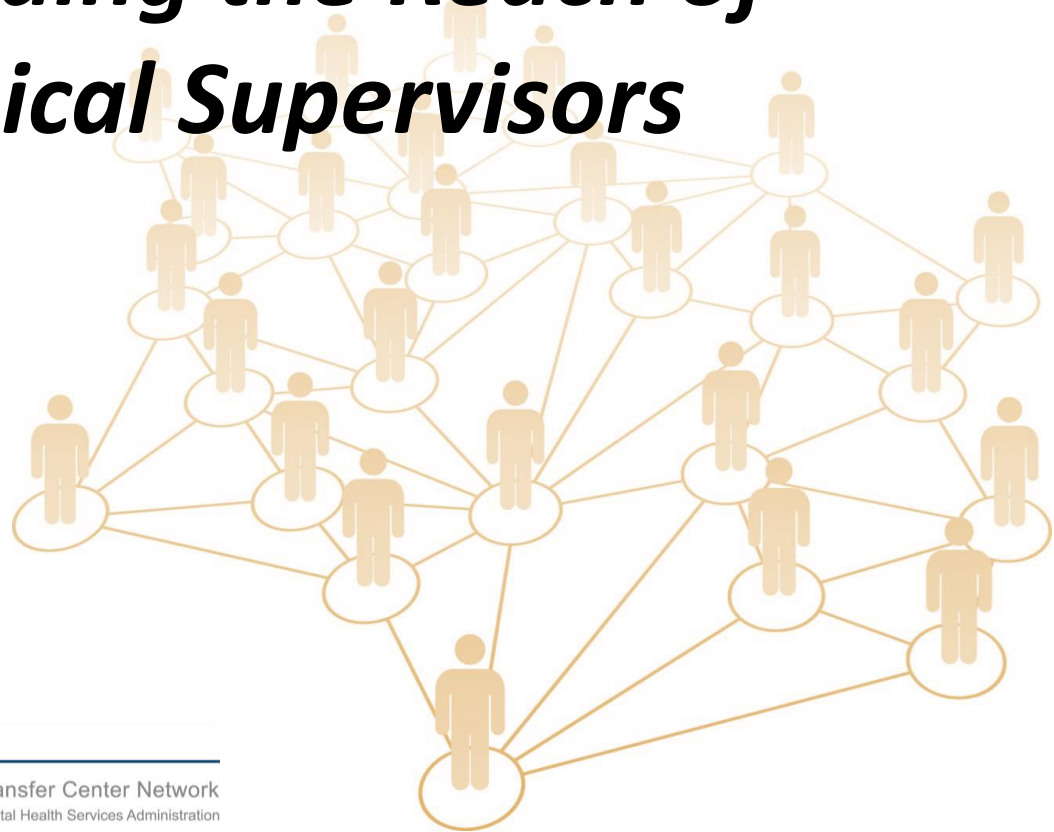
Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

The Central Rockies ATTC is a partnership among



dedicated to workforce development for substance abuse treatment professionals

# Technology-Based Supervision: *Extending the Reach of Clinical Supervisors*



National Frontier & Rural

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Recovery Support Technologies



National Frontier & Rural

**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## Training of Trainers

# New Curriculum

ITAC Training

## Implementing Technology Assisted Care into Behavioral Health Settings: *A framework for Change*



National Frontier & Rural

**ATTC**

[www.nfarattc.org](http://www.nfarattc.org) | [nfar@attcnetwork.org](mailto:nfar@attcnetwork.org)

# *Telehealth & Technology Community*

**an online technical assistance community  
for behavioral health professionals**



National Frontier & Rural

**ATTC**

Save the Date

NFARSUMMIT.COM

Mind the Gap: Using Technology to Connect People to Care



NFAR'S 4TH ANNUAL

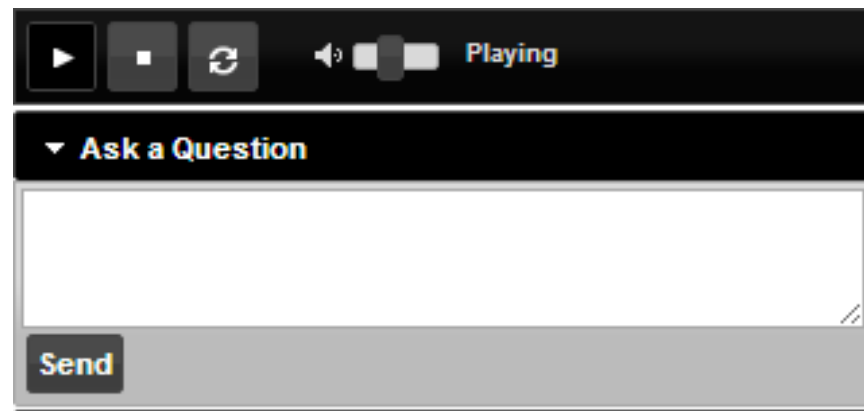


# TECHNOLOGY Summit

Philadelphia, PA | August 3 - 5, 2016

# Questions ?

- You may submit questions at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you require further assistance, you can contact the Technical Support Center. Toll Free: 888-204-5477 or Toll: 402-875-9835



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**Additional Questions?**  
**Contact the SAMHSA-HRSA Center for Integrated Health Solutions**  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

# For More Information & Resources

Visit

[www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)





# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

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