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Going the Distance:

Remote Residential Substance
Abuse Treatment Programming
and Recovery Support Options



Going the Distance: Remote Residential Substance Abuse Treatment Programming and Recovery Support Options

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Going the Distance:

Remote Residential Substance Abuse Treatment Programming and Recovery Support Options

Many Residential Substance Abuse Treatment (RSAT) programs have already experienced the profound impact of COVID-19 on the delivery of custody-based treatment, on reentry planning, and on continuing care and ongoing recovery support as participants return to the community. This guide offers information on alternative approaches and resources that are quickly becoming part of the new, no-contact normal in the areas of behavioral health treatment, recovery support, and community supervision for people with substance use disorder (SUD). The shift to distance or remote delivery of SUD services also impacts incarcerated RSAT clients currently participating in treatment programs.

Although preventive policies, protocols, and practices are now in place in our jails and prisons to protect staff and inmates, there are plenty of other changes afoot that will impact SUD treatment delivery in custody and community settings alike, affecting the way recovering individuals connect to all types of services and supports. This guide examines some alternatives, adaptations, and innovations that can help RSAT programs continue to deliver effective treatment in custody and arrange for it after release.

While the examples that follow are not a substitute for the type of comprehensive, evidence-based, structured programming RSAT staffs deliver—often developed and perfected through years of sustained effort—they may temporarily help programs operating under unavoidable constraints.

This document focuses on the new landscape of community-based care and ongoing recovery support and how to prepare RSAT clients to navigate distance recovery community support and continuing care delivered through telehealth. RSAT programs contracting with community-based treatment providers to deliver elements of in-custody programming may already have seen these services shift to telehealth platforms.

Recovery community support groups and fellowships have offered online meetings and other types of distance support for years. When in-person meetings were suspended due to COVID-19, these capacities were quickly expanded. Options for people without internet access are also more readily available. Peer recovery specialist services and recovery coaching have adapted quickly to distance delivery. Some states are subsidizing telephone recovery coaching and making it available at no charge to support individuals in early recovery and to stem increases in overdose death rates reported during the first quarter of 2020.¹

Finally, an understanding of distance options is now essential to prerelease planning for continuity of care. The Centers for Medicare & Medicaid Services (CMS) has released guidance to the states on expanded reimbursement for telehealth services.² These and other new policy developments can work to the advantage of many reentering RSAT clients who face challenges accessing medication-assisted treatment (MAT) and other SUD and mental health services in rural and underserved areas. Innovations in telehealth delivery of SUD services, such as remote drug screening, are becoming increasingly common in community supervision.

¹ American Medical Association (July 2020). Issue brief: Reports of increases in opioid related overdose and other concerns during COVID pandemic. <https://www.ama-assn.org/system/files/2020-07/issue-brief-increases-in-opioid-related-overdose.pdf>

² Centers for Medicare & Medicaid Services. (2020, March 17). *Medicare telemedicine health care provider fact sheet* [Fact sheet]. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>; Lynch, C. (2020, April 2). Part II: Medicaid substance use disorder treatment services furnished via telehealth. In *Rural health care and Medicaid telehealth flexibilities, and guidance regarding Section 1009 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115-271), entitled Medicaid Substance Use Disorder Treatment via Telehealth* [CMCS Informational Bulletin]. Centers for Medicare & Medicaid Services. <https://www.medicare.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib040220.pdf>

1 Options: Delivering Elements of RSAT Core Treatment

Distance Alternatives: Workbooks and Exercises

In some cases, RSAT staff may be temporarily offsite and looking for alternatives to help deliver whatever elements of core treatment circumstances allow. Both high-tech and low-tech options are available.

Institutions equipped with internet-based meeting platforms or video and teleconferencing capacities may be able to continue conducting group and individual counseling sessions with minimal adaptations. However, many jails and significant numbers of state prison facilities must rely on low-tech alternatives to substitute for or supplement virtual activities. Options include written self-help or group study exercises, workbooks, and interactive journals such as the Residential Drug Abuse Program (RDAP) series from the Change Companies, used by the Federal Bureau of Prisons. Most of the resources listed below consist of exercises, workbooks, and manuals that are available at no cost.



EXERCISES, WORKBOOKS, AND MANUAL

<u>Change Companies</u>	Each client gets their own journal or series of journals to fill in and keep. There is a cost per participant, but some individual, low-cost journals offer cognitive behavioral therapy (CBT) approaches and exercises. Free phone training for facilitators is available. Client triads with assigned roles can allow for small group work followed by larger group processing.
<u>Mind ReMake Project</u>	This is a periodically updated blog with an incredible collection of resources. It may take some time to review and select appropriate materials, but the investment is worthwhile. Resources include: <ul style="list-style-type: none">• A variety of mental health and SUD recovery exercises and handouts.• Informal and structured individual or group activities.• Books and materials that support innovation for counselors.• A free recovery workbooks section.• Accompanying participant manuals from evidence-based interventions in public domain.

<p><u>Mapping Your Recovery: A Peer-Based Model to Help You Through the Recovery Process</u></p>	<p>(Source: free downloadable PDF from the Welsh government, 60 pages). This terrific, simple workbook combines basic CBT exercises with mapping visuals, with easy-to-fill-in concrete steps that help clients get the big picture.</p>
<p><u>My Action Plan for Relapse Prevention</u></p>	<p>(Source: Montgomery County Emergency Service, Inc., 42 pages). This is a solid relapse prevention planning workbook with exercises presented in relatively simple terms. Can be used in its entirety or as selected exercises.</p>
<p><u>Substance Misuse WorkBook</u></p>	<p>(Source: Get Self-Help UK, 46 pages). This brief workbook offers exercises that take people through the stages of change and sections that cover coping with anxiety and cravings.</p>
<p><u>Client Workbook</u></p>	<p>(Source: The Substance Use / Brain Injury Bridging Project, 144 pages). These simple CBT exercises and worksheets from a Canadian brain injury SUD treatment collaborative hardly mention brain injury. It is perfect for clients with low literacy levels or diminished cognitive capacities (long-term meth users, for example).</p>
<p><u>AA General Services Online Resources</u></p>	<p>Alcoholics Anonymous (AA) offers online meetings, as well as pamphlets, useful handouts and worksheets available for download/printing. Note: Local and regional AA websites also offer resources.</p>
<p><u>Mapping Your Reentry Plan: Heading Home</u></p>	<p>(Source: Texas Institute of Behavioral Research at Texas Christian University [TCU], 72-page evidence-based reentry/recovery plan mapping). This manual is thorough and may require some counselor time before implementing, but some of the beginner maps are appropriate individual worksheets. Workbooks for TCU Brief Interventions are also available as an individual or group activity:</p> <p><u>Getting Motivated to Change</u> (63 pages, 2006)</p> <p><u>Understanding and Reducing Angry Feelings</u> (42 pages, 2005)</p> <p><u>Unlock Your Thinking Open Your Mind</u> (39 pages, 2005)</p> <p><u>Unlock Your Thinking Open Your Mind</u> (55 pages, 2005)</p> <p><u>Building Social Networks</u> (36 pages, 2005)</p>
<p><u>The Smart Recovery Toolbox</u></p>	<p>This is an online resource with many useful worksheets provided as downloadable PDFs. They can be used sequentially or individually. For example, the ABC Problem Solving Worksheet is a CBT exercise for which clients fill in each area: thoughts, feelings, behaviors, and actions.</p>

**Wellness Recovery Action Plan®, or
WRAP®**

This is a self-designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be. It was originally developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues. Over time research studies have established it as an evidenced-based intervention. It has been adapted for people overcoming addiction and for incarcerated or re-entering individuals working to move on to fulfilling their life dreams and goals.³

Some examples of prisons and jails using WRAP

- Pennsylvania Department of Corrections
 - [WRAP Updated Edition](#)
 - [WRAP Workbook](#)
 - [Facilitator Training Manual: Mental Health Recovery including Wellness Recovery Action Plan Curriculum](#)
- Middlesex County, Massachusetts Jail and House of Correction
 - [WRAP for Veterans, Active Service Members, and Military in Transition](#)
- San Francisco County, California Jail
 - [WRAP for Reentry: Moving Forward from Incarceration](#)
- Many other facilities have taken advantage of the free wellness guide WRAP launched in May 2020 in response to COVID-19.
 - [Wellness Guide to Overcoming Isolation During COVID-19: Being Connected, Staying Connected, and Choosing Connection](#)

Integrating Peer Support and Recovery Community Connections

In-reach from the recovery community is an important part of RSAT programs and most community-based residential treatment programs. But AA or Narcotics Anonymous (NA) speakers and volunteers coming into facilities to chair meetings onsite may be out of the question at this time. Fortunately, there are many ways to replace at least some of the benefits RSAT clients derive from exposure to NA, AA, and similar groups.

³ Advocates for Human Potential, Inc. acquired WRAP and Recovery Books in 2016 and works closely with the Copeland Center for Wellness and Recovery, a 501(c)(3) nonprofit organization.

The availability of online meetings and other virtual recovery supports has increased exponentially and has temporarily replaced face-to-face gatherings in many communities. More information about these resources is included in prerelease planning and post-release recovery support sections. This section focuses on resources to support inmates who generally cannot participate in online or voice-only recovery meetings in real time.

There are many free recordings available online or for download of some of the most effective AA and NA speakers and 12-step study series (including the famous “Joe & Charlie tapes”). These recordings make it possible to re-create a meeting with an “outside” speaker.




RECORDED AA AND NA SPEAKERS AND 12-STEP STUDY MATERIALS

<p><u>AAspeaker.com</u></p>	<p>AAspeaker.com is not affiliated with AA, but offers classic recordings including talks by Bill Wilson (co-founder of AA). Collections such as “Famous AA Speakers” range from 25 to 80 minutes in length, and each is consistently entertaining and incredibly funny. Most are available for playback on Spotify or YouTube. It is possible to download from both platforms for playback on a device that is not connected to the internet. The site also offers many hours of study series clients can work through independently, including <u>Beginners’ Classes</u> and <u>The Big Book Comes Alive</u>.</p>
<p><u>Alcoholics Anonymous</u></p>	<p>The official website also offers a “Videos and Audios” section with three specific to corrections: “A.A. in Correctional Facilities” (10 minutes), “Carrying the Message Behind These Walls” (15 minutes), and an “A.A. Video for Legal and Corrections Professionals” (5 minutes). Videos do not show members’ faces or full names, in keeping with the tradition of anonymity.</p>
<p><u>Narcotics Anonymous YouTube</u></p>	<p>This channel offers a selection of recorded speakers ranging from 30 to 60 minutes or longer. Speakers recorded at meetings are without visuals, but many other videos with visuals are of NA members speaking outside of meetings.</p>

Recovery Podcasts

An introduction to recovery radio shows, podcasts, and other media listed below is beneficial to RSAT clients in the core program phases. Most can be downloaded as MP3 files for playback on devices without an internet connection (iPod, other MP3 players, desktop/laptop computer) and can be emailed as attachments to staff inside facilities. It is also easy to find additional recovery podcasts online.


 RECOVERY PODCASTS ONLINE	
<u>The McShin Recovery Resource Foundation</u>	This is Virginia’s statewide recovery community organization (RCO) and an established national leader in peer recovery support services. Their website has added a large selection of podcast series, videos, and recorded meetings.
<u>Stitcher Addiction Recovery Podcasts</u>	Searching Stitcher reveals a listing of recovery-oriented radio shows and podcast series.
<u>The Sober Pod</u>	The show is described as a way to connect, maintain sanity, and tune in to a message of hope. All recovery paths are included, and the show definitely has a sense of humor. Example: <u>S3 E2: About Relapse</u> , 65 minutes.
<u>Addiction Recovery Radio</u>	This network brings you 12-step speakers sharing experiences of recovery from alcoholism, codependency, and drug addiction, as well as workshops for recovering individuals and people who support them. Choose from a library of recordings that began in 2009. Example: <u>Self-identified Meth Addict</u> , 21 minutes.
<u>Recovery People</u>	This Texas-based network connects people in recovery—allies across agencies, communities, and fellowships. Their podcast series began in 2012, so there are plenty of recordings to choose from. Example: <u>Step Study Workshop</u> , 1 hour 28 minutes.
<u>Clean and Sober Broadcasting</u>	The site features a blog, archived recordings of real stories about addiction and recovery, and a weekly live radio show where people call in. Example: <u>Episode 050820</u> — Simon Kirke, co-founder of Bad Company, talks about his musical career and recovery.

Telephone Peer Support Services and Virtual/Distance Recovery Coaching.

RSAT programs with peer recovery specialists on staff or contracted recovery coaching services may have already adapted them for remote delivery. Recently, telephone and other types of distance peer recovery support options have expanded. However, telephone peer recovery support has a long history of serving justice populations.

In 2005, Connecticut Community for Addiction Recovery (CCAR), a leading trainer of recovery support specialists, began working with the Connecticut Department of Correction to deliver and evaluate post-release recovery check-in calls. As few as two calls per week from a recovery coach resulted in reductions in technical violations among those released to community supervision. This model of reentry support has continued in Connecticut and has been adopted by other state correctional departments.⁴

Many communities are making these services available at no charge, especially to support people in medication-assisted recovery from opioid use disorder (OUD). Not only are they available to RSAT clients upon release, but telephone recovery support may be an option for some clients while in custody. Many institutions have had to restrict visitation and are offering inmates increased phone access, which may make it possible for RSAT clients to access telephone support at no cost. The resources below are examples of agencies that offer telephone recovery coaching services, including many that offer it at no cost.

 TELEPHONE PEER SUPPORT SERVICES AND VIRTUAL/DISTANCE RECOVERY COACHING	
<u>SOS of Strafford County, New Hampshire</u>	This local RCO offers one-on-one telephone recovery planning and peer recovery support at no cost, Monday through Saturday, 9 a.m.–8 p.m., and Sunday 12 p.m.–4 p.m. The digital recovery support page has additional remote services. <u>“Peer-Strength”</u> is the SOS criminal justice program that serves the New Hampshire Department of Corrections, Strafford County drug court, and Strafford County probation and parole.

⁴ NAADAC, the Association for Addiction Professionals. (May 1, 2014). Understanding the role of peer recovery coaches in the addiction profession. Recovery to Practice Webinar. <https://www.naadac.org/understanding-the-role-of-peer-recovery-coaches-in-the-addiction-profession>

<p><u>Utah Support Advocates for Recovery Awareness</u></p>	<p>This RCO offers weekly telephone recovery check-in calls to people anywhere in the state at no charge. Individuals can also call or email to be connected to other recovery supports, including virtual peer recovery coaching.</p>
<p><u>South Shore Peer Recovery, Massachusetts</u></p>	<p>People can sign up to be connected with a trained peer for weekly check-in calls at no charge. The website also has a new section, “Remote Recovery Supports for Individuals & Families,” which is updated regularly.</p>
<p><u>Vermont Recovery Network</u></p>	<p>The <u>MAT Guide Program</u> offers peer support to people seeking recovery from OUD and works with Vermont’s opioid addiction treatment hubs. A new telephone support program is available at no charge. It offers recovery community connections and helps individuals with aftercare plans.</p>
<p><u>Recovery Link™</u></p>	<p>This national company provides a suite of accessible and impactful recovery support tools to promote the use of technology and telephone/digital peer recovery support. <u>RecoveryLink™</u> is an app that can connect to locally available remote recovery resources. The site map allows you to locate partner agencies all over the United States.</p>
<p><u>San Antonio Council on Alcohol and Drug Awareness</u></p>	<p>The site is home to Project Recovery Texas in Bexar County. Telephone and virtual recovery support is available from 7 a.m. to 8 p.m., Monday through Friday. The site also offers information on recovery tapes and podcasts and online meetings.</p>
<p><u>Connecticut Community for Addiction Recovery (CCAR)</u></p>	<p>Since 2005, weekly Telephone Recovery Support calls have been an agency service. They are currently offered at no cost to Connecticut residents in recovery from alcohol or other addictions. Trained staff and volunteers provide encouragement and information about resources to help maintain recovery.</p>
<p><u>Recovery Advocates for the Shore (RAFTS)</u></p>	<p>In 2018, New Jersey dedicated a portion of federal opioid crisis funds to providing individuals with OUD recovery support services and activities including a toll-free number (833-TALK-TRS or 833-2B-SOBER) to access a minimum of 16 weeks of recovery check-in calls. These services are available statewide at no cost through RAFT and other partner agencies such as <u>New Jersey Coalition for Addiction Recovery Support.</u></p>

<p><u>RecoveryLink™ Oregon Partners</u></p>	<p>A coalition of local and statewide agencies partnered to use the RecoveryLink™ platform and app to help people locate and participate in virtual and other remote recovery meetings and activities.</p>
<p><u>State of New Mexico NMConnect</u></p>	<p>This new app connects to free 24-hour crisis and non-crisis support and access to behavioral health professionals who can text or talk with those needing a listening ear or referrals to longer-term support. There is a text or call warmline option to connect to a certified peer support specialist for non-emergency support.</p>
<p><u>Rebel Recovery</u></p>	<p>This Palm Beach County, Florida recovery organization trains peer support specialists and offers distance recovery support options. Peer support specialists serve inmates in the Palm Beach County jail who are receiving MAT, in collaboration with the Sheriff's Office.</p>
<p><u>Minnesota Recovery Connection (MRC)</u></p>	<p>MRC offers free, confidential weekly recovery support phone calls for up to 3 months. Calls are made between 9 a.m. and 6 p.m. In-person recovery coaching and recovery navigators are available through a separate sign-up process.</p>
<p><u>Voices of Hope</u></p>	<p>Voices of Hope of Lexington, Kentucky offers an array of peer recovery services, including weekly calls from trained volunteers to check in, listen, and help navigate recovery. Participation is free and can be discontinued at any point. There is also a brief podcast that explains this service.</p>
<p><u>Idaho Association of Recovery Community Centers</u></p>	<p>This site has information on local recovery centers. By logging on to individual sites, people can check to see the services offered in their community.</p>

2 Community Providers and Contracted Care

Telehealth and Remote Care Options

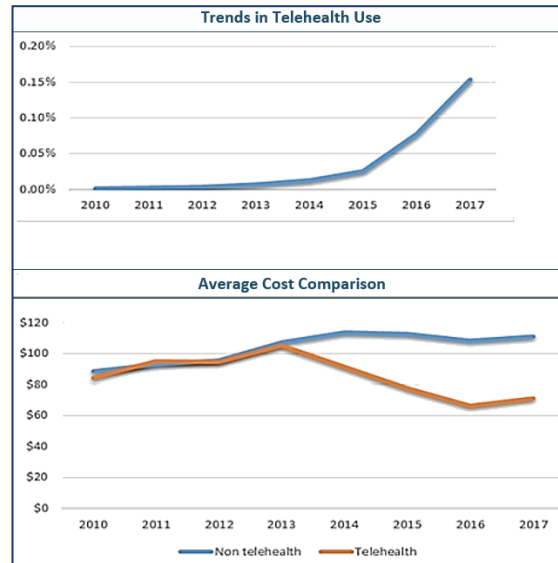
“Telehealth” seems like a very broad term, but it becomes much more specific when reimbursement is considered, particularly by public healthcare coverage. The telehealth services covered by Medicaid and Medicare have been expanded due to the COVID-19 public health emergency, but they were fairly broad to begin with for Medicaid.

In March 2020, CMS released guidance to the states regarding expanded allowable Medicaid telehealth services. Each state can opt to apply the guidance to different degrees. Medicare, however, is a federal program, and rules are the same across all states.

There are some advantages for RSAT programs and clients to this trend of increasing use of telehealth. Behavioral healthcare services make up well over 85 percent of all telehealth care. Of the top 10 services delivered via telehealth, 9 of them fall under behavioral health.⁵

Telehealth also lowers care costs. The graphs show how costs have decreased proportionate to increases in its use. Telehealth strengths include easier delivery of patient education and support of illness and recovery self-management. Other advantages include:

- Accessibility and convenience.
- Fewer no-shows.
- Improved engagement and retention.
- Reduced reliance on emergency care.
- Better care coordination.



Bansal & Vashishta, 2020

⁵ Bansal, S. & Vashishta, S. (2020, February 24). Telehealth: Adoption and value. *The Milliman Healthcare Analytics Blog*. info.medinsight.milliman.com/2020/02/telehealth-adoption-and-value/

What Does This Mean for RSAT Programs and Clients? It means release plans are likely to include community-based care delivered via telehealth. It means preparing RSAT clients for reentry now involves familiarizing them with telehealth. It may also increase access to treatment for reentering clients without transportation and/or those released to underserved communities. Community treatment providers who already deliver treatment services to RSAT clients will be better equipped to offer more interventions inside secure facilities via distance platforms and more interested in prerelease planning, especially with regard to continuing care for Medicaid-eligible RSAT clients.

Of course, it also means RSAT staff who have an understanding of telehealth and the innovative ways it is being used to deliver substance abuse treatment and ongoing recovery support will be able to take advantage of it on behalf of their clients. Many RSAT programs already work with case managers to arrange prerelease assessments and intakes with community-based providers. But now providers are incentivized more than ever before to expand their capacities to deliver remote SUD and OUD treatment. This is bound to improve transitions from correctional to community-based care.

Telehealth Basics. CMS defines telemedicine (or telehealth) as services that “seek to improve a patient’s health by permitting two-way, real time interactive communication between the patient, and the provider.” CMS guidance advises reimbursing telehealth services at the same rates as services delivered in person and recently developed a toolkit to help speed up implementation during the COVID-19 emergency.⁶

Telehealth includes patient–provider interactions, as well as provider–provider interactions (eConsults) plus some of the administrative tasks related to sharing patient information and conducting telehealth appointments. Below are examples of activities that are reimbursable under the umbrella of telehealth:

- Mobile health care (mHealth).
- Use of patient tablets, smartphones, computers, etc.
- Kiosks that enable patient access to technology.
- Use of secure videoconferencing technology.
- Text messaging to support healthy behaviors and send clinical alerts or reminders.
- Linking people with a common condition to social networks for support.
- Websites with interactive functionality, like patient portals.
- Therapeutic use of virtual reality.
- Provider-to-provider consultations and sharing of patient information.

⁶ Centers for Medicare & Medicaid Services. (2020). *State Medicaid & CHIP telehealth toolkit: Policy considerations for states expanding use of telehealth, COVID-19 version*.

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>

There are two broad categories of reimbursable telehealth services:

Synchronous: Real-time patient–provider or provider–provider interactions. For example, a doctor visit with a provider at a different location conducted through videoconferencing, or consultation between two providers at different locations conducted through telecommunication.

Nonsynchronous: Refers to other tasks involved in the delivery of telehealth care. For example, transferring and reviewing patient information, testing, assessments, and lab results; time involved in facilitating telehealth visits; and in some cases equipment and other improvements.

All 50 states and the District of Columbia have enacted legislation to temporarily expand Medicaid coverage of telehealth, including SUD/OD treatment, other behavioral health care, and telephonic services. At least 31 states and Washington, D.C. have permanent laws requiring private insurers to cover telehealth.⁷ SUD treatment providers—RSAT staffs included—may not be thrilled with all the adjustments the pandemic has necessitated. However, some of the benefits of telehealth can actually work in favor of RSAT clients and others with SUD.

Medicare coverage of telemedicine has also been expanded due to the current public health emergency. Medicare has covered brief check-ins with providers through phone, video chat, and online patient portals. Beginning in March, Medicare beneficiaries gained access to a wider range of services using audio-only devices and other telecommunication methods. Also at the beginning of 2020 (January 1), the new Medicare Opioid Treatment Program benefit went into effect. This combination of coverage increases access to treatment for the Medicare-eligible population, largely composed of adults over age 65 and adults of all ages who have been unable to continue working due to disabling conditions. Both groups are likely to have mobility challenges and are at high risk of opioid overdose.⁸

 RESOURCES:	
CMS Telehealth Landing Page	
Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth	(CMS guidance to the states)
State Medicaid & CHIP Telehealth Toolkit	(COVID-19 Version)
Opioid Treatment Programs (OTPs) Medicare Billing and Payment Fact Sheet	

⁷ Center for Connected Health Policy. (2020). *Telehealth policy: COVID-19 related state actions*. <https://www.cchpca.org/resources/covid-19-related-state-actions>

⁸ Centers for Medicare & Medicaid Services. (2020, March 17). *President Trump expands telehealth benefits for Medicare beneficiaries during COVID-19 outbreak* [Press release]. <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak#:~:text=The%20Trump%20Administration%20today%20announced%20expanded%20Medicare%20telehealth,services%20for%20beneficiaries%20residing%20across%20the%20entire%20country.>

Telehealth Advances In SUD Treatment

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 requires telehealth practitioners who prescribe controlled substances to examine patients in person before doing so. On March 16, 2020, the Drug Enforcement Administration (DEA) invoked the public health emergency exemption to the Ryan Haight Act.⁹ On March 19, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the DEA partnered to extend this exception to authorized practitioners who prescribe buprenorphine for treatment of OUD for new and existing patients via telemedicine without an in-person examination. (This does not apply to new patients initiating methadone treatment.)¹⁰

While these temporary waivers are only effective for the duration of the public health emergency, efforts underway to make some of these exceptions permanent include a bill before the U.S. Congress.¹¹ There is no way to predict the future of specific measures temporarily enacted. Nevertheless, the increased use of telehealth SUD/OUD services has spawned a wave of innovation in digital addiction treatment technology that could permanently change the delivery of care.

Despite the entrepreneurial enthusiasm, a caveat from researchers published recently in the *Journal of the American Medical Association* emphasized the need for additional research on the efficacy of MAT delivered via telehealth to determine how it compares to in-person care.¹² The commentary acknowledged many of the potential benefits, but also pointed out some potential risks. For example, it may not be appropriate for some patients, particularly those in unstable living conditions and new patients initiating MAT for the very first time. It also can require some degree of technical literacy and access to a smartphone with a data plan, which many patients cannot afford. This has been a major concern for the reentry population.

One foundational principle of addiction treatment is likely to hold true no matter how much new technology becomes available: There is no single treatment approach that works for everyone. However, individualized treatment plans can integrate the appropriate mix of remote care, in-person interventions, and compliance monitoring for each patient based on assessments, history, sound clinical judgement, and an established therapeutic alliance.

⁹ US Department of Justice, Drug Enforcement Administration, Diversion Control Division. (n.d.). *COVID-19 information page*. Retrieved August 11, 2020, from <https://www.deadiversion.usdoj.gov/coronavirus.html>

¹⁰ Drug Enforcement Administration. (2020, March 31). Letter to DEA Qualifying Practitioners. [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+ESign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+ESign.pdf)

¹¹ Wicklund, E. (2020, July 6). *Senators seek telehealth expansion for substance abuse treatment*. mHealth Intelligence. <https://mhealthintelligence.com/news/senators-seek-telehealth-expansion-for-substance-abuse-treatment>

¹² Uscher-Pines, L., Huskamp, H. A., & Mehrotra, A. (2020). Treating patients with opioid use disorder in their homes: An emerging treatment model. *JAMA*, 324(1), 39–40. <https://doi.org/10.1001/jama.2020.3940>

Post-Release Reporting, Monitoring, and Drug-Testing Technologies

The drug and alcohol testing requirement for RSAT programs specifies the following:

To be eligible to receive funds under this subchapter, a State must agree to implement or continue to require urinalysis or other proven reliable forms of testing, including both periodic and random testing —

(1) of an individual before the individual enters a residential substance abuse treatment program and during the period in which the individual participates in the treatment program; and

(2) of an individual released from a residential substance abuse treatment program if the individual remains in the custody of the State.¹³

The definition of “remains in the custody of the State” generally includes individuals who qualify for early release under community supervision. However, there are a variety of dispositions that pertain to individuals who may have been released early over the recent months in order to prevent the spread of COVID-19. The legal and administrative mechanisms by which states and local jurisdictions have facilitated such releases vary. For example, they may be carried out under executive order (by the governor), by order of the top correctional administrator, or even by court order (in the case of pretrial detainees).

In most cases, individuals who have reentered the community prior to their scheduled release date remain under correctional supervision for the balance of their sentence. Some exceptions are when the balance of a sentence is commuted or pretrial detainees who are released on recognizance.

In most jurisdictions, in-person reporting requirements have been at least temporarily suspended. There are a variety of methods by which offenders can be monitored in the community, and the degree of technology involved is usually related to levels of risk. For example, for several years GPS has been used to monitor sex offenders upon release. Individuals on home confinement are generally required to wear an ankle bracelet to track their whereabouts and make sure they adhere to any limitations. In these cases, the offender is usually responsible for the costs.

Videoconference reporting has been used for remote meetings with supervising agents. States and local jurisdictions can also choose from a number of smartphone apps developed for parole and probation. Some of them combine blood alcohol and GPS monitoring, offer video verification and reminders, and even provide sanctions and rewards. But not all reentering individuals have a smartphone or can afford to keep them fully functional. Software products have been developed that allow individuals under supervision to report by phone, to text and receive a call back, or to call the number of a dedicated reporting line.

¹³ Subchapter XVIII—Residential Substance Abuse Treatment for State Prisoners (Sections 10421 to 10426). <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title34-section10422&num=0&edition=prelim>

Procedures are changing rapidly in the current climate. It is important for RSAT staff to remain connected to community corrections and ensure RSAT clients approaching release understand the current procedures, make sure they can access the requisite technology, and make them aware of alternative arrangements if they cannot.

When it comes to remote drug testing, methods include those used to monitor people convicted of alcohol-related offenses, including breathalyzers and remote electronic bracelets or patches that can continually detect substances through perspiration. Saliva tests conducted in real time during video conferences and drug patches that monitor drug use or MAT compliance 24/7 are also used. There are newer technologies on the market straight out of science fiction such as phone apps that monitor heart rate, respiration and perspiration 24/7 to detect subtle changes characteristic of drug use or overdose.

Some jurisdictions have temporarily suspended drug testing requirements during periods when stay-at-home orders have been in effect. For individuals with OUD receiving MAT from community-based providers, rules pertaining to buprenorphine prescribing and methadone take-home dosing have been relaxed. Treatment providers may temporarily suspend drug testing or conduct tests remotely. In the case of OTPs, a minimum of eight drug tests must be conducted annually, while office-based prescribers are not held to recommendations for drug testing.

The American Society of Addiction Medicine (ASAM) recently released [*Caring for Patients During the COVID-19 Pandemic: Adjusting Drug Testing Protocols*](#), which offers recommendations on pausing or limiting drug testing and options for remote drug testing. It also contains a section on unexpected results for patients receiving agonist therapy.

South Dakota: 2003 Legislatively Mandated Remote Alcohol and Drug Patch Monitoring

- A remote electronic alcohol monitoring bracelet and the supporting equipment, including a modem, is used in rural areas where offenders cannot report daily.
- Individuals are responsible for all associated fees and equipment.
- Individuals ordered to remote drug patch monitoring must have patches applied and removed at an approved testing site.

3 Preparing Reentering Clients for a New Recovery Landscape

A crucial avenue of support for reentering individuals in recovery is meetings. These are fellowships or groups that offer mutual support with no fees of any kind. They include but are not limited to AA and other 12-step fellowships. These have been the gateway to the recovery community since the late 1930s. At meetings, people who were no longer accepted anywhere else have found friendship, mentorship, a cup of coffee, freely given phone numbers of people to call for rides, and much more.

In most areas of the country the COVID-19 pandemic has made this type of face-to-face group support impossible. Combined with isolation, limited access to the full range of support offered by treatment, and other factors, this has driven the drug overdose epidemic to tragic new heights.

The Centers for Disease Control and Prevention (CDC) recently released provisional data that confirmed 2019 as the deadliest year in history for drug overdoses. Moreover, the data available on the first half of 2020 indicates we are headed for at least a double-digit increase over last year.¹⁴

It is incredibly important to prepare reentering RSAT clients for the deficit many will experience due to the absence of in-person contact with the recovery community and to fill that void with any distance support available.

Distance And Virtual Recovery Supports

Online recovery support is plentiful, including several AA meetings a day, but most resources below require an internet connection. For RSAT clients who may not have regular access to the internet, brainstorming any avenue they can pursue upon release to access online meetings is worthwhile. Do they have friends or family who will allow them to borrow a smartphone or computer to attend a regular online meeting? Are there reentry centers or probation/parole offices that have set up non-contact spaces with computers they can use? Do they know others who may be participating in meetings online and who might allow someone to join them? Some audio-only options listed below only require a phone, but it is better to supplement them with online meetings as available. If there are not enough accessible meetings, it is time to start one.

¹⁴ American Medical Association. (July 2020). Issue brief: Reports of increases in opioid related overdose and other concerns during COVID *pandemic*. <https://www.ama-assn.org/system/files/2020-07/issue-brief-increases-in-opioid-related-overdose.pdf>; National Center for Health Statistics. (2020). *Vital Statistics rapid release: Provisional drug overdose death counts*. CDC. Retrieved August 11, 2020, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



DISTANCE AND VIRTUAL RECOVERY SUPPORTS


<p><u>Medication-Assisted Recovery Anonymous (MARA)</u></p>	<p>MARA is a newer 12-step fellowship specifically for individuals for whom prescribed medications are part of their recovery pathway. The website has a 50-state listing of in-person meetings and a weekly online meeting schedule (two or more different options on most days).</p>
<p><u>12 Step Online</u></p>	<p>This is a landing page that links to a variety of online 12-step support options, including:</p> <ul style="list-style-type: none">• Recovery Chat (anytime).• A virtual meeting calendar.• Online AA and NA meetings; AA Zoom meetings online.• Recovery group forums: AA and NA (plus many specific subgroups).• Proof of attendance.
<p><u>AA Online Intergroup—AA World Services</u></p>	<p>The first AA meetings online (1986) used bulletin boards, but email groups followed. The first online AA group was formed in 1990. Since then, hundreds of AA groups with thousands of members have connected through Online Intergroup. Format choices include <u>videoconferencing</u>, <u>phone conferencing</u>, <u>message boards</u>, <u>email lists</u>, and <u>chatrooms</u>.</p>
<p><u>NA Virtual Meetings</u></p>	<p>This page contains links and resources to meeting online or by phone, as well as other supports. It includes a link that allows you to search all phone meetings only and instructions that walk you through the process of connection to online or phone meetings.</p>
<p><u>Virtual Recovery Resources</u></p>	<p>This SAMHSA listing includes websites that list meetings of some of the fellowships and groups already mentioned, but also has links for online meetings for other 12-step fellowships (Cocaine Anonymous, etc.), mental health support groups, and the phone numbers of hotlines and warmlines.</p>
<p><u>Women for Sobriety</u></p>	<p>The site offers a lot of online resources, handouts and worksheets, and actually had more online members than in-person meeting attendees before the pandemic. It has an in-person and online meeting/forum finder and an option to have a phone support volunteer call.</p>

<p><u>SMART Recovery</u></p>	<p>The site offers many useful tools, videos, podcasts, and worksheets as downloadable PDFs. So far, only meetings and online communities are available, but the site advises people to check back for updates as they try to meet needs during the pandemic.</p>
<p>AA Intergroup Phonelines</p>	<p>Each local community belongs to an AA Intergroup region. These regional and area offices are usually listed on each state's AA website. Most local offices operate a 24-hour phone line where you can talk to an AA volunteer. Example from California: East Bay Intergroup 24-hour AA hotline.</p>

Note: Please refer to Section I for telephone peer recovery coaching resources, podcasts, online radio shows and videos, and other virtual recovery tools.

Smartphone Apps

There are more smartphone apps available every day. Some of them offer recovery support, and others provide self-help or therapeutic techniques. Some are very effective when used with a counselor as an adjunct to therapy. A few examples are listed below, but the app store has a vast selection.

 SMARTPHONE APPS	
<p><u>Healthline reviews the best recovery apps of 2019</u></p>	<p>Many are emerging. Most require internet access to download but may work when phones are offline. This article reviews some selected as the best. Texting apps are great for people whose phones are not fully activated.</p>
<p><u>3 Steps to Save a Life</u></p>	<p>This is an excellent overdose prevention app available for download from the iPhone App Store or online. It is a clear step-by-step guide you can rely on in an emergency.</p>
<p><u>A review of text message addiction recovery apps</u></p>	<p>More have been developed for tobacco cessation, but the review includes some for alcohol and at least one for methamphetamine and cannabis, respectively. Most available in the United States at no cost are daily recovery messages.</p>
<p><u>Hazelden Betty Ford Foundation</u></p>	<p>This foundation offers apps that text the AA Thought for the Day or other daily meditations. Several apps are available that send text messages from recovery literature.</p>
<p><u>Overdose prevention—BeSafe Community</u></p>	<p>BeSafe Community is a safer use app for people at risk of overdose, providing harm reduction through overdose technology.</p>