

# RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

*Tele-RSAT: The Time is Now*

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*TASC's Center for Health and Justice*

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# Housekeeping: Functions

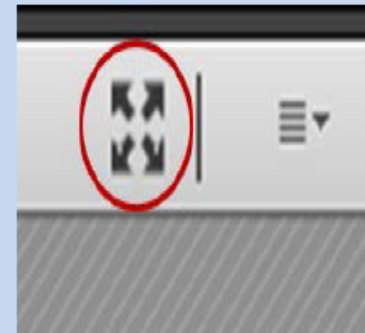
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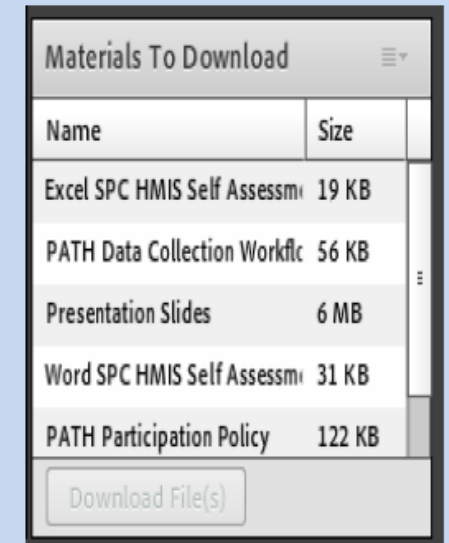
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A screenshot of a "Materials To Download" box. It contains a table with columns for "Name" and "Size". Below the table is a "Download File(s)" button.

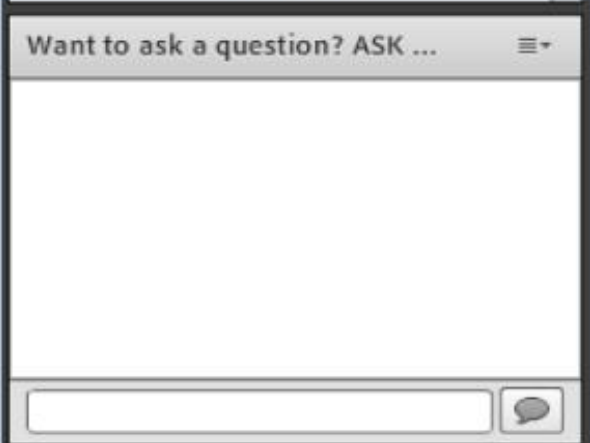
Name	Size
Excel SPC HMIS Self Assessm	19 KB
PATH Data Collection Workflc	56 KB
Presentation Slides	6 MB
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PATH Participation Policy	122 KB

# Housekeeping: Communication

### Q&A and Technical Issues

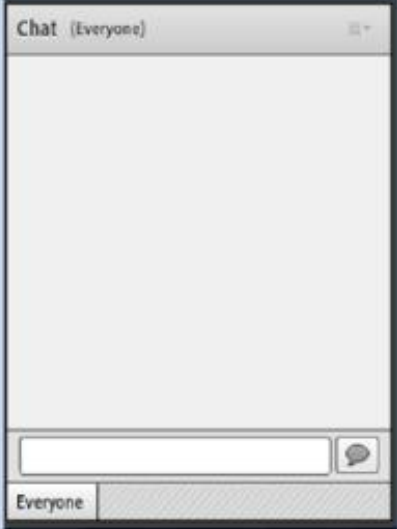
If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

A screenshot of a Q&A interface. The title bar reads "Want to ask a question? ASK ...". Below the title bar is a large white text area for entering questions. At the bottom right of the text area is a speech bubble icon. Below the text area is a white input field for a name, followed by another speech bubble icon.

### Chat with us!

If you have general comments, please post them in the participant chat box.

A screenshot of a chat interface. The title bar reads "Chat (Everyone)". Below the title bar is a large white text area for chat messages. At the bottom right of the text area is a speech bubble icon. Below the text area is a white input field for a name, followed by another speech bubble icon. The name "Everyone" is visible in the bottom left corner of the chat window.

# Tele-RSAT: The Time is Now

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&  
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TASC's Center for Health & Justice



CENTER FOR  
**HEALTH & JUSTICE**  

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AT TASC

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Executive Director  
TASC's Center for Health and Justice  
RSAT Webinar  
May 20, 2020



# In Addition to RSAT TTA, CHJ Is...

- Grounded in 45+ years of *operational experience* providing specialized case management to individuals with a SUD and MH across the justice system
- An international/national TTA leader with expertise in deflection, pre-arrest diversion, first-responder diversion (FRD) and the DOJ BJA TTA provider for COSSAP FRD grantees since 2017 (112 grantees)
- Also, doing the same for *diversion along the justice continuum* at the intersection of justice and health for jails, courts, and reentry
- A recognized leader in Community Treatment Capacity (Deflect/Divert to What?), Sustainability, Alternatives to Incarceration, and Specialized Case Management



# Promising Practices Guidelines...

## Promising Practices Guidelines for Residential Substance Abuse Treatment

November 2017

### VI. Transition and Aftercare Planning (pg. 24)

"REQUIRED BY THE AUTHORIZING STATUTE:

„Such services must involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as those providing education and job training, parole supervision, halfway houses, and self-help and peer groups....

A. Continuity of care is essential for people with substance use disorders who are reentering the community.

B. Pre-and post-release case management systems should be included in RSAT programming to help support a smooth transition to the community.

D. If individuals will be under correctional supervision upon release, the RSAT program should collaborate with probation/parole workers to incorporate aftercare treatment and services.

## RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

### Promising Practices Guidelines for Residential Substance Abuse Treatment



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# Poll # 1 – Professional Background

**Which of the following best describes your professional background?**

**Select all that apply.**





## Learning Objectives:

By the end of the session, participants will be able to identify :

- At least 3 ways to connect with clients via telehealth that protect their privacy
- At least 3 things to do in order to prepare for a telehealth session
- At least 5 things to discuss at a telehealth session

# What is Telehealth

- Services Provided via...
  - Video Connections like Zoom, Google Meets, Face time etc.
  - Phone (audio only connection)

# Poll # 2 - Telehealth

**Have you ever provided any service to any client using the phone or a video connection before COVID?**

**Select your answer below.**



So...

For some of you the notion of providing services to clients when you're not in the same place is not entirely new

# Poll # 3 – Telehealth during Pandemic

**Have you provided any service to any client using the phone or a video connection since the pandemic?**

**Select your answer below.**

**After you vote, use the Public Chat to describe the type of services you provided.**

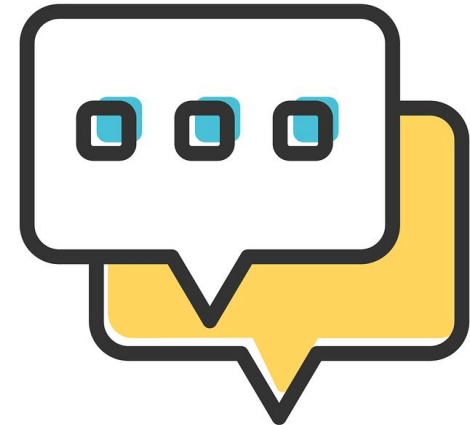


# Why are we Talking About this now

- During COVID many states have changes rules allowing services over the phone or via video to be billed as Telehealth, waiving rules that had been obstacles to implementing telehealth services.
- We're hopeful that we'll be able to continue telehealth services past pandemic
- For many clients it removes a lot of barriers

# Group Chat – Barrier to Service

**Can you name one reason why clients don't get to community- based SUD treatment, mental health services, or other community-based services ( i.e. a barrier to service access) that telehealth removes or improves?**



**Type your answer in the Public Chat box!**

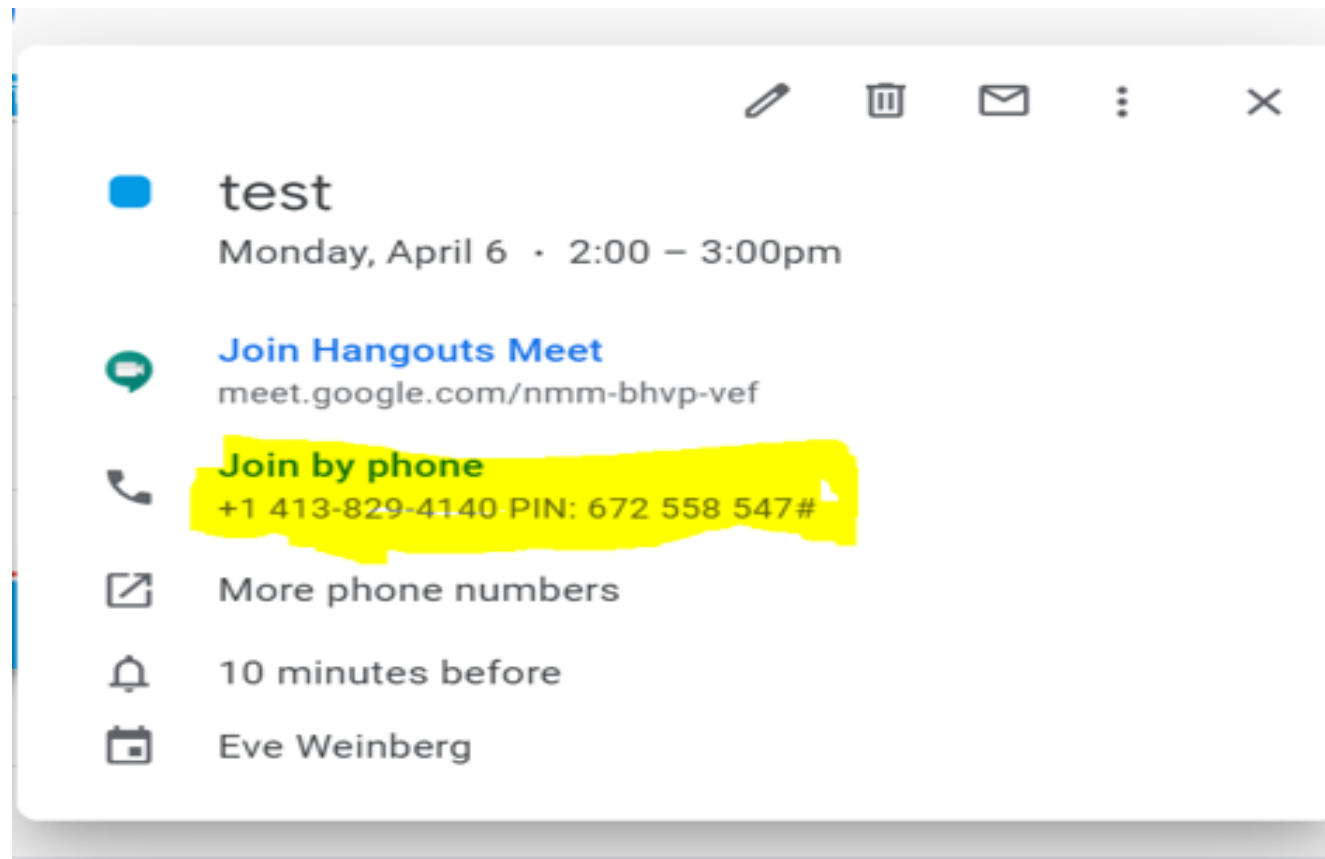
# Tips to preserve your privacy

- If you have a work-issued cell-phone ONLY use that.
- If you are using your own phone ( cell or land line) use \*67 or other blocking technology. \*67 will block your number on caller ID and you'll come up as Private Caller.
- OR, if you ace email your client, you can use Google meets and give a call-in number.



# Using Google Hangouts/Meet for a Phone Option

- To protect your privacy, you can send an invite via email that gives “Join By Phone Option” a call-in phone number: It looks like this:



# For Many, Phone is the Best Option

- Staff AND clients
- Many staff are more comfortable with the phone
- Many of our staff feel more comfortable providing phone ( audio only) services rather than services that include video.
- For many of our Clients, it's the ONLY option.

# Video Provides a Better “Connection”

- You see their face
- They See Yours
- Environmental Scan
- If the issue is your comfort level– Get comfortable:
  - Practice,
  - Be transparent with your client.

# Phones and Your Clients

- Clients are likely to have a phone, but will change phones often.
- So, how do you keep in touch?
  - Emailing Google meets invitations
  - Making sure the client knows to contact you with his/her new number
  - Use your collateral contacts ( family, friends, parole, probation, treatment providers ***etc...with authorization from the client***)
  - Have a regular schedule
  - Reach out ahead of time ( to client and collaterals)
  - Make it worthwhile to the client

# Preparing for the Meeting

- Prepare your space
- Make sure you can have some privacy
- This will look different if you're connecting via video
- Nothing on the background that will disclose your location.
- Make sure your household gives you privacy ( visual and audible)

# Speaking of Privacy...

- You will likely need some form or consent to provide telehealth services from your clients
- This is true even if you've provided services on the phone in the past.
- You'll also need to document that you got consent for telehealth via telehealth.
- Not today's topic...

# Preparing for a Telehealth Meeting, cont'd

- What are the Today's Priorities:
  - Insurance/Access to health care
  - Overdose Potential–
    - newly released?
    - History of Opioid Use
    - Narcan
  - Safe and Stable Housing
  - PPEs

# Suicide Prevention

- **Note: If at any time, you feel the client currently needs or may need suicide prevention services you can:**
- Call 911 *if the client is currently suicidal*
- If the client may need someone to talk to about potential suicidality, give him or her the Suicide Prevention hotline: **1-800 273 8255**. The hotline is staffed 24/7. The call is free and services can be provided in multiple languages
- During these times of social isolation, it's more important than ever to make sure clients know where to turn for critical help



# Telehealth Case Management Meeting Checklist

- Check to see if any consents need updating
- Make sure there's Consent for Telehealth
- Complete the Record of Verbal Consent if you updated any consent during the session
- Review the client's case management/treatment plan
- Check on client's Current Health
- Review Housing Stability
- Review Food Situation
- Ask about Safety at Home (Domestic Violence/other)
- OD Prevention
- Check on SUD treatment

# Meeting Checklist, cont'd

- Review need for/participation in mental health services-make referral if necessary
- Encourage on-line/phone Support group participation
- Check on other social distancing connections (family, friends)
- Give info. About Suicide Hotline
- Check on Compliance (DCFS, PO. Etc.)
- Ask if there's anything else you can help with
- Schedule next call
- Make sure they have your contact information
- Make sure you have their current contact information

# Talking Points for the Case Management Meeting

- *“Before we begin, can I ask you to verify your name and date of birth for me?”*
- *“I was hoping you had some time to talk. Is now a good time to talk?”*
- *If no, “Can we pick a time that would be better? OK, I’ll call you then”.*
- *“If we should get disconnected, what number should I use to reach you?”*
- *“Here’s the best way to get in touch with me.”*

# Expand Collaterals

- Have as Many as Possible
- Use them Broadly ( with client's consent)

# First: Clients' Privacy and Safety

- When Providing Telehealth services, its important to first check and see if the client is in an environment where he or she can talk privately and safely.
  - “Where are you?”
  - “Is there anyone with you?”
  - “Do you want to continue the session with \_\_\_\_\_ there?”
  - “If not, when would you like me to call back?”

# The Meat of the Meeting: Pandemic First...

- *I want to check in and see how you're doing and if there's anything that I can do **to help you or your family.***
- *"With the Corona virus around, I first want to see how I first want to see how you're feeling".*
- *"Do you have a fever? Sore throat? Muscle aches?"*
- *"Do you have a plan for if you or someone in your house gets sick?"*
- *"Do you know what to do if you get sick?" ( check insurance, PCO, local health Dept.)*

# Meat of the Meeting: Other priority needs, cont'd.

- *Do you have enough food”?*
- *Is your housing situation stable” (i.e. can you stay the next 30 days?)*
- *“Right now, with all of this staying at home, we’re making sure that everyone we get in contact with has information about overdose prevention. So I want to make sure you know what to do in case of an overdose and you know how to prevent one.”*
- *“Do you have Naloxone (Narcan)” the “overdose reversal medication”?*
- *“Do you know how to get it?”*

# Meat of the Meeting: Combatting Social Isolation

- *“With all of this social isolation, I’m talking to all of my clients about connecting with other people right now. There are a lot of really good ways be with people who can help you and people who are going through similar things as you.”*
- *“Are you “going” to treatment? (i.e. on-line/virtual/socially distant groups?)*
- *If not, find out why not and try and remove any barriers.*
- *“Are you participating in on-line support groups”? There are a lot of good ones out there now:*



# Meat of the Meeting, cont'd.

- *“Are you keeping in touch with your sponsor or others who are supportive?”*
- *“Do you have other social connections right now? Virtual church services, on-line meetings with pastors? Taking walks with social distancing in place. Calling supportive friends?”*

# Meat of the Meeting, cont'd

- *“So, I have \_\_\_\_\_ down as your collateral contact. I’m wondering if there’s anyone else in your life who you’d give me permission to reach out to if I can’t get a hold of you, or who could help you with things like making sure you get to meetings”*
- *”Are you complying with ( Parole orders, Probations Child welfare...)*
- *“What else can I try and help you with?”*

## Meat of the Meeting: Wrapping it Up...By Setting Up The Next Meeting

- *“Let’s set up a time to talk again.”*
- *“Let’s make sure I have your current contact information.”*
- *“If any of this changes, make sure to let me know.”*
- *“Here’s how to get in touch with me if you want to talk before then”.*

# National Resources

- [www.usa.gov](http://www.usa.gov) ( housing, medical, unemployment, financial)
- **Online Recovery Support Groups**
- Alcoholics Anonymous (AA) Online Meetings and Telephone Meetings  
<http://aa-intergroup.org/directory.php>
- Narcotics Anonymous (NA) Virtual Meetings Online & By Phone  
<https://virtual-na.org/>
- Smart Recovery Online Meetings  
<https://www.smartrecovery.org/community/calendar.php>

# More National Resources

- [www.unityrecovery.org/digital-recovery-meetings](http://www.unityrecovery.org/digital-recovery-meetings)
- **Suicide Prevention Lifeline**
- **[1-800-273-TALK \(8255\)](tel:1-800-273-TALK(8255))**  
**TTY: [1-800-799-4889](tel:1-800-799-4889)**  
Website: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- **Veteran's Crisis Line**
- **[1-800-273-TALK \(8255\)](tel:1-800-273-TALK(8255))**  
**TTY: [1-800-799-4889](tel:1-800-799-4889)**  
Website: [www.veteranscrisisline.net](http://www.veteranscrisisline.net)

# Questions?

Type your questions in the Q&A box on your screen

*Speaker Contact Info:*

*Eve Weinberg, [eweinberg@tasc.org](mailto:eweinberg@tasc.org)*

*&*

*Jac Charlier, [jcharlier@tasc.org](mailto:jcharlier@tasc.org)*

# Certificate of Attendance

**Download Now!**

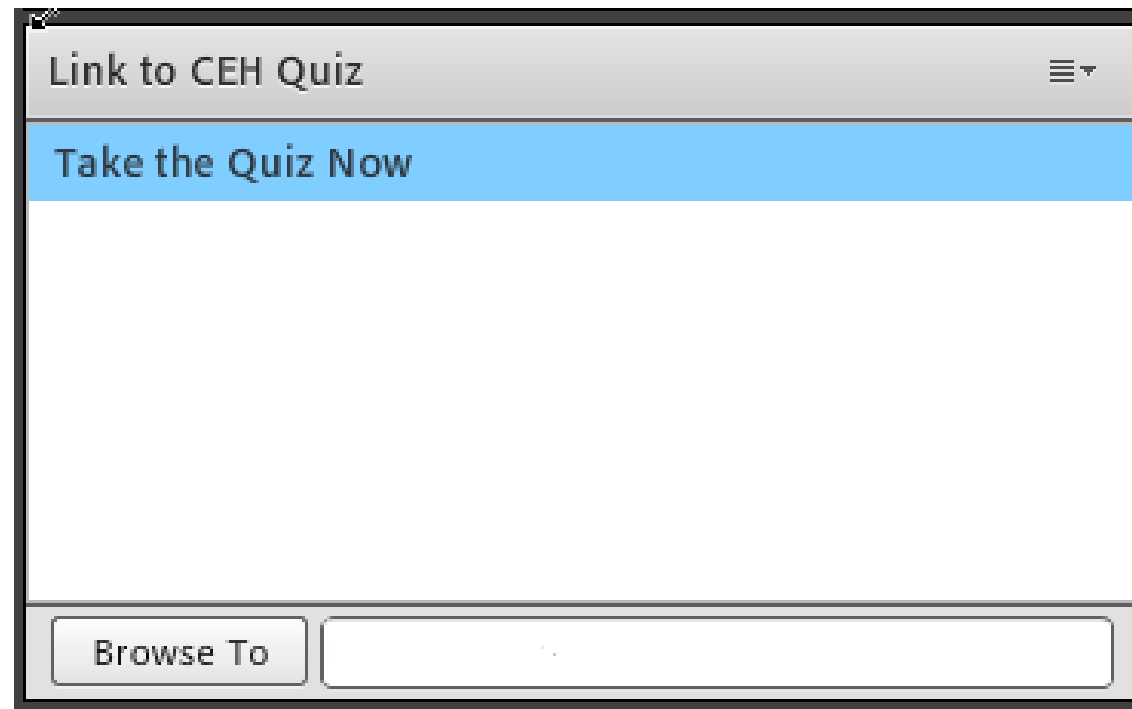
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# Certificate of Continuing Education

- 1 NAADAC CEH
- Pass 10-question quiz with 7 correct answers
- Download certificate upon completion







For more information on RSAT training  
and technical assistance please visit:

<http://www.rsat-tta.com/Home>

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