Applying Technology for Better Recovery Treatment
Washburn House, LLC

52-bed inpatient opened August

- 20 detox and 32 residential
- 17 clinical and 17 supporting staff

48-bed sober living opened March

- Partial hospitalization and intensive outpatient programs
- 8 clinical and 13 supporting staff
Whom We Treat

Substance

Opioid
Amphetamine-Type
Cocaine
Sedative, Hypnotic et al
Alcohol
Whom We Treat

Age & Gender

![Chart showing the age and gender distribution of treated individuals. The chart displays the number of individuals in different age groups and their gender, with a breakdown into male, female, and other categories.]
Co-Occurring Mental Health Diagnoses

The percentage of clients with a co-occurring mental health disorder is believed higher, but diagnostic information is limited to self-reporting and medical records received.
Tailoring Treatment

**Orientation & Readiness**
- Prepping for change
- Getting motivated
- Using client assessments
- Mapping care plans

**Cognitive & Behavioral**
- Unlocking thinking
- Mapping journey
- Reducing anger
- Using CM / reward strategies

**Social & Recovery Skills**
- Communicating better
- Building networks
- Mapping 12 Steps
- Attending workshops

**Aftercare & Support**
- Transitioning to re-entry
- Adding skills, e.g.:
  - Vocational
  - Parenting
  - Reducing HIV risk

**Treatment Readiness**
- Needs
- Severity
- Motivation

**Early Engagement**
- Participation
- Therapeutic Relationship

**Early Recovery**
- Changes in Thinking
- Changes in Behavior

**Retention & Outcomes**
- Drug Use
- Social Functioning

**INTERVENTIONS**

**RECOVERY PROCESS**
Program Design Goals

1. Evidence-based treatment
2. Well-structured, repeatable processes
3. Engaged clients
4. Seamless transitions
Why Technology

When incorporated in the day-to-day:

• One treatment approach which we could evolve as we learned

• More engaged patients, as most are millennials

• Smoother, more productive hand-offs to the next phase

Intuitively, these would drive better outcomes
What Technology

Patient-to-provider communication routed and managed to completion

Provider-to-provider coordination even between organizations and across transitions of care

Provider-to-patient tasking for patient monitoring and engagement
What Technology

- Patient engagement: care delivery, reminders and monitoring
- Visibility into patient's ongoing care
- Action-oriented, data-driven
- Enterprise-level platform: configurable and widgetized
- Cloud-based: no IT headaches
- Anytime/anywhere communication: mobile or browser
- Reminders and alerts: spend time where it's needed
- Codified best practices: generated, conditional, dynamic workflow
- HIPAA-compliant
- Workflow across orgs and transitions: automagical coordination
Applying the Technology

NEAR-TERM

Incoming & Outgoing Referrals
Client Evaluation of Self & Treatment
Individual & Group Counseling
Transition Planning
Daily Check-ins

A portfolio for downstream providers and for the patient
CEST Surveys

Five from TCU

- Evaluate **motivation** and **trauma** once
- Evaluate **engagement, psychological functioning and social functioning** 3 times
  - Days 2, 13 and 33 since residential stay is only 14 days

Worksheets

100+ from various sources

- Each objective on the treatment plan and for groups too
- Two for planning discharge transition
- Feedback for the client and case notes for the EHR
Daily Check-ins

Begun while inpatient

• Inspirational quote plus 2-question assessment
• Regiment one’s day
• Teach reflection over reaction

Continue post-discharge

• Greater continuity for client
• Lifeline back, just in case
Referrals

To downstream providers

- Currently as guests in the system
  - In future, full-blown users with access to portfolio
- Notified via email of referral request
- Access packet encapsulating referral in Medssenger

From upstream

- In future, request form collecting co-occurring diagnosis
Demo

Some other examples, especially in continuity of care

- ER visit with follow-up by specialist
- Managing medical records status for transplant waitlists
- Team consults for difficult or high-risk cases
Lessons Learned

1. Onboarding client into technology needs more structure
   - Whitelisted laptop
   - Timing an orientation session
   - Simplify the process
     - Disabled two-factor authentication
   - Automate as much as possible
     - One task launches intake questionnaire, surveys and daily check-in
Lessons Learned

2. Different staff need different access

• Not all staff need to see everything about a client

• Even staff interacting with clients in person may not need to interact via Medssenger

• Net-net: Who's really doing what?
Lessons Learned

3. Behavioral is not tech-savvy
   - Getting staff comfortable using tech in treatment process
   - Establishing and regimenting process for repeatability
   - Managing performance and outcomes with one measurable process
Lessons Learned

4. Continuity of care with other programs

- Many treatment programs take phones away and aren't using tech
- Negotiating how clients will continue surveys and daily check-ins
- Getting beyond the CCD with specific focus in the hand-off
Where We Are Going

Connecting family into process

Telepresence / videochat for remote counseling

Social networking and AI for support groups

Gamifying self-help