

# Telehealth: A Resource for the ATR System of Care

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## Goals:

- Define telehealth and describe its value as a strategy to increase engagement with and access to recovery support services for ATR participants.
- Provide examples of how telehealth has been successfully used in substance use disorder and recovery support services.
- Discuss potential challenges for implementing telehealth services.
- Identify low-cost telehealth integration strategies and other e-health options to support ATR’s strategy for service sustainability.
- Provide grantees with resources for additional information and application of telehealth services.

## Introduction

Grantees of the Substance Abuse and Mental Health Services Administration (SAMHSA) Access to Recovery (ATR) project use a variety of resources to help program participants access services. Access to services for those living in rural or frontier areas that offer few services is challenging for local grantees. Moreover, all ATR grantees have program participants who are unable to travel even short distances due to lack of funds, physical disabilities, or psychological or emotional conditions. ATR project staff provide support by supplying transportation vouchers for bus or cab fare, reimbursing for mileage traveled to treatment and recovery support services (RSS), or reaching out and engaging new providers in the community. Even if the cost of travel can be reasonably met, the time involved for treatment away from work and family can be a burden to participants and is a potential barrier to care. Telehealth is another way of making services more accessible to participants with transportation challenges.

The Health Resources and Services Administration provides the following definition:

*Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.<sup>1</sup>*

Using technologies associated with telehealth can substantially increase the ability of ATR programs to provide direct service to people living in remote locations or support them with specialty services not available in their communities.

Figure 1. Roadmap to Sustainability



### What's in This Technical Assistance Package?

This technical assistance (TA) package introduces telehealth and provides information, tools, and examples that can assist States and Tribal governments and other entities in understanding what telehealth is and how it can support ATR programs. In addition, this TA package includes key considerations for funding telehealth services and resources for additional information.

### How To Use This Information

The TA packages and virtual learning sessions provided in 2015 focus on sustaining the ATR program's most effective components beyond the life of Federal grant funding. This TA package, *Telehealth: A Resource for the ATR System of Care*, is the next step on the grantee roadmap for sustainability. Figure 1 illustrates the roadmap of the full journey.

This TA package will help grantees understand how telehealth could augment their sustainability efforts and enhance service to unserved and underserved

target populations. In addition, it outlines some of the common issues of which grantees need to be aware and the challenges they might face in seeking to implement telehealth services.

## Part 1. Potential Components of a Telehealth System

Virtually any telecommunications technology used to provide health services, education, or support from a distance falls under the definition of telehealth. Although not widely used in ATR programs as of yet, many telecommunications technologies could be successfully implemented, including videoconferencing, the Internet, and land-based or wireless communications. An explanation of each of these technologies, along with an example of use or potential use for ATR, is provided below.

### Videoconferencing

Videoconferencing uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary. Users no longer need to

rely on expensive videoconferencing units; computers and many cell phones can use free programs, such as Skype or FaceTime, for real-time interaction.

### Northern Ohio Recovery Association, Inc., Cleveland, Ohio—Grantee Example

The Northern Ohio Recovery Association (NORA), a recovery community organization, has a virtual recovery community with opt-in social media platforms—text and Instagram messaging, e-mail, and Twitter—that are used to offer one-way daily recovery encouragement. NORA also has a secure, password-protected, Web-based recovery interface to provide interactive recovery support, including training workshops and recovery support dialogue.

### The Internet

The Internet began as a tool to search for information or purchase merchandise online but has developed into a way to connect with other people. Web sites created to interact with a specific population are widely available. One such site is RecoveryPeople (<http://www.recoverypeople.org>), a statewide network in Texas that provides recovering people with resources, podcasts, and social networking opportunities. This interactive Web site connects and coordinates peers across agencies, communities, and fellowships. Social media sites and streaming media are elements of this site that have proven to be especially useful for people coping with substance use challenges and the programs that help them.

Another site, You Are Linked to Resources ([www.youarelinkedtoresources.com](http://www.youarelinkedtoresources.com)), provides an app for families of people who are seeking recovery from substance use as well as healthcare professionals. The app's organization of up to 11,000 links connects to resources and information, and its search function facilitates use. Tabs on the Web site direct visitors to Overdose & Naloxone Information, Stories of Recovery, and Remembering the Lost. The site also provides a link to Flipboard, with 51 articles about Naloxone (<https://flipboard.com/@youarelinked/naloxone-bu6nha32z>). The You Are Linked to Resources Web site also maintains Facebook, Pinterest, and Twitter accounts.

### Social Media

Any Web site that invites the visitor to interact with the site and with other visitors falls into the definition of social media. Social networking is one kind of social media, and it can offer important support for people in recovery. Because of social networking's popularity and cost-effectiveness, it could prove to be valuable in ATR sustainability efforts.

Facebook, the most popular social networking site, is not the only option. As described in the earlier grantee example, the Northern Ohio Recovery Association has a robust social media program using a variety of platforms, including Twitter and Instagram, to connect with individuals.

Many social networking sites have closed groups in which someone who wishes to join the group must be approved by a site administrator. Exchanges and messages on closed sites are monitored—sometimes loosely, sometimes quite closely—and often must be approved by an administrator before being posted on the site. Closed groups are a way to develop social support in a nonthreatening environment.



Source: You Are Linked to Resources Web site. (2015). Retrieved April 20, 2015, from <http://www.youarelinkedtoresources.com>.

## The Top 10 Social Networking Sites

- |                 |              |
|-----------------|--------------|
| 1. Facebook     | 6. Tumblr    |
| 2. Twitter      | 7. Instagram |
| 3. LinkedIn     | 8. VK        |
| 4. Pinterest    | 9. Flickr    |
| 5. Google Plus+ | 10. Vine     |

Source: eBizMBA Inc. (2015, June). *Top 15 Most Popular Social Networking Sites | June 2015*. Retrieved June 8, 2015, from the eBusiness Guide Web site at <http://www.ebizmba.com/articles/social-networking-websites>.

### Streaming Media

Streaming media is multimedia delivered by a provider to an end user either live or on demand. Live streams may be available only during the time of the actual streamed presentation, although they are often recorded to be made available afterward. On-demand streaming is what the name implies: The streaming media is continually available and end users choose when to access it. Unlike some other technologies used in telehealth, such as videoconferencing and social media, streaming media is simply an information delivery system with no interactive functionality. Streaming media sites, such as YouTube, are some of the most popular sites on the Internet. YouTube videos can provide access to workshops and educational resources, such as the following:

- The 4th Step To Alcoholism & Drug Addiction Recovery  
<https://www.youtube.com/watch?v=FM61BuhGrok>
- Opiate Addiction - Recovery From Opiate Addiction  
<https://www.youtube.com/watch?v=XP7kCY2Tevs>
- Opiate Addiction Explained, Opiates, Vicodin, Heroin, and the Brain  
[https://www.youtube.com/watch?v=vqY-k7Tm\\_Ns](https://www.youtube.com/watch?v=vqY-k7Tm_Ns)
- What Happens in Your BRAIN with addiction  
<https://www.youtube.com/watch?v=ULwv1RcfEqM>
- Native American Healing Circle 2013  
<https://www.youtube.com/watch?v=ZmdPi7teVWM>

### Land-Based or Wireless Communications

In May 2013, a study by the Pew Research Center on cell phone ownership found that 91 percent of adults have a cell phone and 56 percent of adults have smartphones.<sup>2</sup> Simply using the telephone to call or text ATR participants is a component of a telehealth system.

The Connecticut Department of Mental Health and Addiction Services piloted a telephonic peer-to-peer recovery support service called Telephone Recovery Support Project. A community-based substance use disorder treatment agency referred individuals to a local recovery community organization. Eligible people, namely those recently discharged from treatment programs or in active outpatient treatment, would receive a weekly phone call from another person in recovery. A review of the first 90 days of the program suggested that phone support was effective in maintaining recovery and in assisting those who experience relapse.<sup>3</sup> Both those in recovery and the volunteer peer callers reported satisfaction with the service. At the end of the 90-day pilot, additional treatment agencies were included, the number of referrals accepted was increased, and additional volunteer training programs were instituted. A commitment to culturally competent services resulted in plans to match individuals with volunteers based on preferred language and ethnicity.

Younger participants are especially comfortable using technology like Google Hangouts, an instant messaging and video chat platform that connects single or multiple users through messages or live video.

### Area Substance Abuse Council—Grantee Example

Area Substance Abuse Council, an Iowa ATR provider, offered recovery calls during ATR 3. Recovery calls were primarily provided to people who had successfully completed residential treatment. A care coordinator called participants to discuss their recovery progress. If a participant had resumed using substances, the care coordinator discussed with the participant how he or she was managing the setback and the process of returning to recovery. This telehealth service was more convenient than working around schedules for face-to-face visits, and it was especially helpful to people with limited transportation options.

## Part 2. Telehealth as a Resource for ATR

Incorporating telehealth services into an ATR program may be a way to meet some of the goals of ATR, including increasing access to and reducing the cost of delivering services—especially RSS—and keeping participants engaged.

### **Increasing Access to Services and Reducing Cost**

Maintaining and supporting an increase in access to services is a critical aspect of providing long-term support for people in recovery. Those who live in frontier or rural areas often have limited access to healthcare, particularly behavioral healthcare. Even those who live in urban settings, where services are more available, often have experienced limitations due to poor transportation, work or family obligations, or physical or emotional limitations.

Telehealth is one way to access and maintain services that support long-term recovery. The Internet makes available many telehealth activities, including identifying resources through Web sites dedicated to recovery and receiving direct treatment or RSS. Telehealth also offers a way to engage people on their path to recovery when they might never have started down that path if they had had to do so in person.

ATR has further expanded RSS using telehealth. By further expanding RSS using telehealth, ATR grantees can deliver sustainable support through various activities, such as pastoral counseling, parenting training, and employment and housing assistance. Support can be delivered through videoconferencing; streaming video; or even low- or no-cost telecommunications resources, such as Skype or Google Hangouts. Local ATR program staff could determine what services and support would be most useful to their targeted population and investigate what technology would make these services and supports most accessible.

Transportation services are likely a significant category of cost savings for an ATR program implementing telehealth services. Some ATR programs have dedicated significant funds for participant transportation. Although no data have been collected on what impact implementing services through telehealth has made on ATR program participant transportation

## Telehealth Survey Results

Data from a survey of 451 New Mexico residents who received telehealth services in a combined addictions and mental health or other health program or who were parents or guardians of individuals who received telehealth services of this nature revealed the following:

- Nearly 1 in 3 respondents (31 percent) reported that he or she would not attend treatment if telehealth were not available; and 21 percent indicated that they would seek other options—for example, 24 percent selected that they would opt to find another provider nearby.
- More than one-third of respondents (38 percent) noted that they would need to travel more than 40 miles for services if telehealth were not available.
- A majority of respondents agreed or strongly agreed that their telehealth session was conveniently located (93 percent), had excellent audio quality (92 percent), had excellent video quality (88 percent), and was free of technological failures (88 percent).
- A large majority of respondents (91 percent) believed that their health information was protected, and the overall satisfaction rate was 86.5 percent.
- The majority of respondents agreed or strongly agreed that their provider understood the reason for the visit (93 percent), that they felt comfortable talking to the provider and asking the provider questions (89 percent), and that the responses to their questions were satisfactory (91 percent).
- Most respondents (79 percent) agreed that telehealth is as good as an in-person session, and most respondents (83 percent) would recommend telehealth to a friend or family member.
- A small group of respondents (14 percent) continued to prefer in-person sessions and would not recommend telehealth. Their comments suggest that some people may experience discomfort with meeting remotely.

Source: Adapted from a report prepared by the University of New Mexico Department of Psychiatry Center for Rural and Community Behavioral Health. (2013, September 12). Who uses telehealth? In *Telehealth in New Mexico*. Retrieved April 20, 2015, from <http://www.bhc.state.nm.us/pdf/telehealth%20Report%209.11.13.pdf>.

budgets, the less that participants must travel to access services, the less funds will be needed to support this budget item.

### **Continued Participant Engagement**

Some individuals receiving site-based services need ongoing support to sustain progress toward long-term recovery. Various services have proven to be effective for some ATR participants, such as telephone check-ins by treatment staff or care coordinators; text messaging for sending and receiving status updates from participants; and evidence-based practices, such as telephone monitoring and adaptive counseling (TMAC), a telephone-based continuing care intervention for individuals with substance use challenges (see Part 6, Additional Resources, for more information). California ATR, in particular, has used TMAC successfully to “enhance the cost-effectiveness of our services and to extend treatment episodes, resulting in better outcomes and greater success in collecting required follow-up data.”<sup>4</sup>

## **Part 3. Potential Challenges**

When considering adding telehealth services, grantees will want to think about whether the proposed services fit with the core components and values of ATR.

Answering the following questions might be helpful:

- Would a shift to remote services impede participants’ ability to choose specific services or providers?
- Would the proposed telehealth services improve equitable access to care?
- Would the proposed telehealth services truly benefit the individual (e.g., reduce travel time, allow more time for family or work, allow more frequent sessions or access to professionals who are not available in the community)?
- Are the participants interested in the proposed telehealth services?

If the decision is made to move forward with implementing telehealth services to support an ATR program, grantees will need to identify potential challenges posed by existing policies and procedures, places where participants will receive services, technology infrastructure and access, potential system changes, additional staff training, and funding issues.

### **Policies and Procedures**

Before implementing one or more telehealth services, grantees will want to consider whether their existing policies and procedures adequately address the new service(s), particularly in the areas of informed consent, confidentiality and privacy, and record keeping and data storage.

#### *Informed Consent*

Informed consent is a cornerstone of true choice. Ensuring that individuals are appropriately informed about their choices is critical to a successful and productive relationship. Providers will need to be able to effectively explain any telehealth services available. As with any other service or service delivery method, the participant’s situation, needs, and desires drive all decisions. For example, a provider should not assume that because a participant lives in a distant location, he or she would prefer to have services delivered through a telehealth medium. Whatever the reason—confidentiality, personal preference, or something else—the individual’s choice to use telehealth is no less important than the participant’s choice of treatment or RSS.

#### *Confidentiality and Privacy*

Program policies have largely been developed with face-to-face services in mind. Particularly in the case of confidentiality and privacy, policies are generally based on the assumption that both parties are in the same room and on the understanding that the space is private and that the conversation is limited to those in the room. Issues affecting confidentiality and privacy are less clear when communicating by phone, video, or Webcam. Although telephone calls are likely the most secure of the three, it can be difficult to know who might be listening in on the other end of the conversation. With the use of other kinds of technology, such as videos or Webcams, it is easy for other people to be in the same room and out of the viewing field of the camera. For some participants, however, simply finding a private space to use the technology might be a challenge. Revisiting these policies and procedures with the developing telehealth services in mind is an important step in implementation.

#### *Record Keeping and Data Storage*

Given that telehealth services can be provided in various locations, careful consideration needs to be

given to how records are kept and where they might be stored. Some questions to consider are the following:

- Will the telehealth provider need to adhere to the same requirements as providers offering face-to-face services?
- When considering a telehealth service, such as an informational Web site where individuals may request resources for assistance and potentially offer information about themselves, what might be the issues involved with how that information is kept and disseminated?

### Participant Location

The location of the participant when receiving services through a telehealth system can be an important consideration. People who may become agitated or violent will need a location that offers support, such as a local physician's office or a clinic. Similarly, a person who does not have access to privacy for a telehealth session might need assistance in finding an alternate location in order to maintain confidentiality and feel comfortable communicating with a treatment or RSS provider. Parents with children at home, for example, may not have the privacy needed.

ATR staff might want to consider developing relationships with primary healthcare clinics, faith-based organizations, or other community organizations where an individual's privacy can be ensured and trained staff are available if an emergency situation occurs. Such issues are more likely to arise during treatment services, but assistance might be needed during other interventions as well, which highlights the importance of staff having a solid relationship with the individuals whom they serve.

### Technology Infrastructure and Access

Some ATR grantees are concerned about the availability and development of technological infrastructure to support both providers and participants. Stable connectivity is necessary, particularly when using video, to ensure that the technology does not inhibit dialogue. Specialized software may be required to support both sides of the session. In some remote areas, such technology is available in clinics, schools, and other places that may be amenable to allowing use of the technology by the ATR program. Even for services

### Telehealth Assistance

The Health Resources Services Administration works to increase and improve the use of telehealth to meet the needs of underserved people by doing the following:

- Fostering partnerships with other Federal agencies, States, and private-sector groups to create telehealth projects.
- Administering telehealth grant programs.
- Providing technical assistance.
- Evaluating the use of telehealth technologies and programs.
- Developing telehealth policy initiatives to improve access to quality health services.
- Promoting the exchange of knowledge about "best telehealth practices."

Source: Health Resources Services Administration. (n.d.). Telehealth. In *Rural Health*. Retrieved April 20, 2015, from <http://www.hrsa.gov/ruralhealth/about/telehealth/telehealth.html>.

that do not require video, such as those conducted by telephone, testing may be necessary to ensure that the connection can be maintained with limited chance of disruption.

Access to even basic technology for telehealth services is problematic in some communities. This *digital divide*—the inequity of access to, use of, or knowledge of information and communication technologies based on the social and economic categories of given populations—is most closely tied to age, household income, educational attainment, community type, and disability.<sup>5</sup> Tribal entities and rural communities are among the most negatively affected, even though the use of telehealth services would be particularly useful to those who live in rural communities or frontier areas. The necessary technology, especially for personal use, may be unavailable or cost prohibitive. In these cases, ATR staff could investigate whether clinics, most likely medical clinics, have telehealth capabilities and whether they could arrange to share this resource. Other telehealth services revolve around Internet access, which may be accessible locally in libraries, schools, and other public institutions, although privacy might be a difficult issue to resolve in those locations.

Cell phones are plentiful in many remote areas and, even without Internet access, can be used for telephone sessions with providers and for texting status updates.

With the expanded role of Medicaid under the Patient Protection and Affordable Care Act, a potential synergy between ATR and Medicaid exists. In February 2015, the Center for Connected Health Policy completed a 50-State survey of State telehealth laws and Medicaid program policies<sup>6</sup> and found the following:

- Forty-six State Medicaid programs reimburse for some form of live video.
- Fourteen State Medicaid programs reimburse for remote patient monitoring.
- Three State Medicaid programs (those of Alaska, Minnesota, and Mississippi) reimburse for both live video and remote patient monitoring.
- Twenty-six State Medicaid programs reimburse for transmission or use of a facility or both.

Many States are combining Medicaid and behavioral health authorities, so partnership opportunities might be worth pursuing. For example, New Mexico created a Telehealth Commission in 2005 and reimburses for telehealth services to Medicaid recipients and funds telehealth services at school-based health centers. Alaska is establishing a telehealth network to connect people who are living in rural and remote areas of Alaska with providers and eventually to expand network capabilities to serve all Alaska communities.

### System Changes

Implementing a telehealth program may require rethinking how the service system functions, not only for those involved in telehealth-supported services but also for all providers and participants. Information will need to be disseminated to inform other agencies about the availability of telehealth services. Referrals will need to identify service providers who are capable of providing telehealth services. In general, current service funding focuses on cities and other areas where people can easily access services in person. ATR grantees might want to think about (1) allocating funding to accommodate increased use by people living in rural areas and (2) increasing capacity within city-based services so that those providing telehealth services can accommodate more people.

### Staff Training

While some staff members may have experience in providing services remotely, a decision to offer specific services through telehealth might necessitate additional staff training. ATR programs will need to establish criteria that include staff credentials and required training for providing specific telehealth services. After the initial training, ongoing instruction can serve as an introduction for new staff and a refresher for trained staff who will be using technology that is continually evolving.

### Funding Considerations

The cost of telehealth service falls into two basic categories: (1) reimbursement for service provided and (2) infrastructure to make the service available.

#### Service Reimbursement

Reimbursement issues related to telehealth service is not substantially different from those for providing service in person. For example, if a clinician is providing a treatment service, reimbursement for that service will be determined by the following, irrespective of how the service is delivered:

- Does the service meet the criteria for reimbursement by Medicaid and/or private insurance?
- Does the clinician meet the criteria for reimbursement?
- Is the location where the service is provided authorized for reimbursable service?
- Is the participant eligible for the service?
- Does the service meet the ATR definition for authorized reimbursable service?

In addition, because each State or Tribal entity is responsible for the regulations regarding telehealth, including whether services delivered are reimbursable, ATR grantees will need to be well versed on the regulations in their jurisdictions. For example, a Minnesota statute specifically states that treatment services for substance use disorders are to be delivered only face to face. If the service is not eligible for reimbursement under existing guidelines or regulations, ATR program stakeholders can determine whether that service will be a reimbursable service under its ATR program, much in the same way that it did regarding RSS, which is not yet supported by traditional funding mechanisms.

### Infrastructure Funding

The availability of technology and trained personnel are key considerations when determining what components of a telehealth service to offer. Clinical treatment services, for example, would rely on the use of real-time video; thus, both parties would need access to video capabilities. Most smartphones and laptop computers come equipped with Webcams, but not all participants will have access to these tools. Moreover, much of the low- and no-cost technologies used on these devices often have unstable connections that create issues during online sessions. Agreements with service providers in the community might help provide access.

### Other Issues for Consideration

Table 1 is adapted from the 2012 Telemedicine/ Telehealth Workgroup Issue Analysis, in which the National Association of State Alcohol and Drug Abuse Directors noted several obstacles and challenges to implementing telehealth services.<sup>7</sup> Grantees might want to consider these challenges as they seek to determine the feasibility of specific telehealth services for their target populations.

**Table 1. Possible Telehealth Challenges for ATR Grantees**

<p><b>Technology and infrastructure are diverse and not integrated.</b></p> <ul style="list-style-type: none"> <li>• Too many platforms and different systems; needs to go to an Internet-based system</li> <li>• National standards and nomenclature needed</li> <li>• Lack of adequate and affordable broadband (changing rapidly)</li> <li>• Limited awareness and understanding on the part of providers, clinicians, participants, and policymakers</li> </ul>
<p><b>Lack of education is provided about telehealth and its applications among all sectors.</b></p> <ul style="list-style-type: none"> <li>• Lack of training for clinicians</li> <li>• Consumer needs not well identified</li> <li>• Cultural barriers for some populations; reluctance to use technology</li> <li>• Poverty as a barrier; people who don't have easy access to electronics or who might have to travel a substantial distance to get to a remote site</li> </ul>
<p><b>Current licensing and regulatory policies are not well aligned with evolving needs.</b></p> <ul style="list-style-type: none"> <li>• Current licensing or credentialing process for service providers is inconsistent; no cross-State credentialing</li> <li>• No national plans for regulating the industry</li> <li>• No determination of appropriate scope of practice for telehealth practitioners</li> </ul>
<p><b>Service providers lack telehealth standards and guidelines.</b></p> <ul style="list-style-type: none"> <li>• Standards and regulations vary from State to State</li> <li>• Reimbursement is problematic for alcohol and drug counselor services that are provided electronically</li> <li>• A Minnesota statute specifically states that treatment services for substance use disorders can only be face to face</li> </ul>
<p><b>Cost barriers and financial issues hinder the growth of telehealth.</b></p> <ul style="list-style-type: none"> <li>• Upfront costs for software license and for secure broadband connection</li> <li>• Availability of a computer with a Webcam, a smartphone, or a tablet at the participant's home</li> </ul>

Source: Adapted from Minnesota Department of Human Services, Chemical Dependency Model of Care Planning Project. (2012, November). *Telemedicine/Telehealth Workgroup issue analysis*. St. Paul, MN: Minnesota Department of Human Services.

## Part 4. Conclusion

Telehealth covers a wide array of services and supports for individuals and their families seeking help and information. Although telehealth can provide an element of sustainability needed by many ATR grantees, planning for implementation, training staff, and reviewing outcomes of services delivered have associated costs in terms of both staff time and financial support.

Both professional and peer-based organizations have developed resources available through telehealth platforms, and new resources are continually being developed, particularly in the self-help arena. Bringing these organizations and resources to ATR is consistent with the expansion of services and choice—foundational elements of the ATR program.

## Part 5. Endnotes

1. Health Resources and Services Administration. (n.d.). *Telehealth*. Retrieved April 20, 2015, from <http://www.hrsa.gov/ruralhealth/about/telehealth/>.
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## Part 6. Additional Resources

Resources about telehealth are plentiful on the Internet and from many organizations, including SAMHSA. The examples provided in this TA package note some resources, and additional resources are provided below.

### Mobile Applications

**Addiction-Comprehensive Health Enhancement Support System (A-CHESS)** intervention is explicitly designed to address three constructs: coping competence, social support, and autonomous motivation. The primary hypothesis is that A-CHESS will reduce the number of risky drinking days. A-CHESS develops and maintains autonomous motivation to prevent relapse, offers resources to cope with pressures to relapse (e.g., cravings, withdrawal symptoms, high-risk situations), and provides access to social support to persevere. A discussion of A-CHESS is provided in the online article “Using a smartphone app to intervene before relapse into alcohol abuse: Preliminary results” by Andrew Isham, M.S., on the iMedicalApps Web site at <http://www.imedicalapps.com/2012/03/mobile-app-prevent-drug-relapse>.

### Screening Tools

*For adults:*

#### Alcohol Screening

<http://www.alcoholscreening.org>

#### The Check Your Drinking (CYD) Survey

<http://www.checkyourdrinking.net>

#### Drinker’s Checkup™

<http://www.drinkerscheckup.com>

#### Rethinking Drinking

<http://www.rethinkingdrinking.niaaa.nih.gov>

*For college students:*

**Check Your Drinking University**  
<http://www.checkyourdrinkingu.net>

**College Binge Drinking**  
<http://www.collegebingedrinking.net/>

**eCHECKUP TO GO**  
<http://www.echeckuptogo.com> or  
<http://www.e-chug.com>

### **Support Groups**

**Addiction Tribe**  
[http://www.addictiontribe.com/member/\\_/p/l2zvcnvtlw==](http://www.addictiontribe.com/member/_/p/l2zvcnvtlw==)

**Alcohol Help Center**  
<http://www.alcoholhelpcenter.net>

**Alcoholics Anonymous Online Intergroup**  
<http://aa-intergroup.org>

**NA Chatroom**  
<http://www.nachatroom.org>

**SMART Recovery**  
<http://www.smartrecovery.org>

### **Podcasts**

**Harm Reduction Radio** includes interviews with experts in the addictions field with a focus on evidence-based, cutting-edge approaches to substance use problems, such as cognitive behavioral therapy, pharmacotherapy, and harm reduction.  
<https://itunes.apple.com/us/podcast/harm-reduction-radio-hams/id424158494?mt=2>

**Kurt Swensen on Online Recovery Support Radio** explores the peace and serenity of “living life ‘One Day at a Time.’ Each week, Kurt and his guests discuss the recovery process in depth, describing their experiences and talking with real people in recovery from a variety of addictions.”  
<https://itunes.apple.com/us/podcast/online-recovery-support/id317380341?mt=2>

**Safe Recovery** includes discussion of new and alternative healing—both spiritual and secular—to create better lives for those healing from alcohol dependency and drug overuse.

<https://itunes.apple.com/us/podcast/safe-recovery/id516854248?mt=2>

**SMART Recovery® Special Event Podcasts** includes broadcast Webinars, interviews, and special events regarding recovery.

<https://itunes.apple.com/us/podcast/smart-recovery-podcasts/id433764979?mt=2>

**12 Step Radio.com** is the Internet’s only recovery music station.

<http://www.12stepradio.com>

### **The Wellington Intergroup of Alcoholics**

**Anonymous** includes audio recordings of Alcoholics Anonymous meetings, local and international speakers talking about recovery, and rare historic recordings and interviews.

<https://itunes.apple.com/us/podcast/aa-on-air-wellington/id465173613?mt=2>

### **Other Resources**

**Telephone Monitoring and Adaptive Counseling** is a telephone-based continuing care intervention for alcohol and cocaine dependence. It follows the individual’s initial stabilization through an intensive outpatient treatment program with the goals of reinforcing abstinence, lengthening the time to possible relapse, and shortening relapse episodes.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=173>