Virtual Treatment Implementation Assessment

Essentials

- Began with a strong, cohesive team, committed to the mission.
- Enlisted a competent IT employee, familiar with accessing and building online platforms.
- Ensured all staff members were informed that their jobs were secure. No one was going to get laid off.
- Ensured all staff members were informed that if they contracted COVID-19, they would not be penalized for health-related absences.
- Trained all staff members on the Telehealth platform including: HIPAA compliance and web conference best practices.
- Trained all staff on telehealth procedures, prior and during implementation.

Technological Applications (Completed within 48 hours of lockdown)

- Conducted an assessment of hardware needs for all staff to conduct virtual treatment for all patients and families. Made purchases of equipment as needed.
- Developed tele-medicine consent form, which was included in initial admit paperwork.
- Streamlined existing instant messaging app used by staff to provide global, real-time communication; ensuring all front-line staff have the most current and updated information.
- Rapid implementation of mass-communication platform with patient population.
    - Individual patient accounts were created in the eTapestry email platform and given the following user-defined fields: Counselor, Program, and Orientation Date. Having this data in place streamlined the content sent to patients.

- Created an easily accessible, online ecosystem for current patients and family members to access assemblies, lectures, and group meetings. This was dubbed the patient portal.
- Created a fail-safe email blast mirroring the patient portal, in case there were ever website connectivity issues.
- Redesigned the assembly orientation power point to better reflect the Telehealth platform.
- Cultivated stability and familiarity by mirroring the in-person treatment schedule and format.
    - Welcoming new patients, during assembly
    - Allowing patients to say their completion goodbyes.
    - Making global announcements that affect the entire treatment population.
- Adapted lectures to the virtual environment by utilizing screen sharing features, Q&A interaction, and online white board presentations.
- Made all psycho-educational lecture presentations available to patients, family members and alumni via the patient portal.
- Brought in alumni speakers to share their experience strength and hope on how to adapt one's recovery to virtual treatment and virtual AA.
- Built a social media campaign around COVID-19, to inform, encourage, and empathize with our stakeholders.
    - Developed an impassioned video with a positive message.
    - Created donor e-blasts asking the community for support.
    - Created e-blasts to make referents aware of our new tele-health treatment program.
    - Created a COVID-19 resource page containing helpful information on ways to stay healthy, AA & NA virtual meeting schedules, and ways to maintain mental health status in quarantine.
    - Developed newsletter with an emphasis on uplifting content, including silver linings of sheltering in place.
- Developed and heavily participated in #GivingTuesdayNow campaign, which was a virtual, global day of giving to raise money for center.
- Widened family participation by involving out-of-state family members in our virtual treatment process, resulting in an unprecedented increase in family participation.
- Our survey system captured promising data showing that virtual treatment is effective and satisfying.
- Dilworth Center patients participated in nation-wide survey on the effects of COVID-19 and virtual treatment on recovery. (Results to be published in late summer)

Intake/Admissions Team

- Developed a virtual triage system for the intake process.
- Created a step by step process for virtual assessments and intakes.
- Developed an online orientation procedure, which included an email introducing their counselor, the program they're participating in and treatment guidelines.
- Developed new internal protocols regarding the handling of financial information.
- The intake team meets with COO twice daily via ZOOM to discuss all intakes, procedures, and appointments.
- Intake staff members have access to COO at all times, via text, phone, or Zoom to staff cases throughout the day.

Clinical Team

- Clinical meetings were scheduled daily via ZOOM to discuss new procedures for clinical services, ensuring all staff members were trained and updated. For the first three weeks of "shelter in place" the schedule was as follows:
    - Monday 12:30PM - 2:00PM
    - Tuesday 12:30PM - 1:30PM & 5:00PM - 6:00PM
    - Wednesday 12:30PM - 2:00PM
    - Thursday 12:30PM - 1:30PM & 5:00PM - 6:00PM
    - Friday 12:30PM - 2:00PM
- In subsequent weeks, the meetings were cut down to once daily, for 1-1.5 hours.
- Clinical team members had access to COO at all times, via text, phone, or Zoom to staff cases throughout the day.
- Supervision sessions were held once per week for 1.5 hours, which focused on counselor's mental health, feelings, issues surrounding COVID-19, etc.
- Our research coordinator set up virtual sessions with each patient to continue recording patient data for the NAATP survey. *(ie: Admission Survey, 30 Day Survey, 90 Day Survey, 6 Month Survey)*
- Patients experiencing mental health issues were able to see Dilworth Center's medical director via the Telehealth platform.

Drug Screens

- Due to the severity of the lockdown regarding COVID-19, we were initially unable to collect patient drug screens to help ensure patient accountability.

- After being in lockdown for several weeks, we developed a technician-free system of collecting urine drug screens. This system ensured both patient and staff safety.
- Patients were contacted by staff to report to the center to provide a contact-free specimen when needed.
- On-site laboratory technician analyzed the specimen and reported lab results to the COO. This information was then distributed to counselors for follow-up.

Executive Team
- Executive Team met daily to discuss strategic planning regarding global clinical, marketing, outreach, development, and financial activities.

KEY Take-Aways
- Having a knowledgeable and cohesive staff was instrumental to the success of implementing virtual treatment.
- Having an IT manager on call at all times, throughout the process was a necessity.
- Having COO as the primary point of contact for intake, clinical, exec, research, finance, drug screening and IT created a consistent flow of information.