

Helping the Public Sector Combat the SUD Crisis through Connections, Engagement, and Data



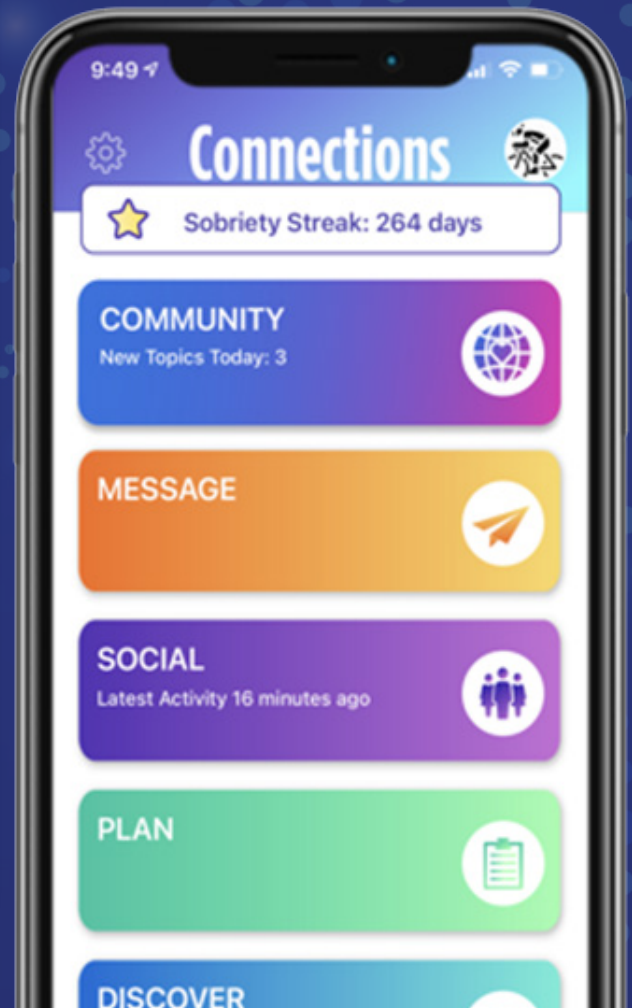
Recovery from substance use disorder (SUD) is a life-long journey that requires support from healthcare providers, family members, peers, and the community. Unfortunately, the relapse rate after treatment is high – estimated between 40 – 60%. Given the ongoing crisis of substance use disorder, organizations in the state, local, and tribal governments - are devoting more resources combating the issue. Particularly in the wake of **settlement funds** from drug manufacturers, the time is right to adopt evidence-based strategies that can address the financial and human toll of the epidemic.

CHESS Health works alongside State, Local and Tribal Governments by helping:

- Increase the **reach and scalability** of current programs, including into rural areas or with other populations that have limited access to SUD or other providers
- Adopt strategies to **address the needs of special or high-risk populations** – such as pregnant women and families, justice-referred populations, or BIPOC individuals
- Measure the impact of efforts so **best practices can be adopted quickly** across the community
- Apply for grant funding that may **accelerate local efforts**

Through the eRecovery platform, CHES Health offers:

- **Connections App** - an easy-to-use smartphone app with 24/7 peer support that helps individuals reduce isolation, gain motivation, build confidence, and adhere to their treatment and recovery plan
- **The CHES Peer Engagement Team** - comprised of peer recovery support specialists, who moderate the peer communities in the app and host virtual support group meetings
- **CBT for Recovery programs** to teach and reinforce coping skills for recovery success
- **Program Dashboard** - for care team collaboration, patient engagement, progress tracking, and population recovery analytics



CHES Health's platforms are founded upon peer-reviewed research that demonstrates:

- Using the Connections app correlates with a **40 - 50% reduction in key relapse risk factors** ⁱⁱ
- Patients who use the app **stay in treatment 20% longer** ⁱⁱⁱ
- A small clinical trial found patients whose treatment included on-demand CBT had **8x less re-treatment cost** ^{iv}

Additional Information:

Learn more about Planning for the Opioid Settlements (<https://discover.ches.health/webinar/planning-for-settlements>)

Hear from a patient (<https://youtu.be/TFeQiNepxP4>)

i National Institute on Drug Abuse. (2018). Treatment and Recovery.

ii Fiona M. McTavish MS, Ming-Yuan Chih MHA, MS, Dhavan Shah PhD & David H. Gustafson PhD (2012) "How Patients Recovering From Alcoholism Use a Smartphone Intervention" Journal of Dual Diagnosis, 8:4, 294-304, DOI: <http://dx.doi.org/10.1080/15504263.2012.723312>. Joseph E. Glass, James R. McKay, David H. Gustafson, et al. "Treatment seeking as a mechanism of change in a randomized controlled trial of a mobile health intervention to support recovery from alcohol use disorders" (2017). Journal of Substance Abuse Treatment 77 57-66.

iii Darcie C Johnston, W David Mathews, Adam Maus and David H Gustafson (2019). "Using Smartphones to Improve Treatment Retention Among Impoverished Substance-Using Appalachian Women: A Naturalistic Study" Substance Abuse: Treatment and Recovery, Volume 13: 1-10

iv Todd A. Olmstead, Cary D. Ostrowb, Kathleen M. Carroll (2010). "Cost-effectiveness of computer-assisted training in cognitive-behavioral therapy as an adjunct to standard care for addiction" Drug and Alcohol Dependence 110 200-207.