

MW&R Enrollment and Treatment Protocol

Key:

CM = OSF care managers

EHR = electronic health record

HSC = Human Service Center

MW&R = Mobile Wellness and Recovery program

MI = motivational interviewing techniques

PCP = Primary Care Provider

SUD = Substance use disorder

1. Identification of Candidates for MW&R

- a. Adults 18 years and older can enroll in the MW&R program
 - i. Individuals can reside within any Illinois County
 - ii. Individuals can also enroll in the program from border States, such as Iowa, Wisconsin, Michigan, Ohio or Missouri
- b. Individuals with the following behavioral health disorders can enroll in the program, including
 - i. risky drinking or drug use patterns
 - ii. one or more alcohol or drug dependence diagnoses
 - iii. a primary behavioral health condition of depression, anxiety or chronic pain with an underlying substance use disorder
- c. Referral sources can include:
 - i. Self-referral by phone or through Facebook
 - ii. HSC's behavioral health treatment programs
 - iii. HSC's central intake facility; i.e. Hamilton
 - iv. Social service agencies across the State
 - v. Criminal justice organizations in Illinois

2. Overview of MW&R skills training

- a. Individuals who are willing to discuss the program will receive an overview of the MW&R program as well as Tip sheets containing self-help information and the URL to the www.mobilewellnessandrecovery.com website
- b. Individuals will have several options in considering enrollment in the program, such as
 - i. Receiving mailed information if the person does not have access to the web
 - ii. Using a variety of communication options, including email and texting (in addition to phone) if people prefer these options in place of or in addition to the phone
 - iii. Selecting treatment options, including:
 1. CBT for chronic pain
 2. CBT for anxiety
 3. BA (behavioral activation) for depression
 4. CBT for addiction treatment as well as access to a smart phone program (for free)
 - iv. Selecting skills training modules within each treatment program
 - v. Selecting timeframes for weekly phone calls (or email/text messaging)

3. Motivational Interviewing (MI)

- a. Approximately 50% of patients who are approached to receive behavioral therapy services will be reluctant to participate
- b. MW&R staff can provide individuals with one to four phone-based MI sessions to increase a person's willingness to proceed with skills training
 - i. Sessions can also be provided onsite at PCP settings
 - ii. MW&R staff can also provide candidates with information through emails or guide them to the website for additional
- c. MI sessions can help candidates:
 - i. Assess the benefits and risks of changing behaviors
 - ii. Examine the challenges associated with learning new behaviors
 - iii. Uncover or dispel some of the myths associated with change
 - iv. Review some of the benefits of skills training
- d. Candidates can decide to proceed after the MI sessions or decline the program
 - i. MW&R staff are trained to transition into MI sessions whenever they encounter resistance from participants
 - ii. Participants can transition into the skills training program after they have completed the MI sessions

4. Stages of MW&R program

- a. Participants enrolled in the MW&R program will begin with weekly skills training sessions that combine web-based, self-driven skills training with weekly phone-coaching calls with a MW&R clinician
 - i. Participants can pull down the self-guided materials from the web, receive PDF files by email, or receive paper copies of the modules in the mail based on their preference
 - ii. MW&R staff provide weekly phone-coaching calls to help participants maintain active involvement in the self-guided materials
 - 1. Each call includes approximately 20 minutes of skills training and coaching on how generalize skills to the person's daily life
 - 2. Weekly phone calls are also used to identify any potential high risk situations that participants may encounter over the following week
- b. Participants are encouraged to move into a continuing care phase after they complete the initial skills training phase
 - i. Continuing care sessions include phone calls that occur:
 - 1. Weekly for four weeks
 - 2. Bi-weekly for eight weeks
 - 3. Monthly for two months
 - ii. Continuing care calls are used to review relapse issues and high risk situations that can lead to a relapse of the behavioral health disorder
 - iii. Continuing care calls are also used to rehearse skills learned in during the CBT phase or to identify resources needed to maintain progress on self-defined goals

- iv. Continuing care calls can also be used to move participants into a higher level of care, such as outpatient treatment, if they begin exhibit a full relapse of destructive behaviors, such as drinking or drug usage

5. Stepped Care

- a. Between 25% and 50% of participants engaged in the MW&R program will require a modification to the plan to address complications or co-occurring disorders
- b. A stepped care model can be used to tailor services based on each person's treatment needs and response to skills training
- c. Stepped care involves the increase or decrease of services based on measurable criteria, such as
 - i. the ability to obtain self-defined goals (e.g., return to work, participate in daily activities) or
 - ii. a reduction in medical services (e.g., reduction in ED visits or overutilization of outpatient services)
- d. The MW&R staff will:
 - i. update the medical team when modifications are needed
 - ii. assist individuals in entering outpatient or residential addiction treatment services
- e. MW&R staff will use ongoing behavioral measures to monitor each participant's progress, such as
 - i. PHQ-9 for symptoms of depression – every four weeks
 - ii. Behavioral Activation Scale score to measure activation of self-defined behaviors – every four weeks
 - iii. Chronic Pain Acceptance Questionnaire to assess a person activation of self-defined behaviors while experiencing pain – every four to six weeks
 - iv. Brief Addictions Monitor to assess a person's supports for abstinence and risks for ongoing drinking or drug usage – every four weeks
 - v. Drug Taking Confidence Questionnaire to assess a person's sense of self-efficacy around avoiding alcohol and other drugs
- f. The medical team will be provided with information regarding any significant changes in behavioral measures, indicating a potential increase in symptoms or behaviors

6. Progress and Outcome reporting

- a. MW&R staff members will provide PCPs with weekly updates of their patients
- b. MW&R staff will work with PCP staff to track all individuals who are targeted for behavioral health treatment, such as
 - i. Updating an EHR registry,
 - ii. Providing feedback to the provider and medical teams,
 - iii. Work with patients to develop stepped care interventions
- c. Updates can include overall summaries of progress for all patients enrolled and individual reports (e.g., specific feedback on patients who decline services or withdraw from the program)
- d. Updates will also include outcome measures, including
 - i. pre-post changes in behavioral measures
 - ii. number of skills-training modules completed

- iii. employment information
- iv. summary of medical care