

Reaching the “Unreachable”

Engaging People to Make Healthy Lifestyle Changes

Overview

Telecare serves people with serious mental illness and complex needs. A vast majority of these individuals have co-occurring substance use issues and many of them are in the pre-contemplation or contemplation stages of change and are not yet ready or willing to discuss their use, engagement in treatment, or address other high risk behaviors.

Currently, 60 million adults in the US aren't receiving adequate primary care, 33% of adults with serious mental illness aren't receiving any mental health services, and 90% of people with substance use conditions aren't receiving any substance use care. Telecare supports a broader vision of recovery through our Whole Person Care initiative. This addresses the whole person by bringing together all of the services according to the individual's specific needs.

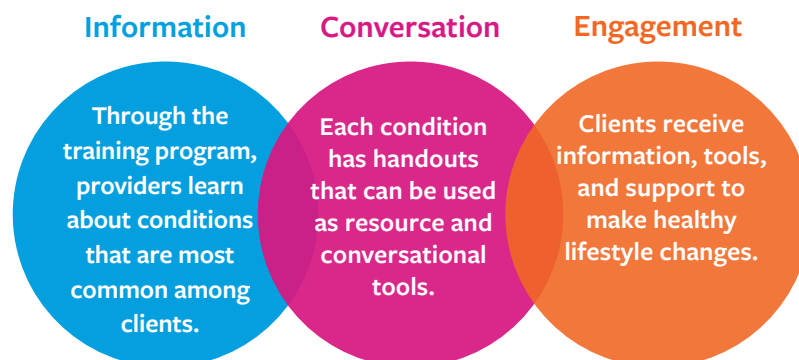
“Typical treatment services are effective for people who have decided they need to make a change in their lives around drug and alcohol use – and sometimes for those who have been mandated to treatment because they have gotten in trouble with the law. However, Telecare's work is very often targeted toward people who don't think they need or want treatment. Information can be a powerful intervention for people who aren't yet thinking of making a change.” — David Heffron, Vice President of Operations

Intended Goals

- Increase hope.
- Shift thoughts and attitudes about alcohol and drugs.
- Inspire healthy lifestyle changes.

At Telecare, we are continually striving to find ways to make it easier for people to address difficult issues and make positive change. We do this through our program culture, our clinical models, enhanced training, and the integration of evidence-based practices and technology from diverse healthcare settings. This document offers a brief summary of what we're doing now.

CONTENTS
• Overview
• Whole Person Care
• RCCS
• Education for Providers and Clients
• Co-Occurring Education Groups
• SBIRT and Motivational Interviewing
• Outcomes Matter: Treat to Target
• About Telecare

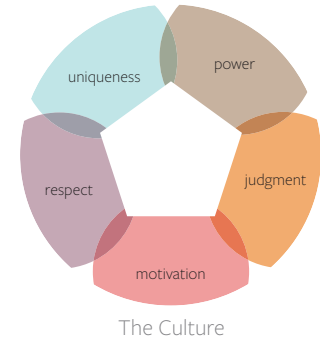


Recovery-Centered Clinical System (RCCS)

The Recovery-Centered Clinical System (RCCS) is a comprehensive wellness and resilience approach to recovery. The RCCS is based on two distinct, complementary components that address the goals of recovery for everyone involved.

PROGRAM CULTURE

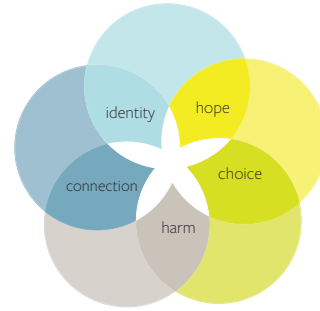
Providing an environment for recovery to thrive is the primary intervention of the RCCS. By being aware of the effect our interpersonal actions have on one another, we create environments where people can come alive and take ownership of the recovery process for themselves.



The Culture

THE CONVERSATIONS

Guided conversations awaken an inner conversation within the individual served. Staff take abstract concepts such as hope and identity and make them tangible and actionable, helping people to see themselves in new and expanded ways that can redefine where they want to go in life and the choices they make to get there. The RCCS teaches very specific skills for guided conversations based on feedback from individuals with the lived experience of being a consumer in the mental health system.



The Conversations

“It starts with a change in someone’s thoughts and feelings, which can lead to a change in attitude, and then may lead to a change in behavior. Since education is an important first step, we decided to focus our efforts there and begin helping people identify healthier choices they were personally interested in making.”

— Shannon Mong, Director of Innovation Initiatives

Education for Providers and Clients

PROVIDER EDUCATION

To encourage the “transfer of learning,” we suggest each program’s leadership team, case managers, supervisors, and psychiatrists all learn about, support, and reinforce the information and skills that participants will gain in the Co-Occurring Education Group (COEG) sessions. Telecare developed Relias trainings specifically for this project.

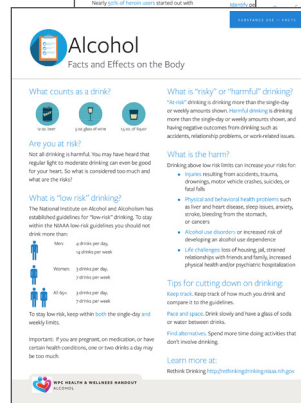
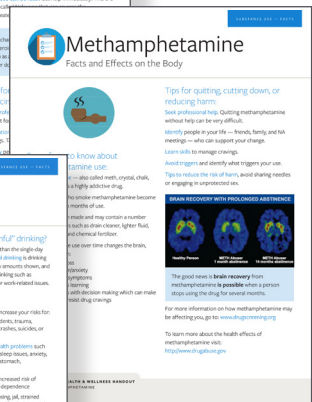
These courses include:

- Supporting Recovery and Change (online learning)
- Introduction to Co-Occurring Conditions (online learning)
- Substance Use 101 (live, all-day training)

CLIENT EDUCATION

We offer clients educational handouts about different co-occurring conditions.

- We provide two types of handouts per condition: “Facts” and “What You Can Do”.
- Handouts specific to substance use are used with SBIRT and as resources in COEG.



Co-Occurring Education Groups (COEG)

Connecting Behavioral and Physical Health

COEG ADDS VALUE TO PROGRAMS AND SYSTEMS

- It reaches people who are extremely hard to reach by awakening motivation to change, and reducing the related human and system costs.
- It's replicable and scalable. It's kit-based, fully scripted, and can be led by people at all levels. No advanced clinical expertise is required.

COEG BASICS

- 16-week curriculum, voluntary
- Delivered in a group setting
- Welcoming, low-pressure, non-judgmental place
- Consistent, familiar structure
- Education about mental health and substance use
- Opportunity to connect with others, share personal stories, and participate as much or as little as desired

STRATEGIES FOR SUCCESS

- People can learn at their own pace.
- Participants set their own goals. Nothing is dictated.
- The focus is on helping people explore what matters most to them, and see viable changes they can make in actions or treatment to reach their goals.
- If people feel inspired to make changes, they can start making changes now — in their own lives, with COEG tools.

STUDYING OUR EFFECTIVENESS

Feedback was gathered with:

- Written feedback forms.
- Two SAMHSA Screenings (AUDIT and DAST) and the Herth Hope Index conducted at the beginning and end of their involvement in the education sessions.
- In-person debriefing held for program leadership and group facilitators, once all sessions are completed.

“Our goal is get people talking about their substance use in an open, comfortable way. It's about fostering conversation and breaking down barriers. It's about creating space for people and helping them feel safe in looking at substance use issues and choosing to make a change.”

— Scott Madover, Regional Director of Operations

SBIRT and Motivational Interviewing

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an evidence-based practice used mostly within primary care settings to identify and effectively intervene with those who are at moderate risk for psychosocial or healthcare problems related to their substance use. Telecare has been piloting ways to implement SBIRT within behavioral health programs and has developed a unique two-day Motivational Interviewing and SBIRT training that focuses on interventions matched to each individual's stage of change.

SCREENING

A trained staff person administers standardized screening tools (AUDIT and DAST) that assess the level of risk associated with a person's substance use behaviors. A client can complete the screening questions independently or through a structured interview. The screenings can occur in the community or in any behavioral healthcare setting.

RAISE THE SUBJECT

A trained staff asks the client permission to engage in a short conversation about the screening results.

PROVIDE FEEDBACK

The staff person shares the client's AUDIT and DAST scores, reviews the national guidelines for low-risk alcohol and drug use, and then explores possible causes between health problems and alcohol and/or drug use. Educational handouts are used to increase client awareness and open up conversations.

ENHANCE MOTIVATION

Using the Readiness/Confidence rulers (from Motivational Interviewing) the staff person inquires about the client's readiness for a change, exploring the reasons for a change, and the client's confidence in making a change.

Outcomes Matter: Treat to Target

Identifying Issues, Fostering Conversations, and Evaluating Progress

Telecare's coordinated care programs target care to meet expected outcomes. To achieve this, we use structured screening and tracking tools—including the DAST-10, AUDIT, PHQ-9, and physical health measures—to identify who is most in need of which services. These coordinated care programs use these measures to systematically track individual and population-level outcomes. The outcomes measurements are integrated into care to better foster individual conversations, evaluate client progress, and constantly improve the quality of care.

“Regular screenings... enable earlier identification of mental health and substance use disorders, which translates into earlier care.

— SAMHSA

Next Steps for Telecare

Whole Person Care

- Train new providers on co-occurring conditions
- Launch coordinated care programs with county and health plan customers
- Train all providers on six high-risk chronic health conditions

Co-Occurring Educational Groups

- Refine manualized curriculum
- Run COEG in 90% of Telecare programs

Substance Use Treatment

- Pilot Medication Assisted Treatment (MAT) within behavioral health settings
- Develop additional approaches to SUDS treatment

The image displays three overlapping screenshots of assessment tools from Whole Person Care. The top screenshot is the Alcohol Use Questions (AUDIT) form, which asks about alcohol consumption patterns. The middle screenshot is the Drug Use Questions (DAST-10) form, which asks about the use of various substances. The bottom screenshot is the Herth Hope Index (HHI) scoring reference table, which provides a scale for 12 items related to hope and outlook. The HHI table is as follows:

Item	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.	1	2	3	4
2. I have short and/or long range goals.	1	2	3	4
3. I feel all alone.	4	3	2	1
4. I can see possibilities in the midst of difficulties.	1	2	3	4
5. I have a faith that gives me comfort.	1	2	3	4
6. I feel scared about my future.	4	3	2	1
7. I can recall happy/joyful times.	1	2	3	4
8. I have deep inner strength.	1	2	3	4
9. I am able to give and receive criticism.	1	2	3	4
10. I have a sense of direction.	1	2	3	4
11. I believe that each day has potential.	1	2	3	4
12. I feel my life has value and worth.	1	2	3	4

Telecare Corporation

Since 1965, Telecare has continually evolved to better serve and support people with serious mental illness (SMI) and complex needs. We specialize in serving adults, older adults, and adolescents, particularly those with co-occurring issues such as physical health conditions, issues related to substance use, histories of criminal justice involvement or incarceration, developmental disabilities, or complications associated with aging.

For more information, please contact:

- Shannon Mong at smong@telecarecorp.com about **Whole Person Care**
- Scott Madover at smadover@telecarecorp.com about **COEG**
- David Heffron at dheffron@telecarecorp.com about **RCCS**