



Integrated Addiction and Whole Health Treatment

May 2022 -January 2023

Evaluation Report

Prepared by:



Behavioral Health &
Wellness Program



CCTSI CE Partnership Development Grant

INTRODUCTION. This report summarizes results from the CCTSI-funded partnership development grant to build a collaborative academic/community partnership between the University of Colorado’s Behavioral Health and Wellness Program and Front Range Clinic (FRC) – a network of treatment facilities serving patients with substance use disorders. This project planned for innovative whole health programming and translational research across multiple FRC locations throughout Colorado. Using principles of Community-Based Participatory Research (CBPR), the project served to solicit community feedback and decision-making related to the implementation and evaluation of wellness services for FRC clients.

The partnership development funding period supported the following goals and activities: 1) conduct an assessment of FRC’s wellness program needs and capacity for new services, 2) pilot implementation of brief wellness tools and identify feasibility challenges to future programming, and 3) increase FRC’s capacity for data collection.

ADVISORY GROUP FORMATION. To achieve these goals, an advisory group was formed in month 2 of the grant period. Members included staff and leadership from both the Behavioral Health and Wellness Program (BHWP) and FRC. Drs. Chad Morris (Director) and Christine Garver-Apgar (Research and Evaluation Director), as well as Teresa Mescher (Research Associate) represented BHWP while Donna Goldstrom (Director of Behavioral Health Services), Dr. Josh Hammond (Medical Provider), and Megan Foutch (Behavioral Health Provider) represented FRC. Dr. Morris, Dr. Garver-Apgar, and Ms. Goldstrom served as main decision makers. At times, additional FRC representatives attended advisory group meetings to offer knowledge and opinions on specific topics where they have advanced expertise, such as billing and electronic health records. These representatives included Dayna DeHerrera-Smith (Business Development Manager) and Trish Malouff (Executive Director of Revenue Cycle Management). The advisory group met monthly throughout the grant period, both in-person at FRC and virtually via Zoom. Meeting topics and discussion ranged broadly and are described throughout this document.

The remainder of this report is divided into four brief sections: I) Needs Assessment, II) Implementation Planning, III) Evaluation Work Group Results, and IV) Commitment to CBPR Principles.

I. NEEDS ASSESSMENT

Developing realistic implementation targets for whole health programming requires a comprehensive, community-driven assessment of client and clinic needs, desires, and capacity for new services. This assessment was conducted in the first half of the project period and is comprised of two main components: 1) identifying clinic attributes, infrastructure, and capacities for implementing new whole health services and 2) securing FRC client perspectives on potential wellness service offerings.

I.A. Clinic Attributes and Capacities

Clinic Operations. FRC has more than 60 locations across the Front Range. Most clinics are small and operate one day per week in either rented or borrowed space. These clinics tend to be located in rural areas. Approximately 28 locations are permanent brick and mortar clinics operating five days per week. FRC is headquartered at its Ft. Collins location, which sees approximately 6,000 patients annually. FRC representatives see their clinics functioning as “substance use disorder urgent care clinics,” in that staff are primarily concerned with acute patient care and emergent needs. They operate a flexible model

where walk-ins are accepted, and short-notice appointments are common. Importantly, FRC's goal is not abstinence for every patient. Three-quarters of their work is acute and/or crisis care, and approximately 25% of their appointments are bi-monthly or monthly follow-up or for continued maintenance for more stable patients. It is assumed that this latter population of relatively stable patients are most appropriate to receive whole health and wellness services. FRC sees wellness as a fully integrated program that is synonymous with their standard treatment.

Wellness Curriculum. Members of the advisory board from FRC reiterated a need for an evidence-based, standardized wellness curriculum that could be integrated into standard behavioral health visits. FRC is interested in using Motivational Interviewing (MI) as a basis for this curriculum and would like BHWP to assist in its development. Client-focused benefits from the program should include setting and working towards goals and improving daily functioning skills, quality of life, and life stability.

Wellness Program Logistics. Based on the patient population, the team decided that stable, maintenance patients would be best fits for wellness services. FRC further indicated that individual sessions would be best for their population since they had poor experiences organizing group-based treatment in the past. FRC believes peer delivery may be effective, but there is no option for peer specialists to bill for services, making this option not currently feasible for FRC. Therefore, the advisory board decided that behavioral health providers would be best suited to provide wellness services one-on-one with maintenance clients, beginning during a patient's second or third visit and continuing through subsequent visits.

Billing. Discussion of how to bill for wellness services in order to ensure profitability for FRC began in the first advisory group meeting. FRC representatives noted that programs will only be financially feasible if Medicaid can be billed since most patients (85%) are on Medicaid or are Medicaid-eligible. The clinics accept private insurance, but few clients use private insurance. Ms. Malouff, FRC's Executive Director of Revenue Cycle Management, indicated that billing Medicaid is critical as it can be funneled into education, needs assessments, or psychoeducation, which fall under the 908 short-term behavioral health codes currently being used by behavioral health providers. FRC's Medicaid patients can use these codes six times per year but tend to use fewer than that annually. In fact, Ms. Goldstrom reported that the majority of patients use only 2-4 of these appointments each year. This indicates that there are plenty of sessions available to be billed for wellness services proposed in this partnership development grant. Other billing codes were entertained by the advisory board, such as Screening, Brief Intervention, and Refer to Treatment (SBIRT) codes through Medicaid. However, these codes can only be used once every six months, making them unfeasible for FRC to utilize for this program. Ultimately, the advisory board determined that short-term behavioral health codes through Medicaid would be most feasible for any wellness services implemented at FRC. As these codes can only be used with Medicaid patients, FRC should continue to explore private insurance billing for this smaller subset of patients.

Data Collection Capacity. FRC's Business Development Manager, Ms. DeHerrera-Smith, provided valuable insight into FRC's current data collection, electronic health record, and how to integrate new data collection processes. Current data collection was limited to the electronic health record, which had only been in use since February 2022. She indicated that FRC collects demographics (date of birth, gender, marital status, address, preferred substance of use, and diagnosis codes) and insurance

information. They can also quantify how many clients are served at FRC, number of appointments, number of unique patients, and number of unique encounters. Medical history and types of visits are not collected via standard checklists, and this information is difficult to pull from provider notes. Race/ethnicity is not currently being collected, however FRC staff are making plans to do so, as this would provide important information about populations served and how to increase access for people of color.

FRC maintains regular grant funding through various sources, and they are often asked to report metrics such as the number of patients served from difficult to reach populations, treatment adherence, etc. For this and other reasons, FRC representatives indicated a desire to increase their organization's data collection capacities. In particular, FRC is interested in collecting several indicators, such as how often they can bill for services, how long clients stay at FRC, number of sessions per client, doses of wellness services needed to see a significant improvement, and whether wellness services increase client engagement. Of particular relevance for the addition of any new treatment programming, FRC representatives noted that their organization had not previously collected data related to treatment outcomes in any systematic way.

I.B. Client Perspectives

Focus Group. To gain client perspectives on the value of new wellness services at FRC, a focus group of FRC clients was convened in September of 2022. To promote neutrality and decrease potential bias, BHWP led the 60-minute focus group. While the main goal of the focus group was to learn from clients, the team also hoped to identify potential candidates to serve as the client representative in the advisory group in the future. An FRC behavioral health provider and a physician identified 12 patients who were stable and appropriate for focus group participation. Of these, six could not be reached, one declined, one was not available, and four agreed to participate. Of these four, two FRC clients (both identified as women) attended the focus group to share their views. Both verbally consented to video and audio recording and to BHWP using their comments provided during the focus group. Participants received a \$30 gift card for participation. Following the focus group, results were discussed among the advisory group, and the information gathered informed key decisions made about the wellness program.

Semi-Structured Interview Guide. BHWP team members developed a semi-structured interview guide that asked questions in five domains: wellness, goals, patient support, program interest, and program logistics (see Appendix A). Questions representing the first four domains had a set of potential probing questions the facilitators could ask if desired. Domain five questions were brief and asked about participants' preferences on key program logistics, such as timing and format. The focus group was led by two BHWP team members where one served as the facilitator and the other took notes.

Results and Analysis. Following the focus group, recorded notes were used to generate overarching themes for each main topic.

Domain 1 – Wellness

Theme: Wellness is a broad spectrum of topics that are not equal, but are interconnected

When asked what wellness means, the participants emphasized its importance and defining it as overall health while acknowledging that it has several facets, including physical, spiritual, mental, and

financial. One participant expressed wellness as being in a healthy spot with yourself, while another sees wellness as a broad spectrum of subjects and general wellbeing in those areas. They also described focusing on one dimension that is most crucial for their overall survival. For example, one participant suggested that financial wellness goes hand in hand with physical and mental wellness, given that financial stability determines whether people in recovery experience homelessness, can get to work, and can pay for medications.

Domain 2 – Goals

Theme: Short- and long-term goals for former substance users revolve around maintaining sobriety, building relationships, and stable reintegration into society

The most salient goal for participants was to maintain sobriety by remaining in treatment as long as possible. It was also important to them to become financially stable while gaining more stability, security, and consistency in their personal and work lives. One participant wanted to make sure she gains all possible knowledge/treatment to help her stay sober, while the other put more importance on overall improvement, including achieving stability and security, consistency, and a less chaotic life.

Domain 3 – Patient Support

Theme: Front Range Clinic and its compassionate, nonjudgmental providers offer countless services that change lives

Participants were asked how FRC could better support their health and wellness, and they could not think of ways for FRC to improve upon their services. They indicated that FRC offers comprehensive services and did not identify any gaps in their care. One participant stated that FRC provides “good” services and reflected that they were not sure what else FRC could do, as they already offer so much. Participants felt that FRC and its providers have had significant impacts on patients’ lives. Providers are always helpful, genuinely kind, and care about patients. They remember facts about the patient and ask questions about their lives while listening and creating a trusting environment. In addition, participants felt that FRC providers are flexible, eager to help, and trust their clients. They are also open, personable, and non-judgmental. Participants believe that FRC providers change lives for the better and that [the participants] would not be where they are today without FRC. Moreover, participants are thankful that FRC offers same day appointments, which are generally unheard of in the medical world. Participants stated they feel no shame going into FRC.

Domain 4 – Program Interest

Theme: Interest in new classes exists, but participation may depend on the topics discussed

Participants are interested in learning as much as they can from FRC. However, participation in a wellness program may depend on the specific topics the program includes. One participant stated that it would depend on what [the topics] are and what the service would be. The second participant was less concerned about the topics presented, indicating that she is interested in any class that might be offered because she wants to gain as much knowledge and therapy as she can. Any service that improves wellness and sobriety was of interest.

Participants also expressed that it is important to offer a program that no one else is offering to decrease repetition in treatment programs. The participants suggested topics included coping skills, recovery techniques, community resources and how to use them, nutrition, finance, and reintegration. One participant expressed interest in learning about nutrition, including what foods and vitamins may

aid recovery, given that nutrition is tied to mental health. She expressed that, while physical activity is also tied to mental health, working on improving physical activity is less interesting to her. In addition, it would be beneficial for participants to learn about how different drugs can affect habits and how to change habits. Providing community resources is helpful, but it would be more impactful if patients were taught about the variety of resources available and how to utilize them, as many people recovering from substance use disorders struggle to reintegrate into the community. Finally, financial classes to demonstrate how to open a bank account or get a reprinted birth certificate, for example, would improve reintegration outcomes.

Domain 5 - Program Logistics

Timing. Both participants thought a wellness program should be long enough to be worth the clients' time to travel and attend, but less than a full day. In addition, they indicated time of day is flexible, but preferred to attend a program in the late morning or evening.

Format. Both participants preferred virtual sessions to reduce barriers to attending, such as lack of transportation. They were open to attending sessions in a group format or one-on-one with a behavioral health provider.

Frequency. Offering sessions once per month was suggested by both participants.

II. IMPLEMENTATION PLANNING: CHALLENGES AND OPPORTUNITIES

II.A. Challenge #1 - Client Engagement and Turnover

The advisory group's experience in engaging clients in this project was challenging. Despite best efforts, the team struggled to get clients involved in the project, as evidenced by the low focus group participation. Moreover, FRC has rapid client turnover rates and clients frequently reschedule or do not show for behavioral health appointments, which may lead to poor utilization of wellness services. The lack of initial client interest was, itself, valuable information for the team and presented an opportunity to reflect on how best to engage clients in wellness services. For example, rather than handpicking clients to participate in future focus groups, it may be helpful to cast a larger net to all stable clients in an effort to increase participation and amplify the client voice. Additionally, the team discussed potential ways to educate clients on the benefits of attending to multiple wellness domains as critical components of recovery from substance use disorders, and to engage in these efforts *early* in treatment. Addressing these challenges informed several next steps.

Opportunities for Testing Initial Wellness Programming. As a first test of clinic readiness to implement wellness programming and to further engage clients, BHWP trained Megan (behavioral health provider) to implement and use BHWP's Motivational Intervention tool in early November (see Appendix B). This tool utilizes MI techniques to strengthen a person's own motivation and commitment to change. Implementing the MI tool would serve two purposes: 1) exploring client interest in wellness services and enhancing motivation for healthy behavior change and 2) piloting a billing model with little up-front investment. These one-time, one-on-one sessions could be billed by Megan using the current 908 Medicaid codes. Megan indicated she feels well-prepared to implement the tool and has identified a client who could benefit from it. In addition, by the end of the grant period, she was able to use the MI tool with one client. While the tool was helpful, Megan stated it was

most helpful in motivating the client to continue with their current treatment plan rather than motivating them to work on their wellness more broadly. To increase reach, FRC has decided to try using the MI tool with clients coming into the clinic for medication checks.

In addition to the MI tool, the partnership team is exploring testing a more comprehensive curriculum for FRC clients that would consist of approximately 5 sessions. This curriculum had been requested of Ms. Goldstrom by FRC leadership prior to the current project's funding period, and the team felt that this curriculum might provide another avenue for integrating wellness services into an expanded FRC treatment protocol. Ms. Goldstrom shared FRC's draft curriculum with BHWP, and BHWP has outlined a potential five-session curriculum that blends BHWP's evidence-based Well Body Program with topics from FRC's curriculum that are important to FRC's population (e.g., identifying and managing triggers). BHWP has developed Session 1 activities, including associated client-facing handouts, which will educate clients on the importance of whole health for substance use recovery and help clients to envision a healthy lifestyle for themselves (see Appendix C). This single session will serve as a second opportunity for FRC to test implementation feasibility and billing models going forward.

II.B. Challenge #2 – Provider Bandwidth

Another challenge to testing any new wellness service at FRC is provider bandwidth, a challenge that has become increasingly salient over the past several months. Recently at FRC, efforts have been made to increase client access to behavioral health providers. In line with this effort, medical providers have begun referring more clients to behavioral health services in recent months, particularly those in crisis. One result of these efforts is that Ms. Fouch must increasingly prioritize patients in acute crisis or those with complex needs over more stable clients who would be most appropriate for wellness interventions. Given this current reality, it is unclear how feasible it will be for the FRC team to implement either the MI tool or the activities provided in Session #1 of the blended curriculum. However, FRC recently hired four additional behavioral health providers, and the team is hopeful that FRC staff caseload will soon normalize and FRC can start testing these tools with appropriate clients.

Future Translational Research. If fully developed, the 5-session curriculum would represent a brief, substance use disorder-specific Well Body Program. In addition to the initial session, the curriculum would educate clients around the processes for creating and changing habits, help clients identify and manage triggers for unhealthy habits, and assist clients as they set specific health behavior change goals (see Appendix D). All sessions (up to 5 allowed via the identified billing model) would be attached to an existing medical follow-up visit, as these are less likely to be rescheduled or no-showed. To implement this program, staff from FRC would attend a two-day training on wellness topics including stress management, healthy sleep, nutrition, physical activity, and tobacco cessation, as well as how to facilitate the complete curriculum with patients. Future translational research would test the feasibility, acceptability, and effectiveness of this curriculum for FRC clients.

III. EVALUATION WORK GROUP

In response to evaluation needs identified as part of the Needs Assessment, the evaluation workgroup (including representatives from both BHWP and FRC) worked on one primary activity: pilot the implementation of a brief, validated treatment effectiveness survey at the Ft. Collins FRC clinic, with the eventual goal of implementing the survey across all FRC clinics. The Treatment Effectiveness Assessment (TEA) is a brief, 4-item survey that asks patients to assess how well they're doing in four

areas important to treatment and recovery (see Appendix E). The goal at FRC is to have all patients who are not in acute crisis or need emergency care to complete the TEA at every appointment. Treatment progress will be tracked over time. The TEA can be used both as a clinical tool (i.e., providers can refer to an individual client's progress over time during appointments) and for clinical quality improvement initiatives (as an aggregate measure of treatment effectiveness across FRC's client population). With FRC leadership approval, the TEA was implemented at the Ft. Collins clinic on October 31, 2022. All patients now complete the TEA at each visit. From November through mid-January, 173 TEA forms were completed by FRC patients (see Appendix F for example output). Initial feedback from Ms. Foutch, who has been administering the survey, is that the TEA is well-received by clients, easy for them to understand, and does not take long to complete. Ms. Foutch found that the information collected in the TEA opened the dialog between providers and clients and has allowed for more complete care. In the future, the TEA will assist FRC to evaluate and improve treatment and services, including expanded wellness services. Data from the TEA, as well as race/ethnicity data, may also be used to enhance future grant submissions.

IV. PROJECT COMMITMENT TO CBPR PRINCIPLES

IV.A. Recognizes Community as a Unit of Identity

At the beginning of this partnership, we defined communities as FRC clients with shared experiences of undergoing substance use disorder treatment who will receive wellness services and public mental health professionals, substance use disorder physicians, and community researchers with shared goals of providing wellness services to those with substance use disorders. All decisions were and will be rooted in this core idea of the communities involved.

IV.B. Builds on Strengths and Resources Within the Community

Conducting a thorough Needs Assessment at the beginning of this partnership allowed identification of existing strengths and resources available while acknowledging areas that can be improved. The Needs Assessment outreached to members of the FRC client community to promote community participation as well. A future wellness curriculum would blend strong evidence-based content already existing at BHWP with resources and information important to FRC clinicians.

IV.C. Facilitates Collaborative Partnerships in all Phases of the Research

All aspects of project planning at FRC were collaborative. All decisions were made as a team with all team members treated equitably. Monthly meetings and email correspondences actively engaged all team members' opinions and final decisions were made with the approval of all parties. Future research phases will continue to use this model of collaboration where all phases of research from project planning through dissemination of results are informed by all parties.

IV.D. Integrates Knowledge and Action for Mutual Benefit of all Partners

Integration of the Treatment Effectiveness Assessment and updating demographics collected from FRC clients provides data that may support enhanced client care and increased ability to demonstrate treatment effectiveness and identify quality improvement targets. Future academic-community partnerships may build upon these expanded data collection efforts.

IV.E. Promotes a Co-Learning and Empowering Process that Attends to Social Inequalities

Researchers from BHWP provided scientific knowledge to this project while FRC clinicians and leadership offered their expertise about the clinic, its workflow, and their clients. That is, BHWP provided guidance regarding evidence-based practices while FRC provided complementary practice-based evidence. Partners' areas of expertise were synergistic in suggesting wellness programming that was realistic given the competing demands FRC faces. Throughout this project, mutual receptivity to different clinical experiences suggested new approaches to wellness programming that might address social inequality.

IV.F. Involves a Cyclical and Iterative Process

Engaging FRC clients in whole health and wellness during substance use disorder treatment is challenging. Project planning at FRC has applied an iterative process, in which community feedback from clients and staff informed next program action steps. These next steps were in turn evaluated, leading to new questions and mutually identified refinements. For example, in response to acute care needs, the project team trained the lead FRC clinician to utilize a brief motivational intervention, as a first step toward fostering client interest in their whole health. While project partners were trying to meet clients "where they were at", even attempts to implement this motivational tool further highlighted workflow challenges. Now the project team is working to integrate client engagement activities into a broader curriculum, previously requested by FRC leadership. Future translational research at FRC might extend upon this iterative process, to determine what health systems changes will lead to sustainable whole health clinical care.

IV.G. Addresses Health from Both Positive and Ecological Perspectives

This project addresses positive health and wellness at both the organizational (upstream) and individual (downstream) levels of the socioecological model. At the organizational level, the introduction of whole health programming will further support FRC as a wholistic treatment center. At the individual level, future wellness content will be specific to the population FRC serves by addressing social determinants of health unique to people with substance use disorders.

IV.H. Disseminates Findings and Knowledge Gained to all Partners

Results will be disseminated to interested community and academic parties. FRC representatives will help inform the best practices for disseminating knowledge gained to FRC clients, leadership, and funders while BHWP researchers will provide insight on how to best disseminate results within university settings (e.g., peer-reviewed papers and presentations) and to research funders.

APPENDIX A: Focus Group Guide

Front Range Clinic Focus Group Guide

INTRODUCTION:

Welcome. Thanks for taking the time to join our discussion today.

My name is _____. I am a _____ at the University of Colorado - Behavioral Health and Wellness Program team and will be your moderator today. My colleague, _____, is also on the call to help take notes on our discussion. I would like to thank Donna, Megan, and Josh for helping us organize this session today.

The purpose of this group is to get your perspectives on FRC potentially offering a health and wellness service. The information provided will be used by the Behavioral Health and Wellness Program and the Front Range Clinic to implement wellness services at Front Range Clinic to help better serve you as clients.

CONFIDENTIALITY

- There is no obligation to respond. You can stop at any point.
- While we will record the conversation, the transcript will not contain any identifiers. No personal data will be shared with others, and the information provided will be analyzed anonymously.
- Please leave your camera on, if possible. This makes it easier for us to determine who was speaking when we listen to the recording later.

FOCUS GROUP LOGISTICS

Before we begin our discussion, I'll briefly review logistics. We have planned this conversation to last for 60-90 minutes. We will end promptly out of respect for everyone's time. As compensation for your participation, you will each receive a \$30 gift card.

Some quick ground rules for our discussion today. If you want to follow up on something that someone has said, please do so – don't feel like you need to only talk to me. I'm here to ask questions, listen, and make sure everyone has a chance to participate in the conversation. We're interested to hear from each of you, so if you are talking a lot, I may ask that you give others a chance. If you aren't saying much, I may call on you. We want to make sure we hear from all of you.

Do you have any questions before we start?

I would also like to get verbal confirmation from each of you that it is ok to record our conversation today.

FOCUS GROUP QUESTIONS:

1. What does “wellness” mean to you?
 - a. What does physical wellness mean to you?
 - b. What does mental wellness mean to you?
 - c. How important is wellness to you?
 - d. What type of wellness is most important to you? Why?

2. Can you describe any current goals you have related to your health and wellness?
 - a. How do you feel about setting goals?
 - b. What does your goal setting process look like?
 - i. Do you tend to set long-term goals or short-term goals?
 - ii. Do you find one type of goal easier to achieve than another?
 - c. When you set a goal, how hard is it for you to achieve it?
 - d. What do you find helps you reach a goal?

3. How could FRC better support you with overall health and wellness?
 - a. How satisfied are you with the support you have received from FRC?
 - b. How has FRC affected your life?
 - c. What would you like to change about how FRC supports your health and wellness?
 - d. What type of services do you think FRC should add in order to support your health and wellness?

4. How interested would you be in receiving a service offered by FRC that would support you with health and wellness goals?
 - a. What type of health and wellness service do you see yourself participating in?
 - b. What topics would you like to learn more about?
 - c. If they aren't interested - What would motivate you to participate in a health and wellness service?
 - d. If they aren't interested – What would increase your interest in a health and wellness service?

OTHER FG DETAILS:

My final few questions are brief and will ask more about how a health and wellness service could be offered by FRC:

1. How long would you like a single session? 1 hour? Less?
2. Would you prefer participating online or in-person?
3. Is there a time of day that would work best for you?
4. Would you prefer to participate during an already scheduled appointment at FRC or during a time that is separate from other FRC appointments?

Finally, we would like permission to use your feedback from this focus group in marketing materials or in academic publications, but we need your permission to do that. We would not use your name, only your comments. Can each of you tell me whether that would be ok with you? Thank you!



DIMENSIONS: Well Body Motivational Intervention

Name: _____

Date: _____

Center Name: _____

Location: _____

Please complete the following questions.

On a scale from 0 (completely unsatisfied) to 10 (completely satisfied), how satisfied are you with your physical health?

SATISFACTION RATING

(0-10)

What makes you rate your satisfaction a _____ (add current satisfaction rating)? Describe:

What aspect of your health behaviors do you want to focus on for change? Choose from one of the four circles below:

**Coping
with Stress**

**Healthy
Sleep**

**Healthy
Eating**

**Physical
Activity**



Coping with Stress Circles Menu

Where do you want to start?

Choose one of the circles below. Or fill in the blank circle.

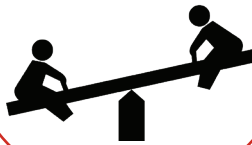
Mindfulness



Healthy
Communication



Play



Relationships



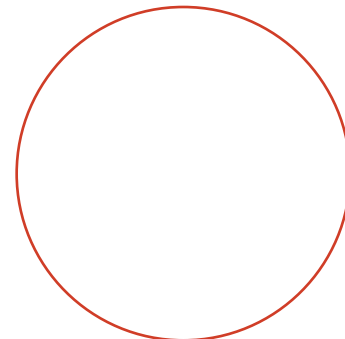
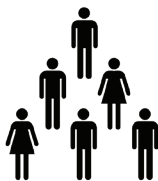
Resources



Self-Care



Support System

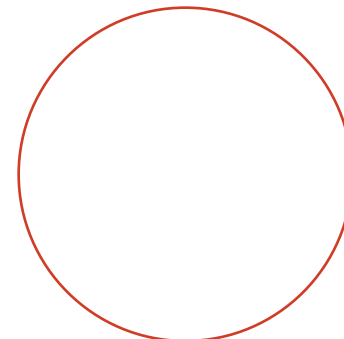
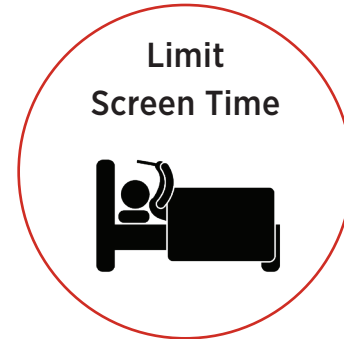




Healthy Sleep Circles Menu

Where do you want to start?

Choose one of the circles below. Or fill in the blank circle.





Healthy Eating Circles Menu

Where do you want to start?

Choose one of the circles below. Or fill in the blank circle.

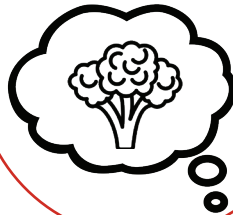
Awareness of
Eating Patterns



Reduce Sugar



Mindful Eating



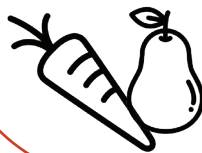
Reduce
Fast Foods



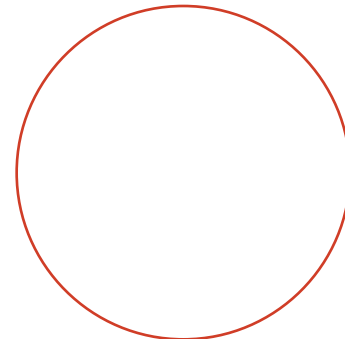
Portion Size



Increase Fruits
& Vegetables



Choose Locally
Grown Foods





Physical Activity Circles Menu

Where do you want to start?

Choose one of the circles below. Or fill in the blank circle.

Flexibility



Aerobic
Exercise



Strength



Other Active
Behaviors



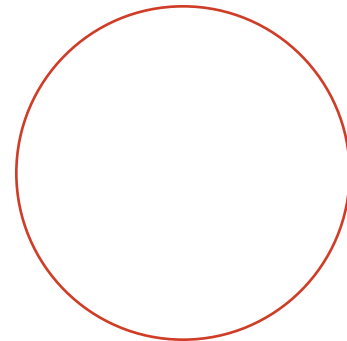
Resources



Find Activities
You Like



Create
Community





My Top 3 Reasons

Write down the top three reasons that motivate you to change.

1.

This reason motivates me because...

2.

This reason motivates me because...

3.

This reason motivates me because...



Rate yourself on a scale from 0 to 10 (0-Low, 10-High):

How IMPORTANT is it for you to change RIGHT NOW?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10



My Strategies for Success

As you move toward your Well Body goals, you will likely experience some challenging situations. In order to successfully navigate these situations, it helps to have strategies in place to address potential challenges. Identify potential challenges and strategies to handle each situation. Write these in the space provided below.

Potential Challenges:

Potential Strategies:



My Strengths and Resources for Change

Create a list of strengths that you possess and resources you have available to support you towards your Well Body goal(s).

STRENGTHS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

RESOURCES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



Rate yourself on a scale from 0 to 10 (0-Low, 10-High):

How CONFIDENT are you that you can change RIGHT NOW?





My Well Body Goal

Take a moment to identify your Well Body goal. What behaviors do you want to change to support your Well Body? When goal-setting, it is important to set S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Timely) goals. Write your goal in the space below.

My Well Body goal is:

In order to meet my Well Body goal, I need:

1.

2.

3.

I will know that I have achieved my Well Body goal when:

1.

2.

3.



Rate yourself on a scale from 0 to 10 (0-Low, 10-High):

How much CONTROL do you have over your ability to make positive change RIGHT NOW?



How COMMITTED are you to taking steps toward change RIGHT NOW?





Did You Know...?

Sleep

Healthy sleep habits help people in recovery. High quality sleep reduces withdrawal symptoms, speeds recovery, helps prevent relapse, and improves quality of life.

How does sleep affect your recovery?

Physical Activity

Physical activity can relieve anxiety, stress, and depression. It can also prevent relapse by reducing pain and cravings.

How does physical activity affect your recovery?

Nutrition

Good nutrition supports recovery by reducing reward-seeking thoughts and cravings, improving mood, and helping to prevent relapse.

How does nutrition affect your recovery?

Stress

Stress can be the most powerful trigger for cravings and relapse. One of the best ways to support your recovery is to learn healthy coping strategies.

How does stress affect your recovery?



Assess Your Wellness

This exercise provides information about your specific level of wellness across the 8 Dimensions of Wellness. Consider the following questions as related to each dimension. Then rate yourself on a scale of 0-Low to 10-High in terms of your wellness in that area.

Emotional Wellness

- » Are you aware of your emotions throughout the day?
- » Do you express your emotions in a way that is respectful to yourself and others?
- » Are you generally optimistic?
- » Do you practice coping skills that you perceive as healthy?

Environmental Wellness

- » Do you live and work in a safe and healthy environment?
- » How are you affected by your home and work environment?
- » Do you regularly spend time in nature or natural environments?

Financial Wellness

- » Are you intentional and aware in your spending?
- » Do you have resources and knowledge to keep yourself financially healthy?
- » Do you plan for and feel secure in your financial future?

Intellectual Wellness

- » Do you take advantage of opportunities for learning in your personal and professional life?
- » Do you find ways to express yourself creatively?
- » Do you keep up-to-date with current issues and ideas?

Occupational Wellness

- » Do you feel personally fulfilled and energized by your work?
- » Do you look forward to going to work?
- » Are you satisfied with the direction your career seems to be heading?

Physical Wellness

- » Do you choose to eat healthy foods?
- » Are you physically active at least 3 days per week?
- » Do you use drugs and alcohol to cope with stress?

Social Wellness

- » Are your interpersonal relationships close and meaningful?
- » Do you actively engage in activities in your community?
- » Are there people you can reach out to when you need support?

Spiritual Wellness

- » Do you find existential meaning in life events?
- » Is it easy for you to treat others who have different values with respect?
- » Is the work you do compatible with your values?

Review your responses to each of the 8 Dimensions of Wellness. Where do you rate yourself High (8-10), Moderate (4-7) and Low (0-3)? Consider the activities that facilitate or detract from your wellness in any one dimension. Is there a particular dimension of wellness on which you would like to focus your attention?



My Well Body Visualization

As you move towards your Well Body goals, a powerful technique you can use is to practice visualizing your Well Body. Visualization is the process of forming clear mental images by using your imagination and memory. In this exercise, you will be guided through some instructions to help you envision your Well Body.

Begin by closing your eyes, if you feel comfortable doing so. Adjust your body into a comfortable position, settling into your seat. Be aware of your posture. Straighten your back against the chair. Lower your shoulders if they are raised. Relax the muscles in your body. Release any tension you may be holding. Draw your attention to your breath. Take a deep breath in through your nose. Release your breath out through your mouth. Take a few slow, deep breaths in this manner. Relax into a feeling of ease with each slow, deep breath you take. Breathe slowly, in and out.

When you are ready, imagine that all of your Well Body goals have been achieved. Create a mental picture of this complete, whole, Well Body. Imagine how it would feel to move around in this body. How does it feel to breathe? How does it feel to take a walk? Try to imagine as many details about your body as you can. Fill in other details. What would you be eating? How much sleep would you want to be rested? How would you be coping with or managing life stressors? How do you interact with others? What activities would you be engaging in? Take a few moments to imagine what your life would be like.

When your visualization is complete, pause for a moment and take a mental picture of your Well Body. You can use this mental image for future visualizations. You can add to it and fill out more details as you clarify what a Well Body means to you.

When you are ready, please open your eyes and bring your attention back into the room.

Notes:

APPENDIX D: Complete Wellness Curriculum - Sample Outline

Health and Wellness Curriculum for Front Range Clinic: Sample Outline

(30 minute sessions)

Session 1: Health, Wellness, and Recovery

- Educational Handout/Activity: Impact of Health and Wellness for Substance Use Recovery
- Self Assessment: Assess your Wellness
- Activity: Visualization

Session 2: Reasons for Change

- Activity: Defining your Values
- Activity: Circles Menu (choosing a health domain to focus on)
- Activity: Top 3 Reasons I want to Change
- Activity: Strengths and Resources for Change

Session 3: Creating a SMART Goal

- Educational Handout: SMART Goals
- Activity: Set a Health and Wellness SMART Goal
- Activity: Tools for Success

Session 4: Behavior Change

- Educational Handout/Activity: The ABC's of Behavior
- Activity: The How of Behavior Change
- Educational Handout/Activity: Triggers

Session 5: Maintain Health and Wellness

- Educational Handout: Medication Assisted Therapy Maintenance
- Activity: Healthy Boundaries
- Activity: My Strategies for Success

APPENDIX E: Treatment Effectiveness Assessment

This survey asks you about how you are doing in four areas that are important in your treatment and recovery: Substance Use, Health, Lifestyle, and Community. Think about how things are for you in those areas and circle the number that best describes your situation, from 1 (not well at all) to 10 (extremely well). In the Remarks section of each category, please write down one or two comments about what you thought was important in how you responded on the scales. Feel free to add details or more information about your responses and your remarks.

Participant Initials: Birth Date:

 ___ ___ / ___ ___
Month Day

Today's Date:

___ ___ / ___ ___ / ___ ___ ___
Month Day Year

Is this your first time visiting a Front Range Clinic?

YES NO

Substance Use

How are you doing with substance use? Consider the frequency and amount of use, money spent on drugs and alcohol, amount of drug craving, time spent being high/drunk, being sick, in trouble, and in other drug-using activities, etc.

Not well at allFair.....Extremely well

① — ② — ③ — ④ — ⑤ — ⑥ — ⑦ — ⑧ — ⑨ — ⑩

Remarks:

Health

How are you doing with your health? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc.?

Not well at allFair.....Extremely well

① — ② — ③ — ④ — ⑤ — ⑥ — ⑦ — ⑧ — ⑨ — ⑩

Remarks:

Lifestyle

How are you doing in terms of your personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments?

Not well at allFair.....Extremely well

① — ② — ③ — ④ — ⑤ — ⑥ — ⑦ — ⑧ — ⑨ — ⑩

Remarks:

Community

How are you doing in the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people?

Not well at allFair.....Extremely well

① — ② — ③ — ④ — ⑤ — ⑥ — ⑦ — ⑧ — ⑨ — ⑩

Remarks:

APPENDIX F: FRC Treatment Effectiveness - Example Output

From November 2022 through mid-January 2023, a total of 162 unique patients at the Fort Collins office of FRC completed the Treatment Effectiveness Assessment. A small subset of these patients (11 individuals) completed the form twice during this window. Below, we provide an example of output FRC can generate from these data. The average scores reflect general wellness of FRC patients (across all patients and all timepoints). The average change scores reflect average changes in wellness across the subset of FRC patients who completed the TEA form across multiple timepoints. Change scores are reported for illustration purposes only and should be interpreted with caution, as they are based on a very small number of clients. Outcomes related to change over time will become increasingly meaningful as more FRC patients complete the assessment across more timepoints.

Average “Wellness” scores across four categories (1 = Not well at all, 10 = Extremely well):

Category of Wellness	Average Score (N = 173)	Average Change from Time 1 to Time 2 (N = 11)
Substance Use	8.7	+ 0.4
Health	7.5	+ 0.6
Lifestyle	8.3	+ 0.5
Community	8.6	0.0