

Innovative Approaches to Wellness in Behavioral Health

Announcing the Winners of SAMHSA's 2016 Recognition of Excellence in Wellness
Transcript of Webinar Recording

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Speakers:

Substance Abuse and Mental Health Services Administration (SAMHSA)

Carlton Speight, Contract Officer's Representative

SAMHSA's Program to Achieve Wellness (PAW)

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The University of Arizona RISE Health and Wellness Center

Andy Bernstein; Cheryl Glass

Consumers Helping Others Improve their Condition by Ending Smoking (CHOICES)

Dr. Jill Williams; Trish Dooley Budsock; Deidre Stenard; Yasmin Halim; Wayne Holland

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Terri Hay:

Hi everybody. This is Terri Hay, the Program Director for SAMHSA's Program to Achieve Wellness, and I just want to let you know that we'll get started in just a couple minutes. We're getting some last participants signing on, so we'll get started in about 2 minutes.

Hi everybody. Again, this is Terri Hay. I'm the Program Director for SAMHSA's Program to Achieve Wellness, and I want to thank you for joining today's webinar, Innovative Approaches to Wellness in Behavioral Health. We're holding this webinar today to announce SAMHSA's 2016 Recognition of Excellence in Wellness. Next slide. I wanted to let you know we're going to hold 15 minutes at the end for Q&A, so please use the Q&A box anytime during the course of the webinar today to send questions, and we're going to field them on this end. If it's easier for you to identify the speaker who you want to direct the question to, that would help us field it to the right presenter at the end of the webinar, but please feel free to ask as many questions as you'd like and we'll organize them at the end and direct them to the appropriate program expert.

We're excited to help SAMHSA kick off National Wellness Week. As most of you or some of you may know, National Wellness Week was established to share messages about practicing wellness and how that provides an essential foundation for good health. This year, SAMHSA has actually provided an online calendar that you can both post your events to and/or view local events or national events online, so take some time to check out the Wellness Initiative webpage and the calendar. You'll also find on the webpage that there is a listing for each day of wellness week and what theme or focus for wellness of these dimensions SAMHSA is asking folks to focus on for that day. For instance, yesterday folks were asked to focus on environmental wellness, so go out and take a walk or do something that helps improve your environment wellness.

Today, the focus is all dimensions working together, and we thought that was very appropriate for the recognition for wellness, and that most of these programs that are being highlighted today do focus on more than 1, if not all, the dimensions of wellness. Next slide.

SAMHSA's Recognition for Excellence in Wellness was announced back in June. The PAW program, the Program to Achieve Wellness, announced its first annual recognition. Through a solicitation we sent out on our listserv and was forwarded through many other communication mechanisms through SAMHSA and our other partners, the goal was to select 3 innovative wellness programs from a pool of really great applications. We were looking to identify and showcase innovative programs and practices that put the concept of wellness into action, and I think we got a pretty good response to our first solicitation and a lot of programs that were doing a lot of great things, so the decision making process was not easy. Next slide.

We did an effort to cast a pretty wide net. We invited a lot of ... We tried to cast a really wide net by only listing 4 major criteria for eligibility. We invited national organizations, community based organizations, including providers, peers, and peer providers, community, states, tribes, whoever. We didn't really rule any organization out from being able to participate. We were looking at for those

providers or organizations for entities that provided services or supports to individuals with mental health and/or substance use disorders or individuals experiencing homelessness or at risk for homelessness with behavioral health conditions.

Those programs and the services provided had to address at least one of the 8 dimensions of wellness. Like I said earlier, most of the applicants, definitely addressed at least 1, if not multiple of the dimensions. The final criteria was, of course, just submit a complete application package. Next slide.

In planning for the Recognition, we worked with SAMHSA and did a lot of considering and soul searching and talking to experts and trying to figure out what would make a Recognition, what would make a program excellent, and how would we choose those winners? We looked back at all the different research and programs that we were aware of, and thought that the most important things were what listed here. We wanted to make sure that those programs created meaningful improvements in the lives of people in recovery for mental health and/or substance use disorders. Could they describe the wellness interventions and the impact that they had on behavioral health issues?

We also wanted to look at one of the most pressing issues in terms of wellness and recovery and could these programs effectively work to address the increase rates of chronic illness and premature death among this population? Those were our main goals and looking at who would be recognized for excellence.

I want to turn the presentation over to Dr. Peggy Swarbrick who can provide a little bit more background on the SAMHSA's Wellness Initiative, the 8 dimensions of wellness, as well as how we score the applications once we receive them, so Peggy?

Peggy Swarbrick: This week has been such an exciting initiative in the whole behavioral health field, and I'm so glad to be part of it. We're here today and this week and hopefully always, but this week we set aside, to look at the 8 dimensions of wellness, and why we're doing this is because we know that there's some information, some data that came about that showed that people's quality of life and life span was impacted, so SAMHSA organized groups back initially in 2007 and the campaign started around 2010/11 where we focused in on the 8 dimensions of wellness.

We know the physical health areas so impacted, we wanted to keep in mind for our recovery to frame it around the areas of our life: social, emotional, intellectual, occupational, environmental, financial, and spiritual. All these areas are what makes us as human beings, and these are the framework for our recovery. Wellness brings about a way we can look at our strengths, we can look at what's going well, so then we can look at those areas of imbalance or challenge that can really be the area we can get some help, and today we're going to hear about some great services and support that really help people.

The 8 dimensions of wellness is that vision that frames our recovery, and this is really exciting that we're hearing more and more about the different programs that

are impacting many of these dimensions. We want to today tell you a little bit about, move to the next slide, why we focused in on this. Again, we knew that the physical illness was responsible for a lot of the early death and the quality of life that was impacting, and we know the issue that people were dying much sooner from things that were preventable.

When we look at wellness, we think about the whole 8 dimensions. We can really focus on the areas of our physical wellness, but then it effects those other areas. We know, unfortunately, these were the statistics that we knew, but we wanted to start it be part of the solution and the whole wellness gives us a lens to help address these areas so that people can move into the recover and live a better quality of life and hopefully longer life.

We really have the wellness campaign, Program to Achieve Wellness to really help focus on the physical wellness but all the other dimensions. We want to move to the next slide. When we were thinking about the different programs, and I am just so excited to be a part of this because I hear and I see programs all around the country, people call me a lot, and to have this initiative to start to recognize was really great. When we were thinking about this, we wanted to really think about things that were innovative. Really there's a lot of things happening on the ground and the grassroots that are innovative, so that was one of the things that we thought was very important in judging a proposal that we would receive.

Again, another thing, because we want to make this stuff really be accessible for people real time, very soon, we wanted to look at things that could be replicated around the country, that could be replicated pretty quickly with minimal resources and can really then be shared with the field and most important with people that are pursuing their recovery very quickly, and things that are making a major impact on the quality of the lives and the lifespan of people that really we all on this call today care about. We wanted to think about this criteria, and we had, as Terri mentioned, some very, very great proposals and really excited to share today the ones we have.

I'm so happy to be with you here on the call and start the beginning of this important wellness week, the 8 dimensions of wellness, understand why this matters. We all know why it matters and why it's so important for us to keep pulling together innovative work and give you a little background around the judging criteria. It's with great pleasure that I introduce you to Carlton, who's the contracting officer for PAW to bring you forward to the next part of the presentation today.

Carlton Speight: Why we decided to do this as an agency-- SAMHSA decided to really do this as an agency because we often hear about the tons of good wellness programs happening across the country, but at the same time we get tons of questions about how do I conduct a wellness effort in my area beyond just a national wellness week, how do I put on an event, how am I able to make an impact, how am I able to do an initiative or a program? Some individuals and some organizations struggle with, one, believing they can do it, two, that they have the resources, and

then three, making the necessary connections and getting the necessary support in their area.

What we decided to do with SAMHSA was to recognize those programs happening across the country that have been very effective in getting the resources, being able to build support in their prospective areas, as well as being creative. That's the whole point of this. Individuals from across the country, organizations across the country are able to see how programs are able to be successful, being able to be sustained for a long period of time, and most importantly being able to make an impact on wellness and recovery.

The biggest thing is back to the point of talking about recovery and how wellness is an important step in recovery. SAMHSA's working definition of recovery is this. A process or change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. I'll repeat that. A process or change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. That is to the 8 dimensions of wellness that Peggy was just talking about. All those 8 dimensions support this definition, support the recovery.

Some of the dimensions that SAMHSA has recognized as well, as far as the initiative's focus on recovery, are health, home, purpose, and community. I repeat those. Health, home, purpose, and community. Once again, we can tie this right back to the 8 dimensions of wellness. All these 8 dimensions working in harmony can achieve these things. That's why it's so important for programs across the country to be able to understand that you can put on these different wellness initiatives. Individuals with behavioral health conditions will be able to live healthier and more successful lives. Next slide please.

The beauty of this program when we first sent it out where we got tons of submissions, and it was very challenging to go through and judge all of them to be able to pull up and say, "These are the top ones." We did give those honorable mentions out. There were 3 winners that were honorable mentions that I thought that were outstanding. Next slide please.

Advocacy Unlimited's Toivo, Baby Love of Hamilton Health Center, PA, Seven Hills Homeless Center's Supportive Services for Veteran Families, AR. Now, drum roll please. Next slide. I want to introduce you the winners of the 2016 recognition. Next slide please. Without further ado. The Behavioral Health Alliance of Rural Pennsylvania, Behavioral Health Home Plus; The University of Arizona RISE Health and Wellness Center's Camp Wellness; Consumers Helping Others Improve their Condition by Ending Smoking (CHOICES), NJ.

Congratulations. Next slide. Now you have an opportunity to hear from the Behavioral Health Alliance of Rural Pennsylvania, Behavioral Health Home Plus.

Sally Walker: Thank you, Carlton, for the introduction, and we want to thank everyone for the recognition and the opportunity to speak today about our initiative. Our behavioral health home plus model was developed in collaboration with our behavioral health manage care organization. Dr. Jane Schuester, the chief medical officer at

Community Care Behavioral Health, was the lead for community care in that collaboration. The model was developed in 2010. We serve individuals with serious mental illness who are managing long term health conditions, and we're serving 3,750 individuals that participated in services at community mental health centers across north-central PA.

The alliance that I work with, BHARP, is made up of the mental health and intellectual and development disability directors, the human service administrators, and the single county authority of drug and alcohol directors for 23 counties in rural PA. We came together in 2006 at the request of the state Department of Human Services in order to assist in collaborating around the contract for managed behavioral health services for individuals in those 23 rural counties.

Our behavioral health MCL partners, Community Care Behavioral Health, and Patty Schake is here today representing them and was a lead as well on the project, so I'll allow her to tell you a little bit about herself and Community Care and then I'll continue.

Patty Schake: Thanks, Sally. I just want to say thank you on behalf of all of those collaborating partners who worked so hard to bring the Behavioral Health Home to life and to all of the individuals in service who participate with the project. My name's Patty Schake. Again, I'm with Community Care Behavioral Health organization. We are a nonprofit recovery focused behavioral health managed care organization headquartered in Pittsburgh, PA, and we manage mental health and substance use disorder services for medical assistants recipients in 39 counties in PA, and we're thrilled to partner with BHARP's respondent model.

Sally Walker: As I mentioned and as you can see from the slide, we did start Behavioral Health initiative in 2010, and then in 2013, we received a grant from the Patient Centered Outcome Research Institute and we implemented the behavioral health home plus model at 11 additional sites. Now, today, we have the model implemented in 49 sites across PA, 17 of which are in the rural 23 counties I work with, and we're providing services to 7,500 people annually through that program.

Can we move to the next slide please? The key components are listed here. The wellness nurse, the case managers, and certified peer specialists that provide wellness coaching, and our wellness coaching is a model developed by Dr. Peggy Swarbrick. Also the model has access to self-management tool kits and resources and use of a registry. The model was designed to promote and incorporate wellness and healthy lifestyle changes and preventative care for individuals with serious mental illness. These interventions were designed to improve the health status and life expectancy and it recognizes the interconnectedness of the physical and behavioral health for individuals.

The wellness nurse was a key component in that they were able to come in and assist the individuals using the registry and identifying primary health concerns in the behavioral health setting and then link those folks to primary care physicians and other specialties that were needed to manage those chronic health conditions. The registry was a tool that Community Care brought to the initiative, and it is a

listing of individuals that we serve, and it tell us or helps identify those with primary or tier 1 physical health and behavioral health diagnoses, and then we worked from that registry to bring the folks in, get them seen by the wellness nurse and assessed, and then the care managers and certified care specialists developed wellness plans for those individuals and also all the other individuals they served that were willing to work on physical health as well as behavioral health.

You can move to the next slide. The Behavioral Health Home Plus goals. The program was designed to improve the overall health, health literacy, chronic disease self-management, and engagement with primary, specialty, and dental providers. As it was mentioned earlier, individuals with serious mental illness often are at greater risk for premature death. The wellness nurses and case managers using wellness coaching helped the individuals enrolled in our program to learn more about their health and increase their self-advocacy. They overall experienced more effective communication with PCP and specialists. We had several individuals that had a hard time talking with their PCP and we often were identifying undiagnosed or undermanaged health concerns for the individuals that we served because of that communication barrier.

You can move to the next slide, and I'm going to turn it over to Patty.

Patty Schake:

We're really fortunate. We have a lot of different ways that we've looked at outcomes for the behavioral health model, from the very beginning tried to incorporate outcomes assessment. We have a tool called the WOOT that I'll talk a little bit more about in the moment, but the wellness outcomes online tools. Information from about 700 folks who completed the [inaudible 00:28:47] really shows improvement in participants' health status, increased reports of satisfaction with care, and with progress towards achieving wellness goals. We've had high rates of participation in wellness coaching and one of our first implementations, at baseline very few individuals out of about 1,200 had no wellness goal, and after implementation, we were able to get that to 82% through the wellness nurse and the case managers and service coordinators and peer specialists who have such a partnership with individuals to really engage them in wellness coaching and develop a SMART goal and achieve their goal, so we're really proud of that outcome.

Increased activation in care. Again, indicated by developing a wellness goal, improved involvement in care, and a wonderful outcome of people feeling more confident in their ability to address their physical health and wellness issues. Very empowering and hopeful for folks on their recover journey. We also, as Sally mentioned, increased attention to engaging folks with their physical healthcare providers, so an improved rate of that actually happening over a 12 month period for the 700 folks initially involved. In another implementation, we measured the amount of reciprocal communication between the behavioral health provider and the PCP or specialty care providers which was indicated by 2 reciprocal communications and were able to see that happen for 973 out of 1,200 folks, so that's 76%, and again, at the very beginning that was closer to around 20% of people really collaborating and communicating to help coordinate care for individuals with medical complexity.

Next slide. There's a lot of different pieces that we feel are pretty innovative within the behavioral health home model. First of all, just using case managers, service coordinators to engage folks in wellness coaching, and to really start attending to the physical health dimension of wellness. I think behavioral health is often really created to tend to all the other dimensions, but with physical health, it was really great to see people take this one. The WOOT is the wellness outcomes online tool that we incorporated and developed to really help with the conversation of wellness planning, and behavioral health providers have incorporated that into their routine recovery planning process with individuals along with the wellness assessment and wellness planned development and then monitoring folks progress and just revisiting the conversation every 3-6 months and making it a part of routine practice. I think that's something that folks have really felt good about.

Next slide. We have a lot of testimonials. You can see a couple of the quotes from individuals that we've worked with that were gracious enough to share their thoughts with us. I'll share a really quick story because a woman reached out to ask me to share this anytime I had the opportunity to speak. Mary is living with depression, with a son who has a lot of physical disabilities and challenges and was really struggling with diabetes and weight and difficulty leaving the house. She engaged with her wellness coach or case manager in wellness coaching. Through a series of wellness plans and goals, she really tended to her wellness and lost 100 pounds over the course of a year. Her story is not unique for folks with weight loss and increased exercise and healthy eating. She now walks 6 miles a day pushing her son in his wheelchair to get him out. A critical piece of her overall recovery that she has shared with us, and even when it's raining out, she does 3 miles, and she didn't go from 0 to 6 miles but worked up to that over time and has just shared often how important that was and what an impact it has had on her mood and just overall recovery. I wanted to share that.

Sally Walker:

In addition to the testimonials from the individuals that received services and participate in wellness planning, Patty and I can both attest to many of the organizations or the community mental health centers that participated undergoing this cultural change within their organization because we did a learning collaborative model that looked at really implementing not just the tools that we were giving them or not just the addition of the wellness nurse, but really looking at how do we change the agency's culture and focus it on wellness and wellness coaching. Several of those organizations were able to share with us that their own staff began to look at their own health and wellness and were setting their own wellness goals, and these organizations and groups that had participants made up of the individuals that they worked with and also then employees that would do some informal contests with things around weight loss throughout the organization.

Overall, we were really hoping to have an impact on the individuals we serve, but we had a great secondary impact on the folks that worked in those organizations, and we feel that that was valuable as well. The wellness nurses, one of the things that we also saw in talking to them and going back over things that they were finding with the individuals that we served was medication reconciliation was a

big component, and we had several individuals that would come in to see the wellness nurse with a bag of medications, and they really didn't understand what medications they were currently on and what they weren't. Even just that medication reconciliation part of it was able to assist the individuals and understanding what medications they needed to take, what were vital to their physical health, what were vital to their emotional wellbeing, and then really clean things up and get them moving in the right direction.

We did have one individual served at one of our rural clinics that came in. He had diabetes, and he had been diagnosed a year or so prior to coming into the community mental health center, and they had him meet with the wellness nurse, and through her conversations with him, she found out after they established some rapport that he had been telling everyone managing the diabetes on the physical health side that he was doing everything they were asking him to do, and the whole time we found out he was doing none of it. He wasn't checking his blood sugar. He wasn't adhering to any of the dietary restrictions. He wasn't doing any of the monitoring or any of the other things, the medications that they had asked him to do.

When he revealed that, I think he was very relieved, and they were able to help him get the diabetic educator in and start to really look at focusing on how he could better manage his diabetes and how he could communicate more effectively with his primary care physicians as well as the other specialist involved with his care.

Terri Hay: Thank you so much Sally and Patty for all your information, and again, if anybody on the line has questions about the Behavioral Health Home Plus program, please feel free to type it in the Q&A box and we'll get to those questions at the end of the webinar. Now for the next excellence winner, the University of Arizona RISE Health and Wellness Center's Camp Wellness, and Andy Bernstein and your team, would you like to kick it off?

Andy Bernstein: Thanks, Terri. Camp Wellness started back in 2009 and we really rose out of the department of family and community medicine here at the University of Arizona. Key players in the beginning were Dr. Beth Stoneking, Cheryl Glass, who is still with us now as our Program Director, and Beverly McGuffin, who's a nurse. The beginning of the program was really an attempt to deal with this 25 year discrepancy, which in Arizona is 32 years, and they wanted to bring a recovery-oriented program that's ultimately a health education program based with some adult education concepts into the arena. By recovery-oriented, of course, we mean strength and hope based, not focused on diagnoses. Sometimes participants say, "No one ever talked about diagnosis here," and we're proud of that.

It's person-centered. We start where participants are and encourage individual goal setting based on things that are important to our participants, which we call them students rather than clients or patients. Another important part of this is respecting participant choice and autonomy and creating an adult education culture which incorporates user input. When participants have suggestions, we try to incorporate them when they are consistent with our overall model. There's also a major focus on community integration, which we'll come back to several ways

later. The program founders also wanted to take advantage of what was emerging as a best practice back then, and that was the notion of peer support, which establishes the credibility on the part of staff who've been there, been there being dealing with the behavioral health system, in some cases dealing with the correctional system, and also activating the role model effect, which has been shown to be an important part of people responding to input and beginning to have more of a sense of what they can do with their lives.

That turned out to be a major factor for us, and a number of our students have gone on to become staff at other agencies, and Cheryl can address that later. It is Medicaid funded, Arizona being one of the early adopters of Medicaid payment procured delivered services, and in Arizona, we have regions which are divided up into regions, and we are in the Southern Arizona region, so an organization called Simpatico, which is part of the national corporation, is the funder, is the entity which channels Medicaid money into our budget, and we are grateful to them because they really supported us when we hit a rough spot.

We do serve adults with serious mental illness originally, that was our only focus, but in the last year, we've been able to serve people with general mental health issues and people with substance use disorders. We are small but mighty, serving about 200 individuals a year. The impact is huge because we really have started providing services outside of Tucson in the larger southern Arizona area. Let's go to the next slide.

The program is designed to help participants increase their knowledge, skills, and ability for improving health and wellness, and we do this by offering 1 hour classes in subjects such as health ed or different systems of the body are taught by a family practitioner, a family doctor. Mindfulness, various types of stress management techniques, we do teach WRAP, wellness recovery and action plan, nutrition, label readings, smart shopping and healthy but simple cooking. A lot of physical activity that happens here ranging from slow yoga stretching type movement to more active workouts.

Part of the focus here is for people to have fun when they're learning, so we do use a Wii. We have a zumba class and other types of dancing. That fun component is important for people learning and being motivated to stay involved, so that's relevant whether we're focusing on tobacco cessation, friendship and dating relationships, strengthening memory, gelotology is the science of laughter. That's a very popular class which has lots of hysterical laughter coming out of the room because people look at humorous material and then talk about what makes things funny and how humor and laughter is important to us.

The 8 dimensions of wellness is really infused into everything that we do, and we created a wellness wheel so students can identify what their strengths are, as well as what areas they want to improve, so it's them assessing where they're doing well and where they need to do better. The integrating into community is again a central part of what we try to help folks do, and we do that by role playing those interactions that they'll have in the community, encouraging students to make their own phone calls when they have to talk to other staff members in other agencies. Our staff will be with them, but they help the students make the call

themselves. We also have local trips to the YMCA, which eventually students will be able to go to themselves, and to various supermarkets so they can learn how product placement affects consumer behavior.

The bottom line is we teach that hope is possible, to role modeling success stars which are lifting of accomplishments on the board and a general attitude in culture that affirms the positive parts of people's lives. Cheryl?

Cheryl Glass:

Next slide please. The first 9 camps, which all were 8 or 9 weeks in length depending upon holidays, we conducted a formal evaluation and we found significant improvements in body mass index, waist circumference, various psycho-social measures. We used FS12 the lifestyle profile 2, and the recovery assessment scale. We saw significant improvements in blood pressure and increased endurance, and self-reports of mental and physical health improved. In our qualitative interviews, students spoke quite a bit about increasing their sleep, and we were impressed with the reductions in pain and they reported needing to take fewer of those medications that were prescribed on a PRN basis, so the anti-anxiety medications and any kind of pain management medications.

Then there were some unanticipated outcomes that we didn't measure for because we didn't know that we should be looking for them. The improvement on the social networking and lifelong friendships was well beyond what we imagined. The students created this supportive community. They went beyond the students within their own cohort to what we call cross-camp fertilization, so students who previously might not be comfortable leaving their house are now comfortable talking to people from every single camp that come back to our reunions. This week we'll be having an intensive week with people from all across southern Arizona coming and students who, again, were afraid to leave their houses are now comfortable talking to people, making friends across all of southern Arizona.

Employment was another area that we didn't plan to measure, and we found that people were going back to work at much higher rates than we ever would've expected, and increasing their engagement and employment services, vocational rehab, and other programs, and vocational rehab actually started referring people to us because they realized our program was helping people build up the endurance to be able to go back to work, and then some probation officers started to catch on as well and found that our program was helping people meet their goals in that area as well.

Next slide please. The part of what causes Camp Wellness to be innovative is that we are an interdisciplinary team. Most of our classes are taught by health mentors who are people with lived experienced versus specifically trained to provide recovery skills and practices. I'm a health educator. We also have a registered nurse. Andy here is a community psychologist, and our medical director is a family practitioner who specializes in diabetes and disparate populations. Again, the wellness wheel, what drives our person centered approach, we don't talk about limitations. We talk about what people want to work on and how to get there. When someone comes in talking about any limitations, we start figuring out, "What can we do here? Let's figure this out," and we find that exercises that'll work for them, or finding approaches that will work for them.

Andy mentioned that we go to the grocery store and the YMCA, and the YMCA actually sends a certified personal trainer here once a week so they get comfortable with that trainer, and then we do multiple field trips so that when they get their YMCA membership, they're going to be more comfortable working out in that environment, and we prepare them for gym etiquette and all those unspoken rules of going to the gym. Again, periodically we do the intensive week, which people don't like the term holistic effects, but a surge just health and wellness activities for people that either can't attend the 9 week program or just want an extra jump start on their wellness. We'll have classes going from 8:30 in the morning to actually 7 at night, and they love it, and again, that's across all of southern Arizona, so this is a reinvigorating event. We'll be doing a flash mob on Wednesday. We're pretty excited about that. One year for New Years, to help people set New Year's goals, we had a carnival on the 8 dimensions of wellness and people went to each different station to set a goal and experience a little bit of wellness in each dimension.

Another example of innovation would be when we saw the trends from the unfortunate opioid epidemic, with prescription medications and interacting, we added a lesson on health education. We spent more time focusing on non-pharmacological team management. We were lucky enough to have a woman getting trained in yoga for pain management to come and teach us some more strategies and classes on that end, and teaching people how to apply mindfulness in stress management. Part of our innovation is the recommendations from our student advisory council and student feedback that we collect every 9 weeks, and out of that came our law class. Actually, we have a lawyer who periodically comes and teaches lectures about knowing your rights and advocating for yourself. Students in our satisfaction surveys state over and over and over that our unconditional acceptance is what makes the difference, that we accept people as they are and work with them from there, that they don't have to fix themselves before they come to camp. Just come as you are. Next slide.

Andy Bernstein: We did have a video testimonial as part of the package that we sent in to SAMHSA, so we had one student, started as a student, became a graduate and alumni, then worked as a volunteer, actually developed a class on coping with life on her own. She's a 9/11 survivor, apropos yesterday's anniversary date, so she submitted a video. You can see part of what she said in it in the second 2 boxes, the middle box. I think what students basically come out of this program experiencing is they can do more than they thought they could do, not only with their own health and wellness, but along all 8 dimensions of wellness, they can learn how to do things. Their occupational dimension expands, and it's not necessarily work related, although many of our students do end up becoming recover support specialists themselves. They see that our staff have been where they were and are now working full time and enjoying their work. It's very clear that we like the work that we do here, so I think students take that and move on into the world having seen that it's possible. That's it for now.

Terri Hay: Thanks, Andy. Camp Wellness sounds like a great place to be. Now we're going to move to the Consumers Helping Others Improve their Condition by Ending Smoking, the CHOICES program from New Jersey, and their team.

Trish Dooley: Good afternoon, this is Trish Dooley Budsock. I'm the director of the CHOICES program, and first off we'd like to thank SAMHSA for this recognition. It's been very gratifying to have our work recognized in this way. Next slide. The CHOICES program was created in 2005 by Dr. Jill Williams to address the serious health care problem of smoking among individuals with a mental health disorder. We're housed within the Rutgers University Robert Wood Johnson Medical School.

What we know is that 70% of mental health consumers are current smokers, which is 2-4 times greater than the general population. Additionally, smokers with mental illness have increased risk for tobacco caused illnesses and have less access to tobacco treatments. As has been mentioned on this call several times, we know the devastating statistics that folks with a mental health disorder are dying on average 25 years earlier than the general population, but it's also very important to note that the top 4 illnesses that result in this statistic are directly linked with tobacco use.

Research has shown that people listen to their peers and look to them for support, so to reach mental health consumers, Dr. Williams partnered with the mental health association in NJ and their director of advocacy at the time, Marie Verna. They agreed that the best way to bring about significant systems change was to listen to consumers' needs and implement services based on what consumers were saying worked, not necessarily professionals or family members. In 2005, thanks to a grant from the American Legacy Foundation, the CHOICES program began and hired their first two peer specialists, their title is consumer tobacco advocates. Our advocates go through a 30 hour training by the faculty at the medical school on topics that range from ingredients found in tobacco smoke, the biology of addiction, health consequences of smoking, motivational interviewing, and treatments that are available for quitting smoking.

Annually, the CHOICES team provides tobacco education and support for over 4,200 individuals at over 150 site visits throughout the entire state of NJ. Since inception, the team has met with over 38,000 consumers at 1,100 site visits, and those numbers continue to grow. Next slide please.

Using peers to talk to smokers with mental illness who may have low motivation to address their tobacco use offers many advantages. Consumers report high satisfaction with peer delivered services. The CHOICES program of peer to peer outreach to help smokers with mental illness is the first of its kind. It's designed to provide education and support about tobacco to mental health consumers by mental health consumers. This education is delivered in a didactic presentation and it's interactive, and following that is an individual carbon monoxide monitoring and feedback session. The CHOICES team has been impactful in changing attitudes toward tobacco through education, advocacy, support, and cultural change within the context of the mental health system. Next slide please.

We conducted an IRB approved outcomes study of a subset of smokers who received our individual feedback session, and this study tracked the characteristics of smoking, changes in smoking behavior and motivation, use of tobacco

treatment, and satisfaction with CHOICES peer contact. At 6 months, 48% of our participants reduced their smoking, and 47% had tried to quit since meeting with their CHOICES consumer tobacco advocate. 70% of those who were surveyed said it was a lot easier to talk to a consumer tobacco advocate about their smoking than it with their psychologist or other mental health professional.

CHOICES has been very well received nationally as a model for addressing tobacco and mental health settings, and right now I'm very pleased to turn it over to one of our team members, Yasmin Halim. Next slide please.

Yasmin Halim:

Hi. My name is Yasmin Halim and I started working for CHOICES in 2005. The CHOICES program employs mental health peer counselors to deliver the vital message to smokers with serious mental illness that addressing tobacco is important. As someone who lived with a mental illness, it has always been important to me to focus on my wellness and recovery. I noticed that for me taking care of my physical health helps take care of my mood stability. When I joined CHOICES, I thought it would be a good way to provide information to my peers. As CTAs, we spread information on evidence based treatment to smokers with mental illness by visiting mental health centers, hospitals, group homes, and self-help centers. Our presentations not only deliver the message that addressing tobacco is critical, but that there is treatment available and success is possible.

We talk about the different smoking cessation medications and we also tell them which ones are covered by Medicaid so they can find out what is available to them. We also serve as role models. In addition to conducting educational presentations and health fairs, we provide a 20 minute peer to peer feedback intervention which was developed from the work of Dr. Mark Steinberg. This motivating method is simple and straightforward and relies on the use of brief, personalized feedback from the consumer.

I would like to see more and more consumers trying to quit smoking at an earlier age because it does take several attempts, and the earlier they quit, the greater the benefits to their health. Now I'm going to turn it over to my fellow CTA, Deidre Stenard. Please move to the next slide.

Deidre Stenard:

Hi, my name is Deidre Stenard, and I joined the CHOICES team in 2008. I'm a mental health consumer and a former smoker. I started smoking at the age of 14, and during my 20s and 30s, I started smoking up to 2-3 packs a day. I had a horrible cough, sore throat all the time, and I denied that to myself because I wanted to continue smoking. I had tried to quit many times and was finally able to quit on September 12, 2007, 9 years ago today with the help of the NJ Quit Center and Dr. Jill Williams. After I had quit for a while, Dr. Williams asked me if I'd like to work for the CHOICES program. Since quitting smoking and working for CHOICES, I have saved in the amount of \$126,000, and so I'm glad I don't have to smoke out in the cold with a sore throat anymore I'd rather take the money and my health, and the testimonials listed on this slide come from our newsletter, which is published twice a year and is available on our website, NJCHOICES.org. These newsletters contain articles and other contributions from mental health consumers discussing their history of smoking and also the consequences they have endured, and also their successes with quitting and the tools they've used.

The passages on this slide are from people who have seen our presentation. Now I'm going to pass it over to Wayne Holland, one of our other consumer tobacco advocates.

Wayne Holland: Hi. My name is Wayne Holland. I started working for the CHOICES program in 2005 along with Yasmin. I am a mental health consumer and I used to be a 2 pack a day smoker. Basically I was heavily addicted to tobacco. I tried to quit several times over the course of many years. I have seen many people in my family suffer the consequences of smoking. It was horrible to see those people I cared about dying from a tobacco related illness, but yet, I still continued to smoke. My father kept nagging me but that was because he cared.

After that, I tried to figure out a way to quit. Eventually, I tried NRT, the patch, and combined that with exercise, karate, music, and art, and it now has been 16 years since I've had any tobacco at all. On the site visits, we tried to support and educate our peers about their smoking. We let people know that they can really support each other and be there for one another. We talk about the consequences of tobacco use, how tobacco may affect their psychiatric medications, and the ingredients in cigarettes, but we also let them know about the benefits of quitting, resources that are available. We don't claim to be health care professionals. We always tell people to talk to their doctors or health care professionals about what may be helpful to them.

The name of the program is CHOICES. You have the right to make the choice to smoke, but don't lose sight of the fact that you have the right to try to make the choice to quit. Thank you.

Trish Dooley: Thank you from CHOICES.

Terri Hay: Thank you CHOICES, and thank you to everyone. This is Terri Hay again on behalf of SAMHSA and SAMHSA's Program to Achieve Wellness. I'd like to congratulate again the 2016 recognition of excellence in wellness winners, and those receiving honorable mentions. In respect for everyone's time, we ran a little bit later, so what I'd like to propose is for the question and answer period, if anyone has questions, we have a few in the queue, but we don't think we'll have enough time to answer them before 4pm, so please enter your questions and we will get comprehensive responses to those questions and include them when we send out the link of the recording of the webinar to all the participants on the line. We do have one last question. Crystal Brandow, the Assistant Director of the program, had to ask.

Crystal Brandow: Thank you, Terri. In light of today being the first weekday of National Wellness Week, if any of the winners on the line have plans for this week that you'd like to share with the audience, we would love for you to go ahead and take this opportunity to do so.

Trish Dooley: Thanks, Crystal. This is Trish from CHOICES. This is a big week for us, and we like to let our partners in the community know that we are available this week, but we're available every week for CHOICES visits. We do have 5 different site visits

scheduled throughout the state of NJ for this week alone where we'll be doing presentations as well as doing carbon monoxide readings and giving folks feedback about what treatments are available should they decide that they want to address their smoking.

Patty Schake: Hi, this is Patty from Community Care, and we have kicked off our wellness week with a walking challenge, among all of our offices, and I can tell you that all the providers who are implementing the behavioral health home plus model are having a wonderful time with wellness fairs and a host of wellness activities and recovery activities throughout the whole month.

Cheryl Glass: This is Cheryl with Camp Wellness. This week we're spending extra time on each of the dimensions of wellness. We'll be having a special flash mob on Wednesday to celebrate the physical dimension of wellness.

Andy Bernstein: Right in the street in front of our building.

Cheryl Glass: Yes.

Crystal Brandow: Great. Thank you so much. Peggy, did you have something to add?

Peggy Swarbrick: No. There's an amazing amount of stuff buzzing around New Jersey that I'm very excited to be part of and to hear about around the country things happening, so this has just been wonderful just listening today. It's been wonderful and just want to thank everybody for their commitment to wellness and have a real great wellness week and to continue it throughout the year.

Crystal Brandow: Thank you Peggy, and Carlton, did you have something to add?

Carlton Speight: No, I don't. I just think this was just excellent. I want everyone on here to continue their fantastic work. Don't hesitate to reach out to myself or PAW so we can further assist your efforts in any way that we can.

Terri Hay: Thanks everyone for participating. If you have any questions, please don't hesitate to email us at paw@prainc.com, or call the one 1-800 number provided on the screen. Thank you very much.