

**Substance Abuse and Mental Health Services Administration
Wellness Initiative**

**Integrating Health Wellness and Longevity
Through Peer Wellness Specialists Podcast**

Narrator: The Substance Abuse and Mental Health Services Administration, or SAMHSA, created the Wellness Initiative because people with mental and/or substance use disorders tend to die years earlier than the general population. Studies show this is mostly due to preventable and treatable conditions, such as diabetes, heart disease and cancer, which can be improved by healthy eating, increased physical activity and smoking cessation. Focusing on health and wellness is particularly important for people with/or at risk for mental and/or substance use disorders so they can live long and healthy lives. SAMHSA's goal is to help individuals, families, providers, and communities improve whole health outcomes. Keep listening to learn more about wellness and tips you can apply in your life.

Caughey: Hello, this is Meghan Caughey and I'm here in Portland Oregon at Cascadia Behavioral Healthcare. Today, we're going to be talking about why wellness matters and how it relates to peer services and health integration. And that's integration between behavioral health and primary and specialty care.

Today, I'm in the studio with Jean-Paul Marchand, who's a certified peer wellness specialist, with Hiroshi Takeo, who also is a certified peer wellness specialist, and with Renee Boak, who has a master's degree in public health and is director of the Cascadia Oregon Partnership for Health Integration.

We're just going to be talking about why it's important to have care that's integrated and what it means for people like us who have mental health issues. Wellness, such as having purpose in life, and being involved in satisfying work and play and having a healthy body with a healthy living environment, quality relationships, and just general happiness is really important for our behavioral health.

And yet, so many people who have mental health issues or substance use challenges are really in poor health and mostly or largely due to preventable medical conditions. So we see that practicing wellness has become an essential part of good behavioral health and just helps us feel better and go out through our days happier.

So what I'd like to start off doing is we'd like to talk to you about why behavioral health integration is important. So Renee, could you please say something about what it means from the public health perspective about integrating behavioral health? Maybe just start with what is integration, what you see it as, and provide a little bit of context for us, please.

Boak: Well, I think integration is a word that has a lot of different meanings. For my purposes, when I talk about integration today, I mean integrating primary care and behavioral health services (mental health and addiction services). And from a public health perspective, when we want to think about how to support people in accessing care, our job is to create an

environment that is supportive to helping people access that care and really removing any barriers that are in place.

Caughey: Great. So you talk about barriers to care. Hiroshi or Jean-Paul, could you please just say a little bit about what you see is some of the barriers to getting healthy with what you see with some of the people you work with? Or Jean-Paul, would you like to mention any barriers, just name a barrier or two.

Marchand: Well, I think there's a paradox. I work in a residential place, and there's a paradox in that they have people in the residential arena have a lot more support as far as social connectedness, but that can also be a hindrance, because of substance abuse problems. So there's definitely a paradox there.

But I think that, you see that's one of the barriers is peers. Everybody in the immediate area might have their own issues going on. And so, whereas some peers in the general vicinity might have a great support, others might be doing harmful influences. And so someone tackling substance abuse issues, they might be able to get away from the "crowds" that they need to get away from as easily. And in so far as the clinic goes, I think basic mobility is an issue for health care. We often work hard to coordinate transportation. It's a very practical barrier that happens, if a person doesn't have the proper financial resources to get to a given facility and also maybe not the cognitive ability to coordinate that with those challenges then we often really have to go the extra mile to make sure they get there.

Caughey: Right, OK, wonderful. Hiroshi, would you like to [add to that]?

Takeo: Yes, since I get to work out in the community with peer participants in the program, what I'm seeing is that these individuals experience some chronic physical conditions. And there's also a fair amount of social isolation. As a result, interaction with people like me, peer wellness people, it gives an outlet for opportunities to engage in the community, to engage in new community resources, do social activities, in some cases, physical activities, occupational activities, and educational opportunities. And my work with individuals involves trying to figure out what the individuals want to achieve and then finding with these individuals what kind of resources that they want to pursue.

Caughey: Thank you very much. Renee, do you have anything to add to that in terms of how you see some of the eight dimensions of wellness having barriers with some of the people in their program? When I talk about the eight dimensions of wellness, we're talking about emotional wellness, spiritual wellness, intellectual wellness, physical wellness, environmental wellness, financial wellness, occupational wellness, and then social wellness.

Boak: Thanks, Meghan. I think the dimension of wellness that speaks to me as a potential barrier is just the environmental aspect of this. A lot of the individuals that we serve here at Cascadia are very used to coming to Cascadia for their mental health and addiction services and they feel comfortable here. And to go into a primary care clinic, that's a different feeling. And not everyone that we work with feels comfortable and supported in that type of environment.

So I think that one of our jobs, and one thing that we do really well, is create a welcoming environment for people that are already used to coming in for behavioral health services, and being able to provide on-site primary care services. So really reducing the barrier for accessing primary care by putting it into an environment where people already feel comfortable and safe and they have additional support through a peer wellness coach, a case manager or clinician, or a nurse manager.

Caughey: Great. That makes a lot of sense. Jean-Paul, could you say a little bit about what kind of environment you seek to create for the people you work with?

Marchand: I work both in a residential and a clinical setting, what once was a clinic, well it is a clinic. I feel as a peer, I try to lessen the overall feeling of brevity walking into the place.

Caughey: What does that mean exactly?

Marchand: Well I just try to be a lot more personable and I want to be professional, but I want to balance that out with just being a human being too. So as a peer, if I haven't initially met the person I try to make it clear who I am and "what I am". I'm someone with lived experiences. I also use humor, I try to make them feel at home, I offer them something you know that I mean.

Caughey: What do you offer?

Marchand: Oh! We have coffee, we have tea, and we have water. I ask them—my office is really tiny—and I ask them if my office is too small, we have a bigger room. It can be a little claustrophobic for some people. Sometimes, for me myself. So yes, I just try to, even in my overall, not that I'm very calculating, but I think it's innately in my overall disposition, I try not to come off as too cold and "2 + 2 = 4," you know? I try to be real.

Caughey: With the eight dimensions of wellness, Jean-Paul, is there one in particular that stands out to you in terms of the work you're doing, that you focus on more than other dimensions?

Marchand: I think emotional is a key one.

Caughey: Can you say more, please?

Marchand: Yes. I think for people with mental health challenges and also chronic physical conditions, them just getting to the building can be a huge accomplishment. And they're going through so many stressors all the time. I think that, I try to appeal to that, the emotional. Sometimes the spiritual comes up, but I find that that could be a possible minefield. I don't want to offend anyone if my views are different. If they bring it up, I'll bring it up. But I try to appeal initially to the emotional and see where they're at.

Caughey: Like a connection?

Marchand: Yeah. And then from there, I try to intellectually and intuitively guess how I can fully help that person just in that moment. I've already read up a bit in their records about their diagnosis and all that. But when I initially meet them, I want to know where they are right now. So that way I know, I feel like I'm more comfortable with how I can help.

Caughey: So you mentioned reading up on their diagnosis. Do you see, how important is it to know their diagnosis? What role does that have and how do you think it plays into your work?

Marchand: We like to say we are not our diagnosis, and I don't believe we are. But oftentimes participants do, or have been taught being in the system that calls themselves by their diagnosis often. A diagnosis is helpful in the sense that whatever condition they might be in at the time. They might be going through different kinds of stressors related to mental health challenges and having that category is a little bit helpful. And they equate with that, whether we like it or not, they identify with it, so just having that background is a good thing.

Caughey: So given that, how do you use strength-based practice in your work?

Marchand: Strength based. Well, I've often seen, have felt, what the best way I can say this? I often felt a paradigm shift in the room when I say we don't believe...what's wrong with you; we believe what happened to you. And I think that's more strength based. It's not that there's something wrong with any of us. We just are who we are. And I think that, to me, a pivotal of aspect of being a peer is saying there's nothing wrong with you. And I think throughout the history of mental health, the mental health profession, it's been the exact opposite. It's been like there's something wrong with you, we're just going to try to maintain it. But with the whole model and integrated care, we really put the person in the pilot seat. At least I try to cultivate that.

Like the other day I was helping someone trying to get their electricity turned back on. I handed them the phone to talk to the person. That's a fundamental thing: You don't talk to the person for them. I'll help coordinate it and find the resources, but they'll actually talk to the person. So just little things like that.

You put the person in the driver's seat, and they actually appreciate that. That tells them, "I believe you're confident. I believe everything's cool. You can do this." If they really, really ask me to do something like that, I will, but in every little nuance, grand and small, I try to give them the power to help themselves.

Caughey: OK. I like that a lot. Sounds like it really keys into trauma-informed care. Hiroshi, can you please talk a little bit about... Now Hiroshi, for those of you who can't see right now, he's dressed in his bicycling garb. He's a very passionate cyclist. And I'm just curious how you use your own sense of wellness for yourself, how do you use that with the people you work with? What impact does that have?

Takeo: Well, as it turns out and I think it's really coincidental, it wasn't like I did this intentionally. I've always been interested in cycling for personal reasons, but as it turns out a lot of the people that we support, who work with us for peer wellness support, they're also interested in their physical wellness.

Like I mentioned before, a lot of the people who have experienced and are experiencing chronic conditions, some of them may have social isolation. By allowing us, peer wellness people, to come into their lives, sometimes that provides the peer participant with opportunities for increased physical activity. In fact, some participants, when we get to a point

in the relationship where the individual feels comfortable telling me what they're interested in, and that often happens within one or two meetings, a lot of people say, "hey, I want to get out of the house. I want to go walking." Or they know that they have weight condition that they want to change. They know that they may have a diabetic condition that they want to control on their own. And so we'll go walking.

In fact, a perfect example of where peer support happens is one individual that I have the privilege of supporting, he was walking, kind of got tired of that and had the opportunity to go to some exercises classes and the local community center. And so we talked about it. We selected, initially we selected swimming. But because he had diabetes, he actually has some neuropathy in his feet and we found that he has an open sore that we weren't even aware of, he wasn't aware of until we almost into the pool and he found that he had the sore.

He couldn't do that, so we regrouped and found a Zumba class, which is kind of like aerobic dancing. Now neither one of us, and we're both middle-aged men, would ever want to go to a Zumba class. You know, frankly I was afraid of going to a Zumba class. And you know what he was too. When we got together we looked in the window and said "OK, that's the Zumba class. You go in; I'll go in." And we went in there and we had a great time. In fact, we went in there two or three times and he tells me he's been to the class himself.

So again, we're looking at not just the physical aspect of wellness, but I think there's a great emotional aspect of wellness that this individual, and me for that matter, we've overcome this certain barrier we had by going to Zumba and in my case feeling like I had no idea what I was doing and being completely uncoordinated.

Basically, what I think is so important for me to keep in mind as I have the opportunity to work with individuals in doing this peer wellness work is that I'm not imposing my expectations on these individuals. That's really important that through the peer wellness interaction, we establish a mutually agreeable relationship where the peer participant starts feeling empowered, if you will, to have authentic discussions about what their interests are, what their feelings are, what their goals are. And at the same time, I get that opportunity too.

And that's where, you talk about peer support or peer wellness incorporating an element of mutuality, there's where. And I, I don't know if I was kind of confused about this mutuality thing. But recently it really dawned on me that that's where it really happens. The mutuality, we're both peers and we're both supporters. After a while, if you were a Martian looking at us interacting, you wouldn't know who's wearing the badge and who's not wearing the badge. And then I don't want to take any credit for it, but that's when I think the real peer supporting is happening, when the Martian can't tell who's got the badge on. That's when I feel like, oh maybe it's OK I get paid once in a while.

Another example involves an individual that was socially isolated, so that incorporated a social element of the eight dimensions of wellness. But as we were starting to engage he told me he always wanted to be a peer support person. And so we researched all the opportunities to get more training. We found one, and so now that incorporates an intellectual or educational component.

And, I like to joke around. When I engage as a peer wellness person, or peer wellness specialist, basically, I'm trying to put myself out of a job as soon as possible. I want that individual to be able to live independently and to be able to pursue their own goals without my support. I'm there for them of course, but my goal is not to be there for them forever.

But in this individual's case not only was I providing the support and he was getting to the point where he was starting to pursue his own goals, but he even became a peer support specialist. So he could replace me in my job [laughs]. So not only was I putting myself out of a job, but I was basically increasing the pool of peer support people. Now I say that jokingly, but the stuff we do, you can't do enough of it. So it's always great to have more people.

This same individual, when he was going through this peer support training, he experiences a lot of physical discomfort because he had a chronic infection at the time. But each week I could see him, he'd say "Hiroshi, I don't know if I'm going to make it to the class." And I'd say "OK, well, see what you can do." And every week he'd make it to the class and after the, I think it was about a four- to six-week session. Every weekend he'd be going to class. He finished. He got his certificate. He's going to start doing an internship throughout our state hospital here. So yes, I put myself out of work here. In my case, I unwittingly am incorporating the eight dimensions of wellness in what I do every day.

Caughey: Excellent. Especially you talking about the people you're working with especially. Jean-Paul, would you talk about how you work with the dimension, I know you do some writing classes with people. How does that support their wellness? Can you say a little bit about that, please?

Marchand: Well I think creativity is a huge, huge, and powerful tool to facilitate healing. I've worked with clients who are currently working on a book. Just the fact that he was very isolating and kept him and his book to himself. And it was just this ever ongoing things between him and his own story, which is great. But when he found someone to bounce off ideas who also likes to write, it's very valuable and it was great. I think writing and any artistic discipline is fantastic. And I can personally say for myself that the arts have saved my life.

And I think arts have saved many people's lives. Especially people with chronic conditions in the mental health field, with mental health challenges. It can help you focus. It can help you express yourself. I mean, I've had mental health challenges as a child and I think in retrospect that my obsessive drawing from an early age helped me get through hard times. I didn't realize I was doing self-therapy. I do think that the art therapy aspect, if someone chooses the arts to help facilitate healing, it's a great thing. I just get a loss for words, because it's so powerful and we don't really have enough time to really go into it.

Caughey: That's wonderful to hear. I myself can confirm what you're talking about. I think a lot of us have been really looking to self-expression, whether it be visual art or written or dance or whatever, so I'm really glad you brought that up.

Renee, so let's just shift a little bit and talk about how, what is the public health perspective for peer wellness specialist work? First of all let me say the peer wellness program started out in a federally-qualified health center that had a fairly advanced level of integrated care, and it was

part of not the mental health program but the public health there. And I'm just curious even though we work with people in the mental health sector, how does that fit in with public health and what does public health have to say about peer wellness work?

Boak: I think my experience in working in the integrated care program is that our peer wellness staff are integral to the support of our clients within the program. And really, their job is across the different dimensions of health and wellness. They are the key to providing support and comfort for people who are coming in for care, so really touching on the emotional component as well as the social component. And they also provide a role with health education. If someone has been given a diagnosis or maybe their primary care doctor told them they are at risk for developing diabetes, our peer wellness coaches provide health education and promotion, so someone can learn how to either manage the condition or decrease their risk.

And one of groups we offer in the program is weight management and that helps people learn how to eat healthy and it talks about portion control, and halfway through the group, people will go out and maybe take a 15–20 minute walk. And it's really kind of hands-on in showing people, as Jean-Paul mentioned, that they can really be the driver of their own health care and how they can support their own health and wellness. So I think the health promotion part of the peer wellness coaches is a huge part of the public health aspect of the program.

Caughey: Thank you. So we hear a lot about this term called "health literacy". What does that have to do with the work with peer wellness specialist or peer wellness coaches in the program that you lead?

Boak: Sure. It think with both health literacy and health numeracy, which is understanding the numbers—it's really important that people know what their health means. We talk a lot about diabetes and what hemoglobin A1C means, and if someone just says well your A1C is 5.1, that doesn't mean anything. It's important that people understand what the numbers and terminology mean, and that it's being explained in layman's terms, so that people feel that they are aware of what's going on in their condition and their body and they also feel like they have knowledge and they can be empowered to address that.

Our peer wellness coaches do a really good job, as well as our nurse care managers in sitting down with someone after they've seen a doctor and talk about what that visit means in terms of their health and wellness. Then they talk about, what are your goals. Do you want to focus on tobacco cessation right now, because your breath CO came in at 25?

Caughey: When you say "your breath CO", can you explain what you mean by that please?

Boak: Sure, so within our program there are a couple of health outcomes that we measure. We look at hemoglobin A1C, which is an indicator for diabetes. Cholesterol, weight circumference, BMI, weight, and then we look at breath CO. Breath CO is breath carbon monoxide, and what that is, is an indicator of how heavily or how frequently people are using tobacco.

Caughey: How do you know what a person's rate is?

Boak: Sure. This is a really great program that offers a lot of biofeedback, and one of those is through the breath CO device. So someone holds their breath, they blow into this device and

then it gives a reading. A normal reading is 0, 1, 2, 3, 4, 5; anything beyond that may be a concern. And it doesn't always mean that someone has been smoking. It could mean that they are exposed to a lot of secondhand smoke. In some cases, we saw a slightly elevated reading from someone who is a bike commuter and he's in traffic a lot, and that carbon monoxide got into his lungs.

So the breath CO is not in any way a diagnostic tool. It's just giving a little information. It's an indicator of something we might want to talk to the doctor about or provide follow-up information and support with.

Caughey: Great, that's really interesting to hear about how you can actually tell the shape of someone's lungs a little bit. So, Jean-Paul, we also call him JP. Have you worked with people that have issues with diabetes or smoking? How have you supported them in becoming more healthy or practicing a more healthful lifestyle?

Marchand: One of the first clients I ever worked with, his numbers were off the charts with diabetes. It was the first experience I had in our program with how the whole model and trauma-informed care and the power of coordinated care can really help someone. He's doing great right now.

Caughey: What's the "power of coordinated care", what do you mean by that?

Marchand: The power of coordinated care, I mean just the, what's really great about the whole model and having everyone being so close together, both mental health professionals and the physical care, is that people aren't talking across town to one another about a particular individual. It's really kind of like a professional family.

Caughey: So when you say "close together", do you mean in the same site or by...

Marchand: Well we have a van that comes to each site.

Caughey: A van?

Marchand: Yes, a mobile health van that comes to each site that carries the primary health physician, the doctor. And so we kind of come in, we have a clinic that we have outpatients too. But with the van we go to particular sites. It's kind of like the battalion comes into the residential building. But over the course of time, both the people who work day to day in the residential building and the people who come in week to week ... Also, I feel I go into a particular building more often than the van. But a relationship, it's a much more personable relationship. It's not only built between us and the participant, but also between each other.

And so that's really a fundamentally great thing because it's not just, I call it, the cold-equation syndrome where we're just talking about numbers in a kind of static and cold way. We're really get to know one another, and that really builds on so many things. Just on the nuances of building logistics on how to help that person, how to get appointments going, instead of calling, we can just walk over a few feet and talk to somebody about what's going on. We can talk to the staff about what's happening for that person that particular week; what they've observed.

You know, I can read the staff logs and see what's going on. So it's just a lot more, it's just easier.

Basically it's an easier way of doing things. I think I can't say for sure, but I think there's a lot of guesswork that goes on in the health industry, because people aren't really talking to one another on a steady basis about a particular individual.

Caughey: Thank you. Renee?

Boak: And I think that's what's really nice about the integrated care models, particularly the one that we're using at Cascadia is that it is giving the option for doctors to talk to doctors or the mental health prescriber to talk to the physical health prescriber, because we know that a lot of the people that we serve cannot be on a lot of medications.

Caughey: Why? **Boak:** It can be both psychiatric medications and health medications to manage chronic health. And some of those health medications have side effects but some of those medications can also be affected by things like weight gain or weight loss.

So if someone is being prescribed a medication and it can be impacted by a change in their weight, it's really important for the primary care provider who prescribed that medication to be working with the psychiatric prescriber who is managing a condition in case adjustments need to be made. With our particular integrated care model, we have multidisciplinary team meetings that include the primary care provider, the psychiatric care provider, the mental health provider, the case management [staff], the clinician, the residential staff, the peer wellness staff, and the nursing staff. Everyone gets together and talks about how to best support people. And they talk about changes in health. And that could be their physical health, or that could be their mental health or psychiatric health. And people as need to make adjustments to medications and they need to, maybe there's a concern that someone's at risk for diabetes. So maybe we want to try a different psychiatric medication. Or maybe someone lost some weight, and we need to decrease the dosage of a medication. Those opportunities are built into this model, where people can talk to each other and make those decisions together.

Caughey: That's great. Thank you. Jean- Paul?

Marchand: In the one residential place, I was just thinking, as Renee was talking, it's just a wonderful thing to observe, where personally there's an office where I work, and there's a back room and there's a doorway. And it just really amazing to see somebody talking to our RN, and the staff are just a few feet away. You can just tell at times, everyone is talking to one another, and the person just feels very supported. It's a much more personable experience.

Caughey: So I think I heard you say that, the van comes to the site where people are living. How do people like being able to get the services at the same place? How is that for folks?

Marchand: Oh, people love it.

Caughey: People do, OK.

Marchand: Yes, because you know, some people have mobility issues. Some people have anxiety issues. And I know a number of people have anxiety issues and agoraphobia so the fact that a van comes with a doctor to their door and can see them. It's just a miracle for them. And it's really helped them. The outcomes we've seen are amazing. So, yes.

Caughey: It does sound powerful.

Marchand: Yes, I know one woman that I know didn't go to a doctor for years because she didn't want to go downtown, she didn't want to get on a bus. She doesn't like buses and the fact that we come to her, you know it's just amazing.

Caughey: Is she getting her care now?

Marchand: Yes.

Caughey: How has it made a difference in her life?

Marchand: It's made a huge difference. For the first time, we helped her get her dentures. Just very fundamental things, just the fact that she can walk up the stairs and can see a doctor, that's great. She eats better. She didn't have any specific chronic condition I can address, but she's definitely healthier and she's definitely more proactive in regard to her health now. Simply because there's a rhythm to her health care now, whereas I don't think there was beforehand.

Caughey: I'm sure just having, being able to have a nice smile impacts her life, her emotional life. That's great. Thank you.

Renee, could you talk a little bit about what kind of health outcomes the peer wellness coaches are bringing about for the people that are seen in the program you oversee, please?

Boak: Sure. So we track two different types of outcomes. We track health outcomes and services outcomes. In terms of health outcomes, we look at hemoglobin A1C, which is an indicator for diabetes, cholesterol, waist circumference, weight, and breath CO. We've had a lot of success in helping to support people in having healthy blood pressure. We've seen people lose anywhere between 10 and 12 pounds within our six-week weight management group. To the point where some people even take that group two or three times because they've found it supportive and helpful. Things like diabetes, hemoglobin A1C and cholesterol—the health outcomes that require lab edits, those tend to take a longer time to see movement in. And so we look at that minimum every year. And we're seeing people better manage their diabetes. We've seen people who have gone off medications and are able to control it without medications or become less dependent.

Caughey: Can you explain how people do that?

Boak: Sure, so our peer wellness coaches, they do one-to-one health and wellness coaching. Regardless of what our program goals are, we take a really client-centered approach. And it might be that someone wants to learn how to eat better, or maybe they want to go out and go walking three times a week. All those goals that people identify link up to what our program goals are and lead to better health and wellness.

And we also look at service outcomes. Through the grant, we've also seen people after they've been in the program for six months feel exponentially more socially connected. And this is all self-identified but they feel more socially connected and I think a really large part of that is the role that the peer wellness coaches play. And also having access to the nurse. What's nice is that our program is much smaller than what you would see in a primary care office, so when someone calls and the nurse answers the phone, they know exactly who they're talking to. They don't have to ask for a date of birth, last name, social security number, or things like that. Everyone is on a first name basis at the program, so that certainly helps with social connectedness as well.

When we look at things like retention in the community, are people staying in the community, and we see that people aren't going to jail. More people are becoming employed or going back to school or doing volunteer work, because it's really hard to do that if you're not feeling healthy. So if we can help people feel healthy and well, then in turn they are able to work on their own goals in life and very often help others. And just people reporting that they feel better overall with their own health and wellbeing.

Caughey: That's really exciting I mean to hear that people are actually losing that much weight.

Boak: It's hard!

Caughey: It really is hard! What kind of support is offered in that class? What do you do that helps people do that?

Boak: I think the biofeedback is a really big tool. So when someone is in the weight management group they weigh in at the beginning and end of every group. They can see if they've made progress, if they're stagnating, or if they've actually gained weight. And once you know what direction you're moving in, you can either keep moving in that direction or you can look at making adjustments. So, having biofeedback is really important.

It's not always waist, and it's certainly not always BMI. But if you're looking at weight, you're looking at waist circumference, looking at BMI, those are indicators. But it could also be that your pants just feel a little bit looser, and your clothes are fitting differently. Providing people the opportunities to see that they're actually making changes has really been a key part of our success in us helping people lose weight, as well as providing people the information on how to lose weight, on portion control, different types of food to eat, what a healthy diet is.

Caughey: I hear you talking about, refer to BMI. Would you just unpack that so that we are all on the same page?

Boak: Sure. So BMI, body mass index, is an indicator of health. It's basically just a calculation of where your weight is against your height. And if your BMI is high it doesn't necessarily mean you're overweight. It might mean that you have a lot of muscle mass. So again, BMI is only an indicator that if you have a BMI that's above the recommended value that you might want to check in with your provider to see if you need to think about losing weight or making modifications to lifestyle habits to have a healthy BMI. It can be a little bit of a controversial indicator, but it's just an indicator and you have to understand what that means.

Caughey: OK, wonderful. Thank you. So, I was wondering if the three of you could say something briefly about where you see your work headed with wellness, with the eight dimensions of wellness, and with the people that you serve. Hiroshi, do you want to address this please?

Takeo: Yes sure. Essentially like I said earlier, my goal every time I engage with participants, I jokingly say this, but really, is to put myself out of work. That is, get to a point in the relationship with an individual, where they start talking about what their future plans are, what their future goals are. Just like Renee said, some of the individuals go back to work, get occupations, and do volunteering. It's not that they weren't valuable members of society before, but now they are actually contributing. Potentially, they're contributing tax money, they're contributing their talents. So in a sense, as long as I can support individuals to pursue their own wellness and other goals, I can only get better at this as I have the opportunity to support more people.

Caughey: Excellent. That's wonderful to hear. Jean-Paul, did you want to speak on that?

Marchand: Oh, yes. With clinicians, case managers, doctors, RNs, and administrators, the overall amount of people everybody has...to help, it's staggering at times. I think that what peers do is put a more nonlinear but fundamental aspect to maybe buffer that; to help out the overwhelming aspects of getting things done and helping people and bringing a little more humanity to this picture. That's what I think my role is. That's what I first learned about the burgeoning profession is that I did a big wow. Finally, I can finally use what I used to see as a burden as a tool to help.

Caughey: That's your own mental health.

Marchand: My own mental health challenges and experience with being in the "system". The "system" gets bogged down, not because people don't care, but because people are overwhelmed. Peers can be the satellite of helping with that element. I think that I've noticed in this sense that some people do the tribe thing, like clinicians and their peers, like a dividing line. But I don't see it that way. I see it as we're all in this for the same reasons but there are only so many people to go around and so many funds to go around.

I think that's changing. I see positive, hopeful futures in that people are really starting to see the connection between mental health care and physical health care. But I think peers are here to put a little bit more humanity into the equation, day to day.

Caughey: Great, well thank you. So, in closing, let's just kind of recap for a minute. We heard from Hiroshi Takeo and Jean-Paul Marchand about their own personal experiences working with individuals who are served in the programs. And we heard from Renee talking about [how] the actual numbers that are showing the work that the peer wellness coaches are doing is really making a difference.

Renee, could you just wrap up and tell us what you think the future of integrated care is? Maybe just a brief kind of summary. Why is it important?

Boak: Well, I think that Cascadia has a really unique opportunity through the PBHCI (the Pioneering Behavioral Health Care Integration) grant through SAMHSA—to figure out what integration means to Cascadia. And integrated care is going to look different throughout the agency. It's going to look different in outpatient setting than it will in supportive housing setting, than it will in licensed and residential.

But I think that there are some very common threads that we can weave throughout these models of integration. Of course, peer wellness coaching is really important to the success of our program. As well as the interventions that we have, whether that's the groups or the way that we use biofeedback, so that people can use their numbers. I think through the grant we have we had to opportunity to figure out what works, how we can scale up, and spread that out across the agency.

Caughey: Wonderful. OK. Well I just want to say to you, my guests, thank you so much for sharing your valuable points of view. So we just like to give you some contact information for our guests. Jean-Paul, will you just tell people how they can get a hold of you. Maybe just spell your name, and give an e-mail address for you, please.

Marchand: Sure. Yes. My name is Jean-Paul Marchand, and you can contact me at jean.marchand@cascadiabhc.com.

Caughey: And Hiroshi, how can people contact you?

Takeo: Yeah, so this is Hiroshi. My email is hiroshi.takeo@cascadiabhc.org.

Caughey: Thank you. And Renee, how can people contact you, please?

Boak: My email address is renee.boak@cascadiabhc.org.

And the phone line for our administration building where I can be reached is area code 503-238-0769.

Caughey: And my contact information is meghan.caughey@cascadiabhc.org.

We're all so happy we had this chance to talk to you all about the work we're doing here in Portland. You know it's really a matter of life and death that services be integrated. We know that people with mental health issues have a terribly exaggerated rate of death, premature mortality, and sickness, as opposed with the general population.

We know that enhanced wellness both saves lives and it also improves the quality of life for those of us who have that have lived the experiences of mental health challenges. And we believe that peer providers can lead the way to create the behavioral integrated services. Thank you all.

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