



SAMHSA'S PROGRAM TO ACHIEVE WELLNESS

Incorporating Wellness Into Recovery

Innovative Approaches to Wellness in Behavioral Health: Announcing the Winners of SAMHSA's 2016 Recognition of Excellence in Wellness

Webinar Q&A

Did you miss the webinar announcing the winners of the 2016 Recognition of Excellence in Wellness? You can [stream it on SAMHSA's YouTube page](#) to learn about this year's winners.

General

We didn't know about the opportunity to apply for the Recognition. Will there be another one?
2016 was SAMHSA's first Recognition of Excellence in Wellness. We anticipate releasing a call for applications for the 2017 Recognition during Mental Health Month, in May 2017. Please make sure to [subscribe to our listserv](#) to receive the most up-to-date information about the 2017 Recognition. Information will also be posted to [our webpage](#) on the SAMHSA website.

Who judged the applications for this award?

SAMHSA's Program to Achieve Wellness (PAW) assembled a panel of national experts in the field who volunteered for this role to help support the Recognition. Judges included representatives from SAMHSA, PAW staff and partners, and volunteers from the [PAW Steering Committee](#).

Did winners get cash prizes from SAMHSA?

No cash prizes were associated with the Recognition. Winners were highlighted via the PAW eNewsletter, the SAMHSA webpage, and the September 12 Recognition webinar. Winners will receive certificates from SAMHSA, and will be added to the comprehensive database of peer-to-peer technical assistance (TA) providers maintained by PAW. The three winners and the three honorable mentions may be contacted by the PAW in the future to provide TA to communities and organizations seeking to accomplish work comparable to their achievements.

Are there websites for all of the organizations and programs mentioned on today's webinar?

Behavioral Health Home Plus: <http://www.bharp.org/Welcome/>

Camp Wellness: <http://www.fcm.arizona.edu/camp-wellness>

CHOICES: <http://njchoices.org/>

Advocacy Unlimited's Toivo: <http://toivocenter.org/>

Seven Hills Homeless Center's Supportive Services for Veteran Families: <http://7hillscenter.org/>

Baby Love of Hamilton Health Center: <http://www.hamiltonhealthcenter.com/>

Behavioral Health Home Plus

In my experience, addressing healthy eating and nutrition is complicated. For a number of reasons **(1) People have strong, conflicting opinions about what is healthy. (2) People have varying levels of access to healthy food because of income. How did your curriculum address these challenges?**

The Behavioral Health Home Plus model uses three key tools to help address the important and often challenging issues of healthy eating and nutrition. The wellness nurse provides valuable health literacy tools for both the health home staff to use in their work with individuals interested in this area which we have found to be very helpful; the wellness coaching model is built to help people achieve success through the use of SMART goals – small changes such as setting a goal to swap out one sugary drink for water to start helps people make lasting changes by taking one step at a time; and tools such as the healthy eating toolkit which includes resources such as a food diary are easy to use. We emphasize a very individualized approach to goals setting that is person-centered, strength and value based that helps to address the complexity of the issue. One of the most important steps in wellness coaching is the exploration and identification of core values that lead to goal development which structures the wellness coaching process to succeed. With the increased attention to whole health and wellness, there are many widely available resources and we are pleased to report that health home staff have taken the initiative and used their creativity to develop additional and personalized resources in their work with individuals including resources such as guides for grocery shopping, meal plan examples for healthy eating on a budget, and many others.

Can you offer us more information on “WOOT!”, including how it was funded and developed?

The Wellness Outcomes Online Tool (WOOT!) was designed by Community Care Behavioral Health Organization (Community Care) to facilitate discussion between wellness staff and individuals in service while collecting important wellness outcomes, including hospitalizations, health status and satisfaction with care. Individuals who engage in Behavioral Health Home activities are asked to complete the WOOT! every three to six months. The WOOT! is completed via a secure web portal that allows for efficient data management and immediate access to results which can be viewed and discussed between the individual and the provider. The WOOT! was developed in collaboration with behavioral health administrators, behavioral health care providers and individuals in service.

Do you have questions from WOOT! that you can share with us? We’re curious about how you’re collecting and assessing attitudes across the eight dimensions.

The WOOT! is used to gauge individual attitudes by rating attitudes and progress on goals on any of eight dimensions of physical wellness (diet and nutrition, physical activity, sleep/rest, relaxation/stress management, medical care/screening, smoking cessation, taking medications effectively, habits and routines). Individuals report their physical wellness goals, any recent physical or behavioral health hospitalizations, timeliness of wellness provider visits, and overall ratings of their physical and behavioral health. Activation in care is assessed through individual report of involvement in health care decisions and confidence in managing health.

I love the idea of a wellness nurse! Where did you get funding for this specific position?

BHARP, and participating counties, have partnered with Community Care Behavioral Health Organization, the non-profit behavioral health managed care organization for Medicaid in 39 counties in Pennsylvania, to fund the position of the wellness nurse (a registered nurse) using a pay for participation model for the first year of implementation and a pay for performance agreement to sustain this position and program.

What are some of the self-management toolkits and resources you use? How can we access them in our community?

As mentioned in the webinar presentation, Community Care developed self-management toolkits for people to use independently or in collaboration with their wellness coach. We have toolkits for healthy eating, weight management, sleep, smoking cessation, stress management, physical health/behavioral health coordination, and taking medications effectively. In 2013, the UPMC Center for High-Value Health Care, a nonprofit research platform housed within the UPMC Insurance Services Division, in partnership with Community Care, BHARP, and many other important stakeholders, received a three-year award from the Patient-Centered Outcomes Research Institute (PCORI) titled Optimizing Behavioral Health Homes by Focusing on Outcomes that Matter Most for Adults with Serious Mental Illness. This study examines the impact of the model and its components on a range of patient-centered outcomes and involves 11 community mental health centers that were early adopters of the model. A comparative effectiveness design is being used to compare two key components of the Behavioral Health Home Plus model: the addition of a wellness nurse to the health home team and the incorporation of a suite of self-management tools and strategies to support individuals to determine what works best for whom and under what circumstances. As part of our dissemination efforts, we will be hosting a website that will provide access to study results, implementation manuals, and the referenced toolkits. We expect this to be available by Spring 2017. Thank you for your interest!

Camp Wellness

In my experience, addressing healthy eating and nutrition is complicated. For a number of reasons (1) People have strong, conflicting opinions about what is healthy. (2) People have varying levels of access to healthy food because of income. How did your curriculum address these challenges?

1. As Randa always says, we offer a menu of options students can choose from. We give information, and students choose which options they wish to try. We speak frequently about small changes adding up to larger successes. As such, some students start by increasing their vegetable intake. Others choose to cut back on sugar and caffeine. Some simply eliminate soda. There are those students who prefer to measure portion sizes and track calories. Other students keep a food journal and track how different foods make them feel. Some students stick with low-fat eating plans, others go for the lower carbohydrate strategy. Some students identify as vegetarians, some as vegetarians, some as gluten-free, and some as following the paleo diet. We teach unconditional acceptance at Camp Wellness, and show how this applies to nutrition choices. 2. Most of the people we serve have incomes that are below the poverty level, and the majority of our staff have lived below the poverty level as well. The curriculum and the recipes are designed with cost-efficiency in mind, as well as awareness that people may have limited

access to transportation, which also has an impact on shopping behavior. This topic of eating well on a limited income comes up in Nutrition, Cooking Skills, Budgeting, Stress Management, and in lunch lectures. We teach students that they have a wide variety of options, and they choose which options they wish to apply. We inform students about the wide variety of community resources, including lunch lectures with a speaker from the Community Food Bank and bulletin-board-posted lists of free and reduced meals, farmers' markets that accept SNAP (food stamps) and offer special discounts, etc. Students frequently share from their own experiences additional resources during these classes, and sometimes they team up to buy produce in bulk and split it. We demonstrate to students menu planning for the week, in which they turn leftovers into new meals. We take students on field trips to grocery stores to teach cost-efficient shopping strategies. At the start of camp, we see students outside smoking or visiting the convenience store to buy snacks or drinks during breaks between classes. As the weeks go on, the smoking area becomes a lonelier place, and the visits to the convenience store decline – leading to more money available for groceries.

Other than the formal evaluation your group completed, do you have any tools or mechanisms for ongoing outcome tracking?

We continue to administer the same surveys and complete the same measurements as we did during the formal evaluation. We are currently exploring additional ways to track outcomes, such as retrieving data from Arizona's HIE (health information exchange) to access outcomes we haven't previously been able to access, including employment status and HEDIS measures. Students will have the choice to opt-in. When our state moves to Value Based Purchasing (pay for performance), HEDIS measures are likely to play a role in our reimbursement.

Are all positions working off Medicaid-billable hours (the health mentors, educator, nurse, etc.)?

Some years our entire budget comes from Medicaid reimbursement. Some years we receive funding for people who are not eligible for Medicaid. Those claims are processed the same way. The health mentors, nurse, health educator, and psychologist provide direct services for reimbursement. The physician is not eligible to provide direct services. Other non-billing positions are the claims encounter specialist, the administrative associate, and the part-time kitchen assistant.

Will you please share your Wellness Wheel assessment tool? This sounds great!

Our updated Wellness Wheel should be available soon! We are excited to be working with a Motivational Interviewing trainer to enhance our Wellness Wheel. As it stands now, it is a full-page wheel with the eight dimensions of wellness listed along the circumference, and concentric circles appearing within the circle, representing scores of 1-5 (1 meaning "I need to do a lot of work on improving my life in this dimension" up through 5 meaning "I think I'm doing really great in this dimension"). Definitions and examples of activities for each dimension are listed, and the concept is stressed that many activities (walking outside in nature, for example, or taking a class with other people) can have an impact on more than one dimension at a time.

CHOICES

What a great program! Is this curriculum available for communities to implement this model?

The curriculum has been developed and delivered by the training faculty at RWJMS. It is not publicly available. Please contact program director for further information:

Trish Dooley Budsock, M.A., LPC, Rutgers University, CHOICES Program Director:

dooleypc@rutgers.edu

Are the peers in paid or volunteer positions?

These are paid part time positions. Peers work 20 hours per week, and receive an hourly rate.

How many people quit smoking, based on your evaluation?

The data presented does not include quit dates, as follow up information was gathered by phone. Please see the [attached journal article](#) for additional information.

Do you anticipate that this program will expand beyond New Jersey?

We would like to see this program expand beyond NJ, and have handled requests from various states by providing training and consultation for their peer workforce.

What was the website address that the CHOICES speaker mentioned?

www.njchoices.org