



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Creating Your Wellness
Component – Selecting and
Implementing Evidence-based
Practices**

November 30, 2016
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SAMHSA **HRSA**
Health Resources & Services Administration

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Agenda

- Defining Best Practices
- Defining Wellness
- Key Evidence-Based Practices
 - Wellness related to weight management, physical activity and nutrition
 - Tobacco use reduction/cessation
 - Chronic Disease Self-Management
- Core Characteristics of Best Practices
- Lessons Learned

A Really Good Practice: Intersection of evidence + practitioner + client



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SAMHSA Wellness Definition

Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Incorporating aspects of the Eight Dimensions of Wellness, such as choosing healthy foods, forming strong relationships, and exercising often, into everyday habits can help people live longer and improve quality of life. The Eight Dimensions of Wellness may also help people better manage their condition and experience recovery.

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The Evidence Informed Wellness Programs

1. Nutrition/Exercise (required)

- Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Diabetes Awareness and Rehabilitation Training (DART)
- Solutions for Wellness
- InSHAPE
- Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

2. Tobacco Cessation (required)

- DIMENSIONS Tobacco Free Program
- Learning About Healthy Living
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

3. Chronic Disease Self-Management (encouraged)

- Whole Health Action Management (WHAM)
- Stanford University Model

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Nutrition and Exercise for Wellness and Recovery (NEW-R)

Description: Eight 1.5 hour weekly sessions focused on weight management and well-being. Each session starts with an inspirational quote or story, and includes goal setting, a success story from a person in recovery, and a (minimum 20 min.) physical activity component. Uses a manualized curriculum.

Available online? Yes. To download the leader and participant manuals visit <http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp>

Specialized Training required? No

Cost to obtain: Free of charge

For more information: Contact Dr. Catana Brown, cbrown2@midwestern.edu

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Diabetes Awareness and Rehabilitation Training (DART)

Description: 24 week manualized intervention consisting of three primary components: diabetes education; nutrition; and lifestyle exercise.

- **Education:** diabetes management, symptoms, complications, medications, how to use a glucose meter, and how to talk with your doctor.
- **Nutrition:** participants learn about food groups, portion sizes, selecting healthy meals, how to read labels, and how to replace sugar with fat and fiber.
- **Lifestyle exercise:** different types of exercise, the relationship between blood sugar and exercise, how to track exercise using pedometers, and the importance of foot care during exercise.

Available online? No

Specialized Training required? No

Cost to obtain: Free of charge

For more information and to obtain manual: Contact the program developer, Dr. Christine McKibbin at cmckibbi@uwo.edu

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Solutions for Wellness (SFW) Manualized Wellness Program

Description: Manualized psychoeducational program developed, published, and distributed by Eli Lilly and Company. It is intended for persons with SMI who use psychotropic medications and have weight problems. The program typically consists of a 10-12 week curriculum focused around education to promote healthier diet and increased physical activity. Written materials for both patients and group facilitators covering 18 topics related to diet and 14 topics related to exercise.

Available online? Yes. To download, visit www.thenationalcouncil.org/team-solutions-solutions-wellness/

Specialized Training required? No

Cost to obtain: Free of charge

For more information: Contact communications@thenationalcouncil.org

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InSHAPE

Description: A certified fitness trainer is the key to the program. The trainers are certified in fitness training and CPR, and have received additional training from dietitians, as well as instruction in motivational interviewing, goal setting, and the symptoms and treatments of mental illnesses.

- Plan is tailored according to each participant's fitness abilities, dietary behaviors, goals, and preferences
- Gym membership to a community fitness facility
- Caseload for the fitness trainer is typically 30 participants per one full-time equivalent
- Individual one-hour health consultations each week
- Monthly weight-management group sessions where 6-8 participants meet at a community setting to receive healthy eating education and participate in group discussions

Available online? No

Specialized Training required? Yes

Cost? Yes

For more information: Visit <http://www.kenjue.com/> or email ken@kenjue.com. A complimentary phone consultation is provided to determine if InSHAPE is right for you.

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Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

Description: 18-month weight loss intervention consisting of group weight management sessions, individual weight management sessions, and group exercise sessions.

The intervention is divided into two phases:

Initial 6-month intervention phase (intensive phase),

- attend three monthly 45-minute group weight management sessions led by an interventionist,
- one monthly 15-20 minute individual visit with an interventionist,
- three weekly 45-minute group exercise sessions,
- and weekly weigh-ins.

Maintenance phase from months 7-18.

- participants attend one 45-minute group weight-management session each month,
- one 15-20 minute individual visit with an interventionist each month,
- three 45-minute group exercise sessions each week, and
- semi-monthly weigh-ins.

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ACHIEVE

Description (cont).

- Group exercise sessions
- The weight management sessions cover diet education, self-monitoring, and include hands-on activities such as measuring portions and grocery shopping.
- Practitioners deliver both the group exercise and weight management sessions either alone or in pairs.
- Typically, 1-2 practitioners facilitate classes for 20-30 participants.
- The individual weight loss consultations are delivered one-on-one
- Practitioners are specifically trained to deliver the intervention, and typically have bachelor degrees in health education, dietetics, or kinesiology, as well as relevant experience working with individuals with SMI.
- Those leading the group exercise classes are certified exercise instructors and specifically trained for this intervention.

For more information: The researchers developed a standardized manual and training curriculum that are made available to psychiatric rehabilitation programs and other mental health organizations. Inquiries can be addressed by contacting the study director Joseph Gennusa at jgennus1@jhmi.edu

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Additional Resources in the Community: Weight Watchers

Description: Community resource designed for the general population that sponsors group meetings where members can offer each other encouragement, support, and tips for making healthier lifestyle choices along with private weigh-ins. Weight Watchers offers two diet plans:

- The Points Plan: In the points plan, foods are assigned a certain number of points based on the food's calorie, total fat, and dietary fiber content. Participants are allowed to eat any foods they choose and are allotted a certain number of points each day
- The Core (no-counting) Plan: The core plan is based on the consumption of wholesome foods from all the food groups, including fruits and vegetables, grains and starches, lean meats and poultry, and eggs and dairy products.

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Weight Watchers

Description (cont.): Weight Watchers is also online:

- OnlinePlus: Follow the plan on your own terms, 100% online, backed by 24/7 support
- Meetings + OnlinePlus: The heart of the brand — people sharing and supporting each other through experiences
- Coaching +OnlinePlus: One-on-one guidance and motivation from a Personal Coach who's been in your shoes

For more information: Visit www.weightwatchers.com

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Supplemental Resources: Stoplight Diet Color System

Green Light Foods

Green light foods are “grow” foods which include all fruits and vegetables.

Green light foods are: grown and not manufactured, low in calories, high in nutrients, colorful, and usually can be eaten raw.

Yellow Light Foods

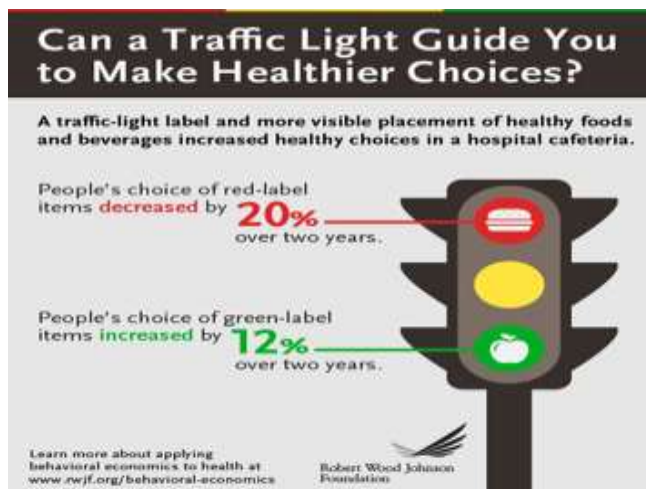
Yellow light foods are “slow down” foods. These foods are okay to eat everyday, in moderation. Yellow light foods include: pasta, rice, bread, tortillas, noodles, eggs, lean meat, chicken, low fat yogurt, nuts and seeds, olive oil, soy foods, whole grains, fish, low fat cheese, and vegetable oil.

Red Light Foods

Red light foods are “stop” and think foods. Red light foods are low in nutrients; high in calories, fat or sugar; or contain artificial sweeteners, hydrogenated oils, or trans-fats.

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Stoplight Diet for Adults: One Finding



Source: Anne H. Thornikie, MD, MPH, Jason Pitt, PhD, Lillian M. Somenberg, DSc, RD, Douglas E. Lenz, PhD, "Traffic Light Labels and Choice Architecture: Promoting Healthy Food Choices," *American Journal of Preventive Medicine*, February 2014.

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Million Hearts Campaign

As part of the HHS' initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.

- a. National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004. (<http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/>)
- b. Elements Associated with Effective Adoption and Use of a Protocol Insights from Key Stakeholder. (<http://millionhearts.hhs.gov/resources/protocols.html>)
- c. An Effective Approach to High Blood Pressure Control A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and (<http://www.sciencedirect.com/science/article/pii/S0735109713060774>)
- d. Protocol-Based Treatment of Hypertension: A Critical Step on the Pathway to Progress; *JAMA January 1, 2014 Volume 311, Number 1* (<http://jama.jamanetwork.com/journal.aspx>)

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Tobacco Reduction/Cessation Evidence Based Practices

- DIMENSIONS Tobacco Free Program
- Learning About Healthy Living
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

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DIMENSIONS Tobacco Free Program (formerly Peer-to-Peer Tobacco Dependence Recovery Program)

Description: Program facilitators learn how to successfully negotiate the treatment of tobacco cessation in different healthcare settings. Facilitators use motivational engagement strategies, community referrals, educational activities, and peer- or provider-led Tobacco Free groups to promote positive behavior change in individuals interested in tobacco cessation. The group uses a manualized curriculum.

Curriculum available online? No.

Specialized Training required? Yes. 1.5 day in-person training for maximum 50 participants.

Cost for training and materials: \$13,000 (costs may be shared among multiple agencies within the same geographical region)

For more information: Contact Dr. Chad Morris, Chad.Morris@ucdenver.edu

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Learning About Healthy Living

Description: Group program using a manualized curriculum. The manual includes a chapter on treatment medications and additional resources.

- Group I “Learning about Healthy Living” is an educational and motivational-based intervention with an open-ended format and rolling admission. It is not time limited.
- Group II “Quitting Smoking” is an action-based treatment for those who are ready to try to quit smoking. It is a closed group format that lasts 8-10 weeks. There should be at least 4 individuals in this group.

Available online? Yes. To download visit http://rwjms.rutgers.edu/departments_institutes/psychiatry/divisions/addiction/community/documents/2012lahl.pdf

Specialized Training required? No

Cost to obtain: Free of charge

For more information: Contact Dr. Jill Williams at williajm@rwjms.rutgers.edu

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Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

Description: Manual written by nurses for nurses. Describes the treatment approach of a small group of nurses in Rochester, New York. Includes 60 minute individual counseling, follow up individual sessions, and recommended telephone and/or group follow up.

Available online? Yes. To download visit
<http://www.apna.org/files/public/tobaccodependencemanualfornurses.pdf>

Specialized Training required? No

Cost to obtain: Free of charge

For more information: Visit
<http://www.apna.org/i4a/pages/index.cfm?pageid=5282>

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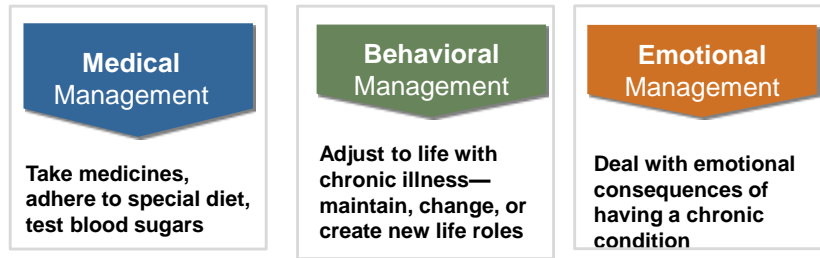
Chronic Disease Self-Management

Stanford Chronic Disease Self-Management Model (CDSM)
Whole Health Action Management (WHAM)

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Stanford Model of Chronic Disease Self-Management

Living with a chronic condition requires patient self-management in three key areas:



Stanford Model of Chronic Disease Self-Management

Description: Peer facilitated small groups of 10-16 people. People with different disease and comorbid conditions may be engaged in the same group.

- 2½ hours per week for 6 weeks
- Topics: Managing Symptoms (*pain, fatigue, depression, shortness of breath*) Exercise, Relaxation Techniques, Healthy Eating, Communication Skills, Medication Management, Problem Solving, Action Planning, Decision Making

Available online? No.

Training required? Yes. 4.5 days in-person training. Visit <http://patienteducation.stanford.edu/training/> for further details.

Training costs: Visit <http://patienteducation.stanford.edu/training/trnfees.html> for further details.

For more information: Visit <http://patienteducation.stanford.edu/programs/cdsmp.html>

Whole Health Action Management (WHAM)

Description: Designed for the behavioral health peer workforce by the SAMHSA-HRSA Center for Integrated Health Solutions. **Whole Health Action Management (WHAM)** training is a peer-led intervention to activate whole health self-management to create and sustain new health behaviors in Community Mental Health Centers, Federally Qualified Health Centers, Health Homes, and Veterans Administration programs.

Available online? Yes. To download visit <http://www.integration.samhsa.gov/health-wellness/wham>

Training required? Yes. 2 day in-person training for maximum 30 participants.

Training costs: Yes (costs may be shared among multiple agencies within the same geographical region)

For more information including costs: Contact Sarah Flinspach, sarahf@thenationalcouncil.org

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WHAM 5 Keys to Success

- A person-centered goal focused on 10 science-based whole health and resiliency factors
- A weekly action plan that breaks the goal into small, achievable successes
- A daily/weekly personal log
- One-to-one peer support
- A weekly WHAM peer support group

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Health and Recovery Peer (HARP) Program

Description: Adapted the Stanford University Chronic Disease Self-Management Program (CDSMP) to be delivered by and for MH consumers. Includes 6 group sessions, diet and exercise training, specific disease management techniques.

Available? Not at the present time. Program will be available following completion of the current multisite research trials.

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Overall Structure of HARP

Session One: Overview, Introduction to Action Planning

- Coaching session: Becoming a self-manager

Session Two: Introduction to Physical Activity and Exercise:

- Coaching session: Understanding your chronic illnesses

Session Three: Breathing, Relaxation

- Coaching session: Relaxation and dealing with stress

Session Four: Healthier Eating, Advance Directives

- Coaching session: Better diet and exercise on a .limited budget

Session Five: Medication Use, Making Informed Decisions

- Coaching Session: Communication Skills

Session Six: Working with Your Health Care Provider

- Coaching Session: Summary and plans for the future

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Poll Question: Has you team identified the evidence based practices that is the focus of your initial efforts?

- A. YES

- B. NO

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If yes, what wellness program are you likely to implement?

- A. Nutrition and Exercise for Wellness and Recovery (NEW-R)
- B. Diabetes Awareness and Rehabilitation Training (DART)
- C. Solutions for Wellness
- D. InSHAPE
- E. Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

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Poll Question: If yes, what tobacco program are you likely to implement?

- A. DIMENSIONS Tobacco Free Program
- B. Learning About Healthy Living
- C. Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses
- D. Not sure

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Poll Question: If yes, what Chronic Disease Self-Management program are you are considering/exploring?

- A. Whole Health Action Management (WHAM)
- B. Stanford University Model
- C. Not sure yet
- D. Not implementing in Year 1

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SUMMARY OF WHAT WE LEARN FROM RESEARCH

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What research tells us*

Program format

What works: programs that last 3 or more months; combining a manualized education and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.

What doesn't work: Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.

Weight management: the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

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What the research tells us cont.

Physical fitness: Activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful.

Integrated services: Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services.

Measurement and monitoring: Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored.

* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

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Practitioner's skills and knowledge to engage and activate self management

Health literacy of practitioners

Teaching strategies

Motivational enhancement approaches

Group facilitation skills



Practitioner's Skill
and knowledge to
engage and activate
self management

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Practitioner Skills: Engagement

- Assess a person's readiness and align interventions accordingly.
- Use motivational interviewing approaches to assist the client to make an informed decision about wellness and to identify a personally meaningful health goal.
- Wellness topics include information that is clearly and simply presented and honestly engages consumers to consider the pros and cons of current health related behavior.
- In group settings, the size of the group enables opportunities to personalize the information (optimal group size is 10 or fewer).

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The Client's Perspective

Beliefs, needs, goals,
preferences, circumstances,
religious and cultural values,
strengths, social and economic
resources, readiness.



Person's
perspectives, felt
need for change,
self-identified
personally
meaningful health
goals

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Client Driven Wellness: IMPACT

I MPROVE: Does accomplishing the goal improve the quality of my health and resiliency?

M EAURABLE: Is the goal objectively measurable so I know if I have accomplished it?

P OSITIVELY STATED: Is it positively stated as something new I want in my life?

A CHIEVABLE: Is it achievable for me in my present situation and with my current abilities?

C ALL FORTH ACTIONS: Does it specify actions that I can take on a regular basis to create healthy habits or a healthier lifestyle?

T IME LIMITED: When do I plan to accomplish my goal?

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Culture and Wellness Programming: Main Points

Cultural and religious factors influence the preferences, values, beliefs, and expectations of people.

One's beliefs, values and expectations influence choices and preferences related to a host of wellness-related activities and services:

- Food preparation and traditions
- Attitudes about substance use including tobacco
- Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
- Experience with and expectations of healthcare providers
- Attitudes about weight and exercise
- Access to wellness supporting people, places and things

Common Factors: Characteristics of wellness and healthcare services that are more likely to engage consumers

- Emphasis on the positive (goals to achieve rather than the problem to solve)
- Increase positive health behaviors alone has value (small successes matter)
 - Keep doing (what's strong vs what's wrong)
 - Start doing (focus on positive steps that are practical and possible)
 - Stop doing (most challenging)
- Integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters
- Design services to be easily accessible, engaging, fun, non-pressured, non-judgmental, not embarrassing, and builds confidence and social support

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Characteristics of wellness and healthcare services that are more likely to engage consumers

- Builds in action steps that are practical in light of the consumers' financial resources, age, gender, cultural values, and overall health.
- Builds in social supports that may be very helpful (e.g., engage family/friends, peer buddy system) and aligns with consumer preferences

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Common Elements: Education: Principles of Adult Learning

Personal Relevance “ Why should I care”

- Identification of benefits based on clients felt need

Practical Application “Is this really something I can accomplish? How will I know?”

- Small steps that are self selected and monitored to build confidence and provide feedback

Multi-sensory learning “ How can I remember this stuff”

- Written and spoken Information that is clear and understandable, personalized worksheets, demonstrations and active practice

Self direction “ Who is in charge anyway”

- Maximize self selection of action steps

Context specific “ How do I make this work for me in my day to day experience?”

- Ensure clients select goals and action steps that make sense in light of living situation, finances, access to resources, social connections

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Common Element: Engagement and informed decision making

- Engage clients in making informed decisions
 - Decisional balance (pros and cons of change and not change)
- Explore benefits from clients perspective
- Assess readiness and align approach accordingly
- Explain the service (show materials, describe the content and activities related to the practice; reinforce the idea that one may use the initial meetings to make an informed decision (shopping))
- Low pressure about staying or leaving

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Lessons Learned: Alignment with Client Strengths and Goals

Person-Centered and Engagement: Start with the client not the practice

- What is the clients most important concern and felt need for change?
- How positive would health improvement be for the client?
- How confident is the client in applying what he/she learns in day to day living?
- To what degree does the client have social support for health improvement change?
- No one size fits all (having options aligned with readiness, comfort and confidence level.)

Empowering: Get continuous client feedback after each session/activity

- How helpful was the session
- How comfortable was the session for you
- In what way did it meet your expectations
- Did we spend time in a way that addressed you personal goals/needs
- What would have been more helpful

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Lessons Learned: Spice up the learning

- Enthusiasm of staff is key
- Fitness/nutrition competitive games and challenges that are fun
- Incentives - e.g. certificates, t-shirts, water bottles, pedometers (and other monitoring and feedback opportunities).
- Providing healthy snacks at numerous events - exposure and modeling of healthy eating.
- Staff involvement alongside clients helps to create a “culture of wellness.”
- Use of pedometers, CO monitors, improvement tracking graphs are reinforcing and energizing
- Recognition events to acknowledge and reinforce participation
- Peer-led programs and individualized support

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Community Connections and Hands On Events and Activities

- Health Fairs (within the organization and in the community)
- Field visits to farmers markets, local grocery stores, community resources such as local college, gyms, YMCA, Weight Watchers
- Walking groups, yoga, low-cardio aerobics, roller skating, hiking, general exercise, dance, swimming
- Cooking demonstrations and practice
- Groups on topics such as Living a Healthy Lifestyle, Understanding and Using Healthcare Services

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The Role of Peers in Advancing a Culture of Wellness

- Partners in decision making
- Promoting lived experience to activate self-management
- Peer-led wellness activities and services
- Collaboration with partnering peer organizations
- Peer provider career ladder
- Support for peer provider wellness training and supervision
- Peer and non-peer staff collaboration in service planning, coordination, and co-leadership
- Peer voice across organizational departments/workgroups/committees/board of directors

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The EBP Self Assessment Tool

- A guide to the elements of a quality intervention for
 - General wellness
 - Tobacco reduction
 - Chronic disease self management
- Review as a team as you develop your services
http://integration.samhsa.gov/Wellness_Organizational_Self-Assessment_Final.docx

Summer 2016 Evidence-Based Practice Series

<http://www.integration.samhsa.gov/pbhci-learning-community/webinars#EBPs>

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Additional Resources

Diabetes Education Toolkit – an interactive website including a “Diabetes Library” of 1-page patient education handouts on a wide variety of topics, each linked to an ADA standard of care, as well as a set of podcasts and instructions on “How to Use the Toolkit” for providers and for patient self-use. Featured as a Quality Tool by AHRQ.

<https://innovations.ahrq.gov/qualitytools/diabetes-education-toolkit-0>

Toolkit address: <http://www.cmhsrp.uic.edu/health/diabetes-library-home.asp>

Health Screening Manual – provides step-by-step instructions and planning forms that can be used by those who want to hold a community health fair for people in recovery. It was used to organize fairs in NY, CA, DC, MD, IL, GA, and NJ. Data collected in 4 states using the screening procedures have resulted in a series of journal articles.

Manual address: http://www.cmhsrp.uic.edu/health/designing_health_screening.asp

Algorithm for Prescribing Smoking Cessation Medications to Users of Psychotropic Meds – this decision-aid presents a visual algorithm that guides physicians through the steps necessary to determine whether to prescribe smoking cessation medications and which ones to use to avoid harmful drug interactions.

Algorithm address: <http://www.cmhsrp.uic.edu/download/Cess-Med-Flow-Sheet-Sept%202011.pdf>

State of the Science Summit on Integrated Health Care - this website presents the Center's SOS conference presentations and podcasts on the latest research and programs addressing care coordination and recovery self-direction.

Website address: <http://www.cmhsrp.uic.edu/health/summit14/index.asp>

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Additional Resources

Diabetes education materials

<http://clinicians.org/our-issues/acu-diabetes-patient-education-series/>

Tobacco cessation toolkit

http://www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf

Behavioral Health and Wellness Program: University of Colorado Denver

<https://www.bhwellness.org/>

Wellness Recovery Action Planning (Mary Ellen Copeland)

<http://www.mentalhealthrecovery.com/>

General wellness resources

<http://www.integration.samhsa.gov/health-wellness/wellness-strategies>

Health Promotion Resource Guide: Choosing Evidence-Based Practices for Reducing Obesity and Improving Fitness for People with Serious Mental Illness

http://www.integration.samhsa.gov/health-wellness/Health_Promotion_Guide.pdf

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**Please type your
questions/discussion
points in the chat box!**



Reminder

What?

Final Webinar in the Series:
Strategies and Workflows for Consumer Engagement and Retention

When?

Wednesday, December 14, 2016 • 2:00 – 3:00 PM EST

Who should attend?

Project directors, clinical staff, primary care providers

What will you learn?

How to engage consumers in PBHCI services and keep them engaged

Register here

<https://attendee.gotowebinar.com/register/6936911596700625155>

Please complete the survey that follows this webinar!

