

Evolving Peer Support: Recovery Coaching, Whole Health, and System Integration



Welcome!

**The Webinar will
begin shortly!**



Webinar Agenda (all times Eastern)

- 2:00 – Welcome, Housekeeping, Instructions to Participants
- 2:05 – Introduction
- 2:10 – Presentation by Wilma Townsend, Larry Fricks, and Dr. Arthur Evans,
- 3:10 – Question and Answer Session
- 3:25 – Instructions for CE Credits
- 3:30 – Webinar concludes

Confidential Information

This presentation may include material, non-public information about Magellan Health Services, Inc. (“Magellan” or the “Company”). By receipt of this presentation, each recipient acknowledges that it is aware that the United States securities laws prohibit any person or entity in possession of material non-public information about a company or its affiliates from purchasing or selling securities of such company or from the communication of such information to any other person under circumstance in which it is reasonably foreseeable that such person may purchase or sell such securities with the benefit of such information.

By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential. The attached material shall not be photocopied, reproduced, distributed to or disclosed to others at any time without the prior written consent of the Company.

About the Presenter

Wilma Townsend is presently a Public Health Analyst at the Center for Mental Health Services in the Consumer Affairs Office of SAMHSA. She was previously the President of WLT Consulting, a consulting firm that specialized in Mental Health Recovery, Consumer Involvement and Cultural Competence. Ms. Townsend was a board member of the National Leadership Council for African American Behavioral Health, a past board member of the American College of Mental Health Administration, and Founding member of the Multiethnic Advocates for Cultural Competence in Ohio.

Ms. Townsend is a recognized national consumer leader in the recovery movement. She has written two books in this area and numerous articles. Ms. Townsend also has been a member of SAMHSA workgroups that developed National Standards on Cultural Competence and the National paper on Mental Health Recovery.

In her work with WLT Consulting, she has provided system and provider level consultation on transformation to a Recovery Focus System. WLT Consulting has also established a Recovery Training Institute in which individuals, professionals and consumers, come to Atlanta, Georgia to be trained in recovery topics. Her recovery work is with consumers, clinicians and administrators.

In addition, she has also been a leader nationally on issues of cultural competence, helping many organizations make changes so that disparities in access to care are minimized and the quality of care received by people of color is enhanced.

About the Presenter

Larry Fricks currently serves as the Director of the Appalachian Consulting Group. For 13 years Larry was Georgia's Director of the Office of Consumer Relations and Recovery in the Division of Mental Health, Developmental Disabilities and Addictive Diseases. He is a founder of the Georgia Mental Health Consumer Network that now has some 3,000 members, a founder of the Georgia Consumer Council, a founder of Georgia's Peer Specialist Training and Certification and a founder of the Georgia Peer Support Institute. He served on the Planning Board for the Surgeon General's Report on Mental Health, and currently serves on the Board of Directors of Mental Health America and on the Advisory Board for The Carter Center Mental Health Journalism Fellowships.

He is the 1995 recipient of the Clifford W. Beers Award given annually by Mental Health America and the 2001 recipient of the American Association for World Health Award for significant contributions to improving community mental health. In 2004 he received the Recovery Award from International Association of Psychosocial Rehabilitation Services and in 2008 the Lifetime Achievement Voice Award from the Substance Abuse and Mental Health Services Administration for the development and adoption of multiple innovative, recovery-oriented programs and services.

Larry's recovery story and life's work to support the recovery of others was published by HarperCollins and was featured on the Today Show in 2008.

About the Presenter

Arthur C. Evans Jr, Ph.D. is the Director of Philadelphia's Department of Behavioral Health and Mental Retardation Services (DBH/MRS), a \$1 billion healthcare agency. In this capacity, he is leading a major initiative to transform how behavioral health care and mental retardation services are delivered in the city. Since Dr. Evans' appointment in November 2004, Philadelphia has begun a transformation of its entire system to one that focuses on recovery for adults, resiliency for children and self-determination for all people who use mental retardation services.

In addition to his current duties as DBH/MRS Director, Dr. Evans served as Acting Commissioner of the Department of Human Services. In this role he lead reform efforts for Philadelphia's child welfare system.

Dr. Evans is a clinical and community psychologist. He holds a faculty appointment at the University of Pennsylvania School of Medicine. He held faculty appointments at the Yale University School of Medicine and Quinnipiac University. Dr. Evans has extensive experience in transforming systems of care while serving in several national leadership roles.

Prior to coming to Philadelphia, Dr. Evans was the Deputy Commissioner for the Connecticut Department of Mental Health & Addiction Services (DMHAS). In this capacity, he led several major strategic initiatives for the Connecticut behavioral healthcare system. He was instrumental in implementing a recovery-oriented policy framework, addressing health care disparities and increasing the use of evidence-based practices.

Dr. Evans is highly committed to serving people who are underserved and ensuring that all people have access to effective, quality services.

Presenter Disclosure

Wilma Townsend has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.

Larry Fricks has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.

Dr. Arthur Evans has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.

Goal

To present issues relevant to the evolving nature of peer support services and integrating peers in the behavioral health system.

Learning Objectives

1. Participants will be able to identify at least 4 research findings regarding individuals who use peer support services.
2. Participants will be able to recognize new service delivery definitions for recovery supports under development by SAMHSA.
3. Participants will be able to identify elements of the Peer Support Whole Health person-centered planning process.
4. Participants will be able to identify at least 3 demonstrated results of the Relaxation Response.
5. Participants will be able to describe key aspects of the evidence of an evolving peer culture in a system.
6. Participants will be able to identify at least 2 key lessons learned at a system level regarding evolving peer culture.

Evolving Peer Support: Recovery Coaching, Whole Health, and System Integration



- Wilma Townsend, MSW, Public Policy Analyst, Substance Abuse and Mental Health Service Administration
- Larry Fricks, Director, Appalachian Consulting Group
- Arthur Evans, Ph.D., Director, Philadelphia Dept. of Behavioral Health and Mental Retardation Services

Wilma Townsend, MSW, Substance Abuse
and Mental Health Service Administration

Peer Support Overview and SAMHSA Initiatives

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Peer Support

“Mutual support and encouragement provided between individual consumers or in a group run by and for consumers”

The self help movement in this country has become an important means for people to help each other to cope with various life problems and crises.

Peer Support

- Empowerment Process
- Develops a sense of “HOPE”
- Process of learning and giving back
- Relationship building
- Research findings document that individuals who use peer run services have decreased hospitalizations, suicide rates, and substance use, an increase in social contacts, ability to carry out of activities of daily living and a positive impact on participants’ recovery, including an increase in their empowerment, hopefulness, and informal learning of adaptive coping strategies (Campbell, 2005).

SAMHSA's Peer Support Efforts

- SAMHSA's Strategic Initiative paper, "Leading Change: A Plan for SAMHSA's Roles and Actions 2011 - 2014"
- What a difference a friend makes- an ad campaign for the African American, Latino and Asian Communities

SAMHSA's Peer Support Efforts

- Consumer Technical Assistance Centers
 - STAR Center - www.consumerstar.org
 - National Empowerment Center - www.power2u.org
 - National Mental Health Consumers' Self Help Clearinghouse - www.mhselfhelp.org
 - The Family Café, Inc. - www.familycafe.net
 - Mental Health Association of Oregon - www.mhaoforegon.com)

SAMHSA's Peer Support Efforts

- Development of new service definitions for recovery supports
 - Peer Recovery Support Coaching
 - Self-Directed Care
 - Recovery Support Centers
 - Relapse Prevention/Wellness Recovery Support

SAMHSA's Peer Support Efforts

- 10X10 Wellness Campaign
 - Individuals with behavioral health problems die 25 years earlier than the general population
 - 12 M visits annually to ERs by people with MH/SUD (What is the number for your state)
 - 44% of all cigarette consumption by individuals with MH/SUD
 - 70% of individuals with significant MH/SUD had at least 1 chronic health condition, 45% have 2, and almost 30% have 3 or more
 - Seek to reduce early death of individuals with behavior health problems by 10 years over the next 10 years

SAMHSA's Peer Support Efforts

Wilma Townsend, MSW
Public Health Analyst
Center for Mental Health Services
Consumer Affairs Office
1 Choke Cherry Rd.
Rockville, Maryland 20857
240-276-1948

Larry Fricks, Appalachian Consulting Group

Peer Support Whole Health, Recovery & Transformation

The Shift from Stabilization and Maintenance to Recovery

- ⑩ **People cannot recover:** Before circa 1980 dominating MH system belief was people with serious mental illness could not recover; expectation was stabilization and maintenance in supervised environments; beliefs still exist in programs not recovery focused
- ⑩ **People can and do recover:** Circa 1980 lived experiences of consumers began to shift beliefs; writings of consumers like Judi Chamberlain and longitudinal research of Dr. Courtney Harding documented recovery experiences; Dr. William Anthony, Director, Center for Psychiatric Rehabilitation, focused on “what’s strong” rather than “what’s wrong” and recovery gained national foothold
- ⑩ **System support of recovery:** In 2003 President’s New Freedom Commission Report on Mental Health opened with: “We envision a time when everyone diagnosed with a mental illness will recover,” but acknowledged current mental health system not focused on recovery; called for system transformation
- ⑩ **Recovery involves whole person:** In 2006 National Association of State Mental Health Program Directors’ report unveils that people served by public mental health die, on average, 25 years earlier than general population sparking shift to whole health in recovery

A NEW PARADIGM: CERTIFIED PEER SPECIALISTS

“Being able to bill Medicaid for their services provides sustainable funding for a new workforce in the mental health field, a workforce that has firsthand knowledge of how to successfully combat the debilitating effects of stigma and negative self image...”

Carter, Rosalynn (2010), *Within Our Reach – Ending the Mental Health Crisis*. Rodale, 153.

PEER WORKFORCE NATIONWIDE

- **Pillars of Peer Support Services Summit funded by SAMHSA in 2009; attended by representatives of 22 states currently billing Medicaid for Peer Support Services**
- **Summit Report: www.pillarsofpeersupport.org**
- **Summit 2: October 18-19, 2010**

WELLNESS: THE NEW FRONTIER IN RECOVERY

“Promoting whole health recovery is the key to offsetting premature death and disability.”

- **SAMHSA 10x10 Wellness Campaign**
www.10x10.samhsa.gov
- **SAMHSA Primary Care/Behavioral Health Care Integration Grant Program and National Resource Center**

Carter, Rosalynn (2010), *Within Our Reach – Ending the Mental Health Crisis*.
Rodale, 159

NASMHPD Morbidity and Mortality Report

“People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population.”

**NASMHPD
Morbidity and Mortality in People
with Serious Mental Illness
October 2006**

USA Today: Mental Illness Linked to Short Life

“Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that’s widened since the early ‘90s, when major mental disorders cut life spans by 10 to 15 years....”

**USA Today
May 3, 2007**

Peer Support Whole Health: A New National Role

“Peer Support Whole Health is a peer-driven plan for transformation of the mental health system. In this approach, a peer specialist helps a peer choose and record a health goal in an individual service plan funded by Medicaid-billable peer support and provides peer support to help reach that goal.”

Fricks, L. (2009). Consumers Take Charge of Wellness. National Council Magazine 20-21.

“When peers learned of NASMHPD’s morbidity and mortality report [persons with mental illness dying 25 years younger], they were outraged and demanded that we as policy makers do something about it. We’ve listened to their demands and have begun our whole-health initiative with peers in the forefront.”

**Pam Werner, Director, Peer Support Program
Michigan Department of Community Health**

Fricks, L. (2009). Consumers Take Charge of Wellness. National Council Magazine, 20-21.

“The focus on Peer Support Whole Health changed the center; individuals started addressing their overall health. One quit smoking, another stopped drinking pop and lost 20 pounds, and a walking group started.”

**Jean Dukarski, Program Director
Justice in Mental Health Organization
Michigan Peer Support Whole Health Pilot Project**

Fricks, L. (2009). Consumers Take Charge of Wellness. National Council Magazine, 20-21.

Peer Support Whole Health is a person-centered planning process that:

- 1. looks comprehensively at a person's health life-style;**
- 2. is a strength-based and focuses on a person's strengths, interests and natural supports;**
- 3. stresses creating new health life-style habits and disciplines; and**
- 4. provides peer support delivered by peer specialists to promote self-directed whole health.**

The PSWH training is also built on a Person Centered Planning (PCP) process that focuses on six health life-style domains and five keys to success.

The six domains are:

- **Healthy Eating**
- **Physical Activity**
- **Restful Sleep**
- **Stress Management**
- **Service to Others**
- **Support Network**

The Five Keys to Success are:

- 1. A Person-Centered Goal that uses the SMART process to be written into a treatment plan**
- 2. A Weekly Action Plan that uses a confidence scale**
- 3. A Daily/Weekly Personal Log**
- 4. Peer Accountability and Support**
- 5. Weekly Peer Support Whole Health Group**

Peer Support Whole Health Training developed in partnership with the Benson-Henry Institute (BHI) for Mind-Body Medicine at Massachusetts General Hospital

“BHI was founded by Harvard cardiologist Herbert Benson, famous for the Relaxation Response shown to reduce stress and the release of cortisol, a stress hormone that can increase dangerous belly fat.”

Fricks, L. (2009). Consumers Take Charge of Wellness. National Council Magazine, 20-21.

“A BHI study completed by the state of Georgia at two peer centers showed that practicing the Relaxation Response reduced stress and anxiety.”

Fricks, L. (2009). Consumers Take Charge of Wellness. National Council Magazine, 20-21.

BHI research demonstrates that the Relaxation Response:

- **Decreases metabolism**
- **Decreases heart rate**
- **Decreases blood pressure**
- **Decreases breathing**
- **Decreases muscle tension**
- **Decreases cortisol**
- **If practiced regularly, can have lasting effects**

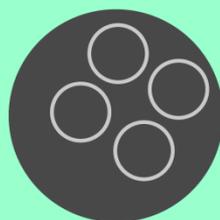
Elicitation of the relaxation response is actually quite easy. There are two essential steps:

- 1. Repetition of a word, sound, phrase or muscular activity**
- 2. Passive disregard of everyday thoughts that inevitably come to mind and the return to your repetition**

“Revolutions begin when people who are defined as problems achieve the power to redefine the problem.”

John McKnight

Peer-Based Recovery Support Services: Perspective of a System Administrator



City of Philadelphia

dbhmr
recovery | resilience | self-determination

Arthur C. Evans, Ph.D.

Philadelphia Department of Behavioral Health

November 18, 2010

Magellan-ACMHA webinars

Acknowledgements

- Dr. Ijeoma Achara
- Ms. Michelle Khan
- Ms. Joan King
- Peers throughout the Philadelphia Behavioral Health System

Overview

- Provide background and experience from the perspective of a system administrator on the integration of peer services into a system of care
- Describe examples and lessons learned from a system-wide effort to promote peer culture
- Share benefits and suggestions for utilizing this approach to implementing peer support services

The Mobilization of Recovery Communities

- In 2002, few people in recovery beyond professional advocates and the Consumer Satisfaction Team had visible roles in the system and community
- Three years later, more than 1600 people in recovery turned out for a Recovery Conference that was coordinated by people in recovery for people in recovery.
- **What Happened?** Made an intentional decision to develop a peer culture, facilitate peer leadership and integrate peer support services throughout the system



What is a Peer Culture?

Peer Culture

Rationale

- Creates Synergy: A change in culture sparks innovation beyond individual Peer Specialists working in the system
- Sets a tone: Establishes respect for and understanding of Peer Services within the service system
- Facilitates Implementation and Sustainability: Peer services are easier to implement and sustain in a context in which they are valued, empowered and serve in influential roles

Goal

- Implemented a transformative approach to developing peer support services that changed the fabric of the system and had implications for all levels of the system
- Supported an “army” of individuals who were empowered to help shape the treatment system culture

Evidence of an Evolving Peer Culture in a System

- There is a **grass roots movement** of people in recovery who are mobilized and connected to one another
- **Leadership of people** in recovery is visible throughout the system
- There are numerous **formal and informal** mechanisms to give and receive peer support throughout the system
- The system **creates environments** that facilitate hope, empowerment, choices and opportunities



Laying the Foundation



Laying the Foundation: Developing a Peer Culture

Recovery Foundations Training

Purpose: 2 Day training to increase all stakeholder's understanding of recovery oriented services

- People in recovery, providers, staff of the city's managed care company and DBHMRS participate together
- Includes a panel of individuals in recovery to share what helped and what hindered their recovery

Outcome: Over 2,160 people have participated

Laying the Foundation: Developing a Peer Culture

Storytelling Training

Purpose: To provide a safe environment where people in recovery and their families enhance their confidence and skills in sharing their personal stories of recovery

- Created a learning community and a peer support network among people in recovery
- Increased people's awareness of the transformation process in the system and provided an avenue for participation

Outcome: 1330 Participants (780 people in recovery, 580 family members), also peer led grassroots efforts such as the Recovery Luncheon and Newsletter

Laying the Foundation: Developing a Peer Culture

Taking Recovery to the Streets

Purpose: Recovery ambassadors spread the message of hope about recovery throughout the system and the community

Service Elements: Presentations at shelters, safe havens, cafes, provider organizations. etc.



Developing Peer Support Services



Pre-Treatment Example: New Pathways for Women Project

“Our population of focus is so frightened because many of them have been raped, they live in abandoned homes, they are suffering from untreated physical injuries. Many of them have acute PTSD, they’re exhausted, they’re grieving and they are alone. In our outreach specialists, women see someone that looks like them. Someone that they may recognize from the peer’s former drug use. The peer outreach specialist is viewed by women as a front porch from the street to the project. They are able to escort them right in the door....”



-Eugenia Argires, Project Director

Pre-Treatment Example: New Pathways for Women Project

Purpose: “Reach those whose pain is so profound and lives so chaotic that triggering hope for recovery takes assertive sustained involvement”

Service Elements: assertive street outreach, case management, meeting basic needs, pre-treatment peer support groups to enhance readiness, pre-post treatment peer support groups, consumer advisory council. Target the people and places that are most destitute.

Outcomes: Served 330 women so far this calendar year, interim Report: 41% of enrolled women abstinent at 6 months without formal treatment.

Treatment Example: Certified Peer Specialist Initiative

Purpose: To develop a cadre of People in Recovery who can use experience-based wisdom to support recovery

Service Elements: 2 week training, program orientation for agency leaders/supervisors

Role: coaching, community linkages, advocacy, addressing basic needs, peer-led groups, etc...

Outcome: 289 trained, Medicaid funded CPS

Treatment Example: Certified Peer Specialists

Two models of CPS services in Philadelphia:

- Embedded: Use of peer specialists within programs on staff teams
- Free Standing: Two teams to support people around the city with peer support services



Treatment Example: Certified Peer Specialists

Training Content: 6 College Credits

- Stages of recovery
- Communication skills
- WRAP (Wellness Recovery Action Plan)
- Working with People who appear Unmotivated
- Group Facilitation skills
- Workplace practices
- Boundary Issues
- Cultural Competency
- The CPS Training is a 10 day training (75 hours of training)

Treatment Example: Certified Recovery Coaches

North East Treatment Center

- Recovery coaches play a critical role in the development and implementation of all programming.
They also coordinate the;
- NET Consumer Council
- Recovery Resource Center
- Monthly Appreciation Dinner
- Volunteers



Community Based Example: Philadelphia Recovery Community Center

Purpose: To provide a Recovery sanctuary offering a unique blend of Peer to Peer services geared towards strengthening recovery within an inclusive/community-based setting. Services are available before, during, after and sometimes in lieu of treatment.

Service elements: Recovery planning/Recovery coaching, computer skill building/job skills, assistance in finding housing, educational, job readiness, employment opportunities, assistance in building constructive family and personal relationships, ongoing Life skill building programs,

Outcomes: 1357 unduplicated individuals for first 10 months of 2010, 67 volunteers

Promoting Peer Leadership

A group of business professionals are gathered around a table. In the center, a man with short dark hair, wearing a light blue and white striped button-down shirt, is smiling broadly and shaking hands with a woman. The woman has dark hair pulled back and is wearing a grey blazer over a light-colored top. To the left, another woman with dark hair, wearing a white button-down shirt, is also smiling. The background is softly blurred, showing what appears to be an office or meeting room with warm lighting.

Promoting Peer Leadership: Peer Leadership Academy

Purpose: To equip individuals/family members with the skills necessary to serve in leadership roles in the system

- 13 week training program, 3 college credits provided by Harcom College and PCOM, 100 graduates
- Collaboration between, DBHMRS, PROACT + MHA, Co-facilitated by PROACT and I-Lead.

Outcomes: Students from the Fall 2009 class provided over 1600 volunteer hours in 3 months. 94% of the graduates stated that they “learned new skills,” 89% agreed with the statement, “ I will be a better advocate for myself and for others because of my participation...”

Promoting Peer Leadership: Additional System Strategies

- Peers participate in the review of any new RFPs
- Peers are involved in the development of the vision for transforming levels of care (e.g. Day Program and IOP transformation processes)
- Peers being integrated into ACT teams and Crises Response Centers
- Hired people in recovery in leadership positions throughout the department
- Transforming organizations are required to develop peer leadership groups
- Peer get Cognitive Therapy Training - Beck Initiative
- Monitoring processes support the integration of peer leadership

Successes: Tim

Then:

“He had no zest for life, he would just come to the program for 8 hours, sit and get meds and go back to the boarding home”

Tim did this for 1.5 years. Connected with a CPS, who provided recovery coaching, sent to the recovery foundations training and got a vision for more, went to storytelling training, volunteered at the agency doing maintenance work

Now: Employed full-time at the agency, getting married, moving into a new home.



Successes: Gloria

After participating in all of the trainings I began to find power in sharing my story with others at the Consortium where I was going to get help for my mental illness issues.

Now I am a presenter for Taking Recovery to the Streets, a two-day WRAP facilitator, member of Enon Tabernacle Baptist Church, have a new home, new car.

I am employed as a file clerk, and I am a full-time student at the University of Phoenix online with a GPA of 4.0 in pursuit of my Associates Degree in Psychology. I am thankful to God and the Recovery Foundations (Training). I am "living Life to the Fullest!"

Top Concerns Raised by Providers

1. What about confidentiality?
2. What happens if someone relapses?
3. How do you handle the tensions between peer support staff and clinical staff?



Lessons Learned: System Level

- Placing peer staff in an organization that does not have organizational readiness reduces retention
- It's critical to create volunteer opportunities for staff who cannot find employment
- Need to develop multiple, pathways and opportunities for people to plug into system change initiatives
- Need a coordinator that is energetic, smart, is trusted in the community and is a connector. Preferably someone in recovery or a family member.
- Avoid “professionalizing” peer support services

Lessons Learned: Provider Level

- Ideally organizations should hire more than one person to provide peer support
- Select people who can support multiple pathways to recovery
- Ensure that supervisors and peers have appropriate support
- Clarify Roles: For example - articulate the differences between a recovery coach/peer specialist, sponsor and counselor
- Help supervisors focus on performance improvement and work skills not “helping the person deal with their illness”



So What's the Bottom Line?

Summary

- This a parallel process for system administrators and for providers
- Systems have to provide opportunities and pathways for people in recovery to grow and assume leadership positions in the system and community.
- People in Recovery should play critical roles in the development of these pathways
- Peer-based recovery support services are critical but they must be developed in the context of a system-wide culture of peer support and leadership

THANK YOU

Arthur C. Evans, Ph.D.

arthur.c.evans@phila.gov

References

- Campbell, J. (2005). The historical and philosophical development of peer-run support programs. In Clay, S., Schell, B., Corrigan, P. W., and R. O. Ralph (eds.) *On Our Own Together: Peer Programs for People with Mental Illness*. Nashville, TN: Vanderbilt Press. 17-64.
- Carter, R. (2010). *Within Our Reach –Ending the Mental Health Crisis*. New York: Rodale Books
- Fricks, L. (2009). Consumers Take Charge of Wellness. *National Council Magazine*, Winter edition 20 –22.
- Parks J, Svedsen D (eds): (2006). *Morbidity and Mortality in People With Serious Mental Illness*. Alexandria, VA, National Association of State Mental Health Program Directors.

Question and Answer Session

- We will attempt to address as many questions as possible.
- Follow the operator's instructions for submitting questions to the presenters.
- Questions submitted during the presentation via chat feature will be addressed first.

Please note that sending a question does not guarantee its inclusion in the webinar.

CE Credits – Post Test and Evaluation

Please use the link provided to take the post-test and complete the required CE evaluation.

<http://www.surveymonkey.com/s/98YDT37>

Note there are multiple pages. Be sure to look for and use the 'Next' button until you have completed all pages.

You must complete the post-test and CE evaluation **by 8 p.m. Eastern today.**

Thank you for
participating in
today's webinar!

Look for information
about our 2011
Webinar series
soon!

