



SAMHSA-HRSA Center for Integrated Health Solutions

From Engagement to Commitment: Principles and Practices of Effective Wellness Enhancing Services

November 15, 2012

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Agenda

- What is wellness? Why is it important?
- What research has to say about what works and what doesn't
- Key standards to promote wellness and meet PBHCI grant aims
- A starting point: The Person Centered Care Plan
- Cultural factors and wellness
- The central role of health self-management
- Characteristics of quality wellness supporting services and resources
- Lessons from the field



What is Wellness? Health promotion, illness prevention and overall healthy living

Common wellness programs:

- Nutrition consultation
- Health education and literacy (e.g., health self-management approaches)
- Exercise
- Partnering with healthcare providers
- Healthy lifestyle behaviors (avoid dangerous and risky behaviors that undermine health such as substance use including alcohol, drugs, and tobacco)



Why Important: People with SMI...

- Smoke more
- Eat less nutritious food
- Have high BMI levels (obesity)
- Exercise less
- See physicians and other healthcare providers less
- Are more likely to underuse, overuse, or misuse medication
- Are prescribed antipsychotic drugs that have been linked to increased incidence of obesity, diabetes, and hyperlipidemia in patients with SMI
- Die earlier
- Often live in neighborhoods that makes healthy lifestyle changes difficult



“People with serious mental illnesses (SMI) are at risk of premature death, largely due to cardiovascular and metabolic disorders associated with obesity, sedentary lifestyle, and smoking. Until very recently, mental health services have neglected prevention and health promotion as a core service need for people with SMI”

Steve Bartels, M.D.
Dartmouth Medical Center



What research tells us*

Program format: longer duration (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.



The Research

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



Research bottom line: Q & A

Do longer interventions achieve better results?

YES

Are general wellness education programs successful?

Not so much. In general, educational programs with significant findings incorporated a focus on weight management (e.g., keeping a food diary, physical activity diary and monitoring weight).



Research bottom line

Do combined education and activity-based programs work better than education alone?

YES

Do combined physical activity programs result in improved psychological symptoms and quality of life for persons with SMI?

YES, to some degree and best when combining exercise and nutrition as well as education and active participation. In general, lifestyle interventions demonstrated improved psychological functioning of people with SMI.



Poll Question: What best describes your behavioral health program's experience providing wellness related services?

- A.** Great deal of experience
- B.** Moderate experience
- C.** Some experience
- D.** Little/no experience



Key standards to promote wellness and meet PBHCI grant aims

- ❑ Engagement and involvement of peers in decision making and service delivery
- ❑ Use data and technology to promote quality
- ❑ Person-centered care planning
- ❑ Preventive health screening and assessment
- ❑ High priority on reducing tobacco use
- ❑ Focus on health promotion, illness prevention and overall wellness
- ❑ Broad menu of wellness programs likely to match the needs, preferences and cultural values of clients
- ❑ Chronic illness/disease self-management



Use of Data and Health Information Technology

- Guide decisions about services
- Assess health impact of various services and integration efforts
- Identify cohorts with shared risk or health conditions
- Tailor interventions for naturally occurring cohorts
- Monitor progress in a way that is accessible to the client
- Decision support to guide treatment (access to CIHS resources, listserv, SAMHSA and HRSA resources and tools)



Key standards to promote wellness and meet PBHCI grant aims: baseline and follow up health indicators

- Blood pressure—quarterly
- Body Mass Index—quarterly
- Waist circumference—quarterly
- Breath CO—quarterly
- Plasma Glucose (fasting) and/or HgbA1c—annually
- Lipid profile (HDL, LDL, triglycerides)—annually



Person-centered care plan

Guided by **recovery principles**

- Choice, preferences and felt need for change
- Involvement and shared decision making
- Respectful of culture and religious values and beliefs

Peer leadership and support in the development and implementation of health focused person centered care plans and related services.



Person-centered care plan

Preventive health screening and assessment tools

- ❑ Individualized in a way that reinforces and builds on strengths
- ❑ Physical exams and baseline assessment of health indicators and overall lifestyle risk factors including substance use
- ❑ Nature and severity of chronic health conditions
- ❑ Identification of acute and poorly managed chronic conditions
- ❑ Client and provider are involved in monitoring progress
- ❑ Cultural factors identified throughout the plan



Tobacco Use

Standards of practice

- **Ensure a smoke-free workplace**
- **Promote abstinence from all tobacco products** (except in regard to accepted tribal traditions and practices)
- **Harm reduction and benefits focused in positive terms**
- Broad **variety of options** including peer guided and medication assisted interventions
- **Full court press:** Addressed and reinforced across primary care and behavioral health encounters



Culture and Wellness: Healthcare disparities and access to engaging wellness programs and services

The challenges and opportunities:

- Language barriers
- Disparities among ethnic/racial groups (especially how ethnicity and race correlate with poverty, being uninsured, unhealthy lifestyles and poorer access to quality care)
- Effects of disabilities on patients' health care experiences
- Dissatisfying previous experience with healthcare
- Office of Minority Health has developed a set of Cultural Competency Curriculum Modules that aim to equip providers with cultural and linguistic competencies to help promote patient-centered care (HHS, 2011)

<https://www.thinkculturalhealth.hhs.gov/>



Culture and Wellness

“We don’t see things as they are, we see them as we are.”

Anais Nin



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



Culture and Wellness: Effective Approaches

- Maintain an asking stance (avoid making assumptions based on racial or ethnic affiliation)
- Build in opportunities for clients to share their perspective and shape the wellness services
 - Clients will tell you what works and what doesn't



Poll Question: How important will cultural factors be in how your wellness services will be designed?

- A.** Very important
- B.** Important
- C.** Somewhat important
- D.** Not significantly important



What is Health Self-management?

Activating and **involving** clients in managing enduring health-related problems.

Why is this important?

- *Knowledgeable and skillful providers, offering the latest treatments, are rendered ineffectual without the day to day efforts of actively involved clients.*



Health Self Management: What we can do?

We assist people to learn the skills, gain the knowledge and utilize supports and resources to make informed decisions and successfully self manage health problems in partnership with healthcare providers.



What do people need to self-manage?

- **The medical/health care condition itself**
 - Treatment involvement and shared partnership
- **The emotional consequences associated with a serious and persisting condition**
 - Loss, anxiety, frustration, depression, shame, resignation
- **Lifestyle changes that support health and prevent or reduce illness and impairment**
 - Changes to people, places, things and activities
 - Support from others

*Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. *Annals of Behavioral Medicine*. 2003, 26(1): 1-7



What do people need to self-manage serious and persisting health care conditions?*

Skills, knowledge, and support to:

- Identify, define and solve problems
- Make informed decisions
- Participate in a healthcare partnership with providers
- Know and use treatment and support resources
- Plan and take action
- Recognizing one's preferences, skill level and supports in deciding the most practical and personally acceptable actions to take.

*Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. *Annals of Behavioral Medicine*. 2003, 26(1): 1-7



Health Self-Management Resources



Self-Management Behavioral and Physical Health Resources

Illness Management and Recovery (Mueser and Gingerich 2001, 2010)

<http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>

Wellness Self-Management (Salerno, Margolies and Cleek, 2007)

Wellness Self-Management Plus (Salerno et al 2009)

www.practiceinnovations.org

Wellness Recovery Action Planning (Mary Ellen Copeland)

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

Team Solutions and Solution for Wellness (Lilly)

<http://www.treatmentteam.com/Pages/index.aspx>



Resources

Diabetes education materials

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

Tobacco cessation toolkit

<http://www.integration.samhsa.gov/resource/tobacco-cessation-for-persons-with-mental-illnesses-a-toolkit-for-mental-health-providers>

Behavioral Health and Wellness Program: University of Colorado Denver

<http://www.bhwellness.org/resources-2/for-providers/>

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

<http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp>



Resources

WHAM (Whole Health Action Management)

A training program and peer support group model developed by the SAMHSA-HRSA Center for Integrated Health Solutions to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.

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

Stanford Patient Education Research Center (variety of chronic conditions)

ICL Diabetes workbook

<http://patienteducation.stanford.edu/>

The Health and Recovery Peer (HARP) Program

A peer-led intervention to improve medical self-management for persons with serious mental illness

<http://www.sciencedirect.com/science/article/pii/S0920996410000782>



Engagement is all about partnership!



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

- ❑ Health limitations, weaknesses, unhealthy behaviors, deficits are framed as areas of opportunities for improvement that the consumer may decide to address
- ❑ Non-prescriptive approach doesn't use scare tactics and avoids lecturing
- ❑ 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)



Service Delivery: Those services focused on improving health behaviors and overall wellness including prevention

Main Point: The goal of wellness and health promoting services is to assist individuals to apply the information learned and the strategies developed in his/her day to day lifestyle.

Think about:

- ✓ Do our services offer opportunities to ACQUIRE and APPLY knowledge in the context of the consumer's day to day experience?
- ✓ How is the menu of services determined?
- ✓ Is there a system in place for consumers to identify and shape the service menu?
- ✓ How do consumers access services?
- ✓ Is there a systematic way to determine consumers' response to services and make changes accordingly?



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

- Positive focus of the services (goals to achieve rather than the problem to solve)
- Create opportunities for consumers to identify and share strengths throughout all encounters (what's strong vs. what's wrong)
- Integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters
- Service delivery that is easily accessible, involving, fun, non-pressured, non-judgmental, not embarrassing and builds confidence and social support



Characteristics of wellness and healthcare services that work

Label and focus the work on the positive gains associated with the program rather than the negative losses

For example:

Alternatives to labeling a health-related theme centered group such as a smoking cessation group

- Breathing easy
- Looking smart and feeling good
- Saving money-saving health



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

- ❑ Assists consumers to systematically personalize the information in a way that recognizes strengths as well as areas that the consumer may wish to improve
- ❑ Assists consumers to make a specific plan and take action to make progress towards personally meaningful health goals
- ❑ Assist consumers to monitor progress and identify barriers (Nothing is more reinforcing than success, even small gains make a difference)



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

- ❑ Build in action steps that are practical in light of the consumers financial resources, age, gender, cultural values and overall health
- ❑ Building in social supports may be very helpful (e.g., engage family/friends, peer buddy system) that aligns with consumer preferences
- ❑ Health promoting activities that are fun, intrinsically rewarding, non-pressured (may be helpful to avoid the common tendency to present information in the form of a lecture full of “shoulds” “musts” and “ought to’s.”)



Poll Question: Our most important challenges to achieving high quality wellness services is likely to be....

(Check all that apply)

- A.** Workforce attitudes/organizational culture
- B.** Workforce skills and knowledge
- C.** Engagement of clients to participate
- D.** Billing problems
- E.** Our physical environment



Questions and Answers



Lessons from the field

ICD - International Center for the Disabled: Tobacco Use

The Providence Center: Personalized guidance and support (e.g., principles embedded in the InShape wellness approach)

CarePlus New Jersey: Comprehensive wellness and the organizational culture



HealthConnect: Smoking Cessation Program

ICD-International Center for the Disabled
Cohort 2
New York City





Edward Ross, LCSW
Project Director

Amy Dimun, LMHC/CASAC
Project Manager



About Our Program:

- ❑ HealthConnect Priority: Cardio-metabolic Issues, Diabetes, Obesity and Smokers
- ❑ Focus on clients with SMI and Traumatic Brain Injury (TBI)
- ❑ Health Navigation Services: Personal Case Manager (Health Navigator), Coordination of Care, Quarterly Doctor Visits, Reminder Calls, Health Escorts, Individualized Wellness Plans, Communication and Time Management Skills
- ❑ Specialist Care: Pain Management, Neurology, Diabetes Management, Gynecology, Physical Medicine and Rehabilitation



ICD's Approach to Smoking Cessation

Consultant: Dr. Daniel Seidman, PhD, author of *Smoke-Free in 30 Days: The Pain-Free, Permanent Way to Quit*

<http://www.danielfseidman.com/about.php>

Integrating smoking cessation into psychotherapy and psychiatry



Initial Step: Identifying Road Blocks



Understanding why our previous efforts to help clients stop smoking didn't work



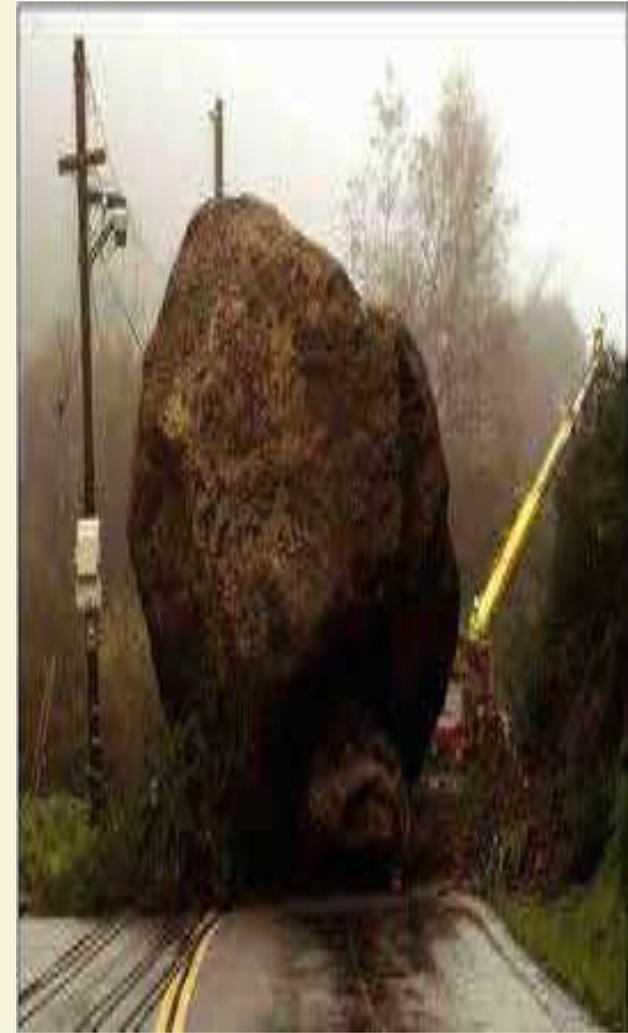
Roadblocks: Attitudes, Beliefs and Assumptions

- Psychiatrists believed NRTs should be prescribed by primary care physicians
- Primary care physicians had different ideas about when to prescribe NRTs
- Clients reported that pharmacies claimed that Medicaid does not cover NRTs and refused to fill scripts
- Psychotherapists were not effective in counseling clients about NRTs because of lack of knowledge
- Staff believed it was unreasonable to counsel clients about smoking given many other problems in their lives



Result:

- Clients were not educated about tobacco use and motivated to quit
- Clients who wanted to quit had to wait to get NRT prescriptions
- Once clients finally got a script for NRTs, pharmacies balked at filling the script
- Clients gave up
- Staff negative attitudes were reinforced



Solutions: Educate, Remove Road Blocks and Improve Staff Motivation/Teamwork



- ✓ Initial staff trainings attended by CEO
- ✓ Training led by Dr. Seidman, on a monthly basis at first
- ✓ Training included grand rounds interviews with clients
- ✓ Staff at ALL levels, in ALL departments expected to prioritize smoking cessation



More Solutions



- Educational literature and posters selected to emphasize the benefits of smoking cessation, NOT the negative health consequence
- Staff who smoke not allowed to smoke in front of clients
- Clients who want to smoke limited to space on side of building



More Solutions



- ✓ Clients to be provided with immediate access to NRTs when ready
- ✓ Psychiatrists, psychotherapists, case managers, primary care physicians educated about NRTs
- ✓ A supply of NRTs available to psychotherapists and case manager to provide to clients for initial dose
- ✓ Psychiatrists and primary care physicians agreed to provide prescription within 2 weeks
- ✓ Identified pharmacies who agreed to fill prescriptions



THE WALL STREET JOURNAL.



WSJ.com

Helping the Mentally Ill to Quit Smoking By MELINDA BECK

April 26, 2011

“A pilot program in New York City is challenging a long-held belief about cigarette smoking—that people with mental-health problems aren't interested in quitting.

The results so far are promising. Therapists say they are surprised that some patients with mental illness have been eager to join the anti-smoking program. And for some patients, giving up smoking has helped them feel more confident about other parts of their lives. The results also hold potential for helping hard-core smokers in the general population stop smoking...”



Other components that reinforces the importance of a healthy lifestyle

Specialized Groups and Workshops

- ✓ Wednesday Wellness Workshops for Clients and Staff
- ✓ NYC Walking Groups: Farmers Markets, Free City Activities, Food Shopping Excursions
- ✓ Farmers Market Shopping on a Budget
- ✓ Nutrition Demonstrations
- ✓ Time Management



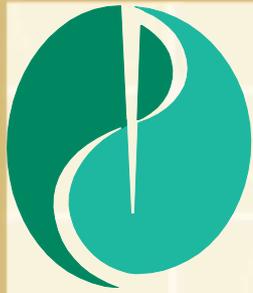
Accomplishments and Findings

- ✓ Teamwork improved
- ✓ Staff became enthusiastic about new approaches and “bought in” to the philosophy
- ✓ The Wall Street Journal published an article about the program
- ✓ 29/92 responding patients expressed interest in quitting (31.5%)
- ✓ 35/92 responding patients expressed no interest in quitting (38%)
- ✓ 25/92 were ambivalent about quitting (27%)
- ✓ **13 patients quit smoking since this initiative**



Questions and Answers





**The
Providence
Center**

The Providence Center Rhode Island





PROVIDENCE

COMMUNITY HEALTH CENTERS
at North Main



Allison Bernier, LICSW: Associate Director of Wellness, Employment and Network Services





What is InShape?

A Wellness Program that brings together community partners and specialists in the areas of health, fitness and nutrition to provide education, physical fitness, and mental health support for adults.

Why was InShape Developed?

- Individuals with SMI die significantly earlier than the general population.
- Obesity is twice as prevalent resulting in increased risk for diabetes and cardiovascular disease.
- Individuals with SMI are less likely to seek medical care until there is a presenting problem.

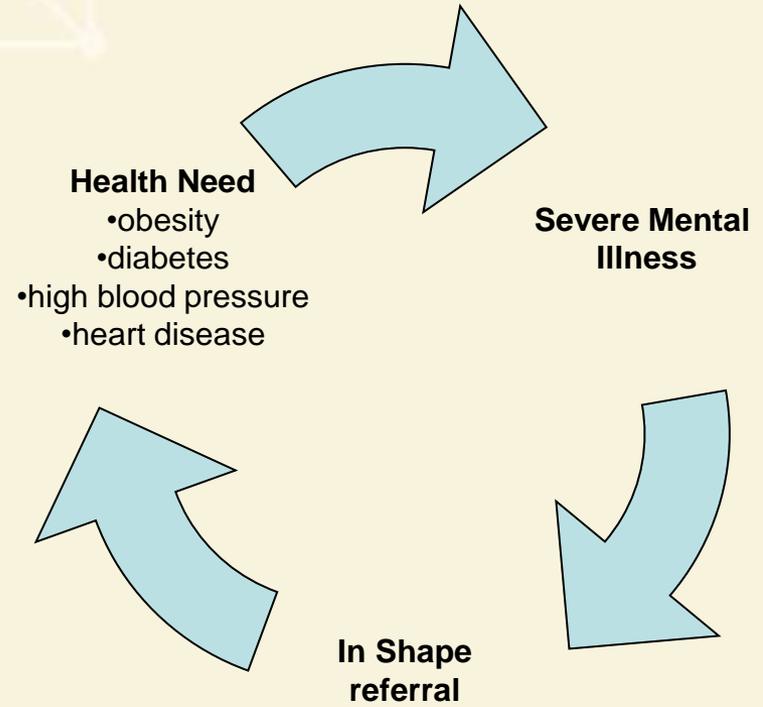
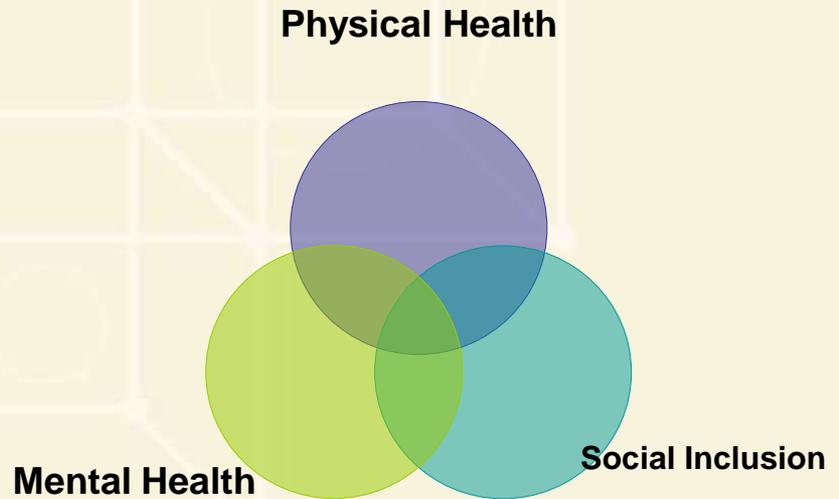


Core Values

- ✓ Hope
- ✓ Choice
- ✓ Self- Direction
- ✓ Personal Responsibility
- ✓ Community based
- ✓ Social Inclusion
- ✓ Peer Support



Integrated Care



Implementation

- InShape is funded by a SAMHSA grant which absorbs most of the program costs.
- Wellness Activities are led by the Health Mentors who, in addition to being certified personal trainers, also hold other certifications in Zumba, Group Exercise, Aquatics, and Trauma- Sensitive Yoga.
- Scheduling of activities is a team effort coordinated separate from one-on-one sessions.
- Internal promotion including team meetings, visually stimulating flyers, monthly calendars and word of mouth encourage participation.



The Process

- Referral
- Orientation Group
- Intake/ Assessments
 - Physical Assessment Readiness Questionnaire (PARQ)
 - Healthy Eating Questionnaire
 - Michigan Nutrition and Exercise Assessment of Readiness
 - Six Minute Walk
- Goal Setting/ treatment plan
- Orientation to YMCA
- Individual Sessions – fitness and nutrition
- Group Exercise / Classes
- Special Events
- Peer Support
- Tapering
- Maintenance of a healthier lifestyle!!



PROGRAMMING

YMCA – fitness machines and exercise room, Yoga, Zumba, Water Aerobics
Low Cardio Aerobics
Cardio Kickboxing
Core Strength Training
Walking Group
Running Club
A Date With “My Plate” – nutritional class
Food Shopping in the community
Nature Walks
Kickball Games
Hiking
Roller skating



CELEBRATIONS

- Recognition events held every three months to acknowledge participation and reinforce participant progress
- Peer support and socialization
- Incentives - i.e. certificates t-shirts, water bottles, pedometers
- Exercise Demonstrations – introduce new programming
- Healthy snacks – model healthy eating
- Fitness/Nutrition Games and Information Sharing
- Release of quarterly newsletter – highlights of past three months including events, participants accomplishments, and healthy recipes



What does it take to be a Personal Trainer* ?

KNOWLEDGE:

Anatomy and physiology, of how exercise impacts on the body, and of nutrition /healthy eating...

COMPASSION:

Understanding of your clients' needs and the body /mind connection...

RAPPORT AND TRUST:

Facilitating change requires a positive working relationship , mutual respect, and role modeling...

* **Certification in one of the following: AFAA (American Fitness Athletic Association), ISSA (International Sports Science Association) or ACE (American Counsel of Exercise)**



Lessons Learned

- ✓ Eating habits and dietary changes need to be addressed and are equally important as exercise/fitness.
- ✓ Stages of change differ significantly among individuals – need to provide a variety of interventions to educate and help motivate individuals through stages to the action phase.
- ✓ Dependence upon Health Mentor – despite knowing ultimate goal is self- sustainability – need to be sensitive to this attachment while still encouraging independence and maintenance of a healthier lifestyle.



Lessons Learned

- ✓ Offering a variety of programming helps to keep individuals motivated and engaged – group activities where individuals in the program are able to socialize while doing something fitness related increases participation and outcomes.
- ✓ Low income often makes it harder to buy healthier foods – need to help individuals with budgeting and food selection.
- ✓ Culture plays a significant role in the process. Need to be tolerant of and sensitive to these when assisting individuals with developing their goals and plan to accomplish identified goals.



Questions and Answers





SAMHSA-HRSA Center for Integrated Health Solutions

Care Plus NJ, Inc

Wellness Program



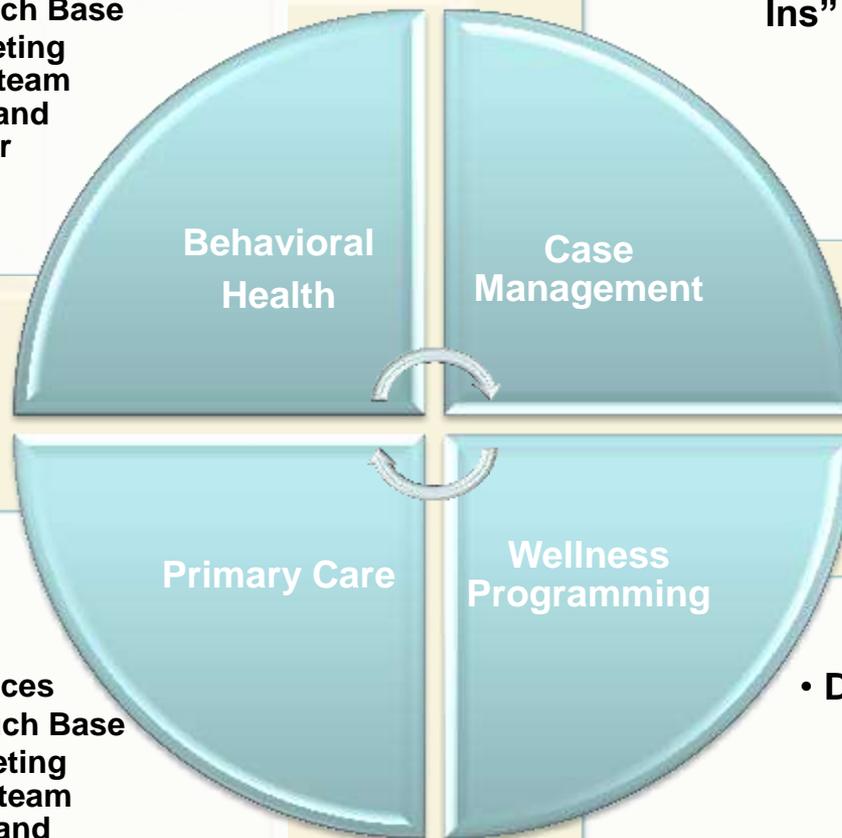
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- Case Conferences
- Daily Touch Base
- Joint Meeting with any team member and consumer

- Daily “Call Ins”

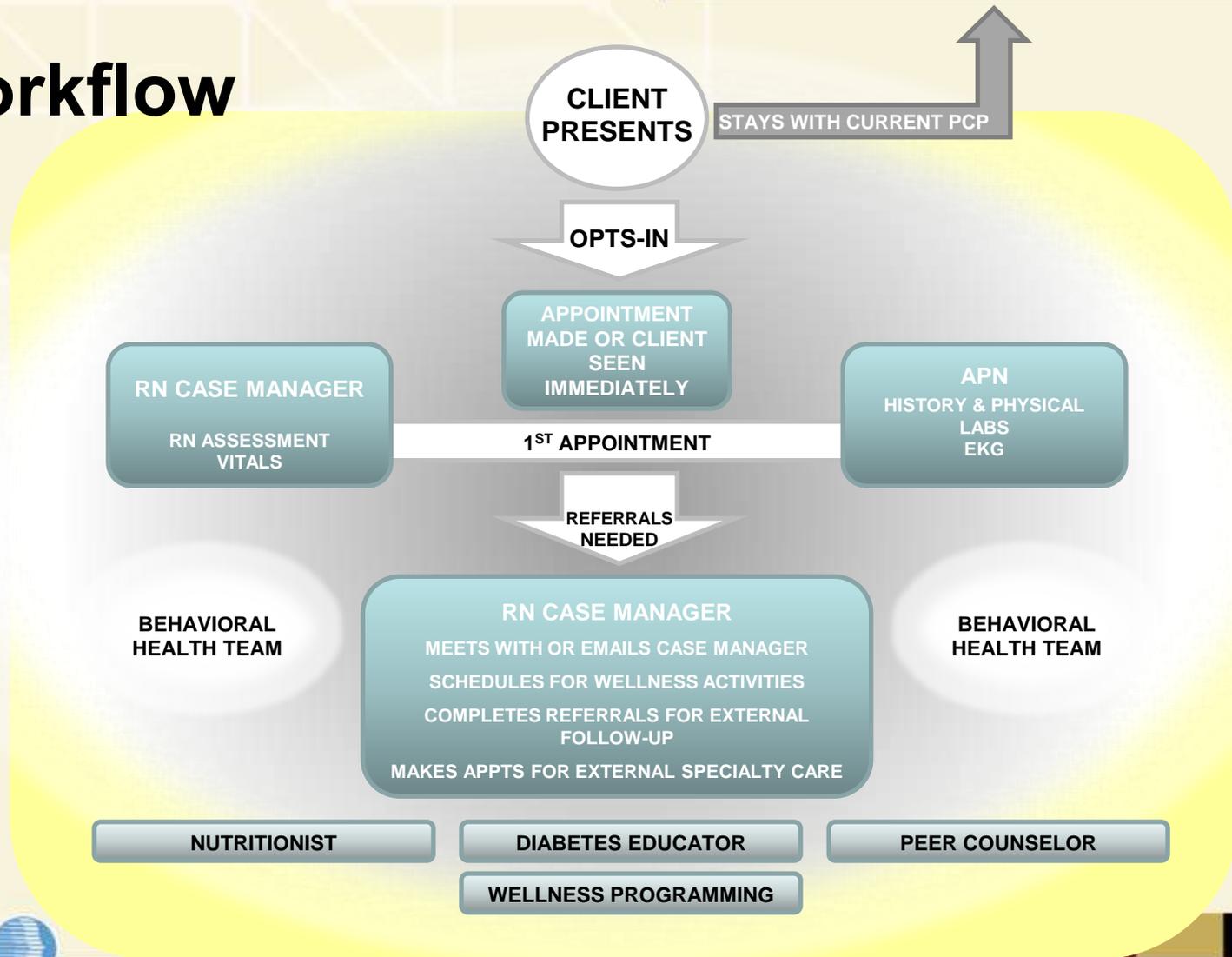


- Case Conferences
- Daily Touch Base
- Joint Meeting with any team member and consumer

- Daily Touch Base



Workflow



Our History with Wellness: Lessons Learned

Time Frame	Model	What We Did	What Worked	What Did Not Work
2009	Wellness Groups within Mental Health Center	Primary Care Staff began running groups within Partial Care Program	<p>Consumers had an opportunity to meet staff and become familiar with program offering.</p> <p>Behavioral Health Staff became familiar with offerings.</p>	Enthusiasm was difficult to harness.



Lessons Learned

Time Frame	Model	What We Did	What Worked	What Did Not Work
2010	Wellness Groups within Mental Health Center With a Wellness Room Established	<p>A room was set aside to meet with nutritionist, diabetes educator and peer counselor.</p> <p>Wellness information, brochures and screening materials were made available.</p>	Consumers had an identified place to ask questions and seek staff support without a formalized process ie: “appointment”	Enthusiasm was difficult to harness.

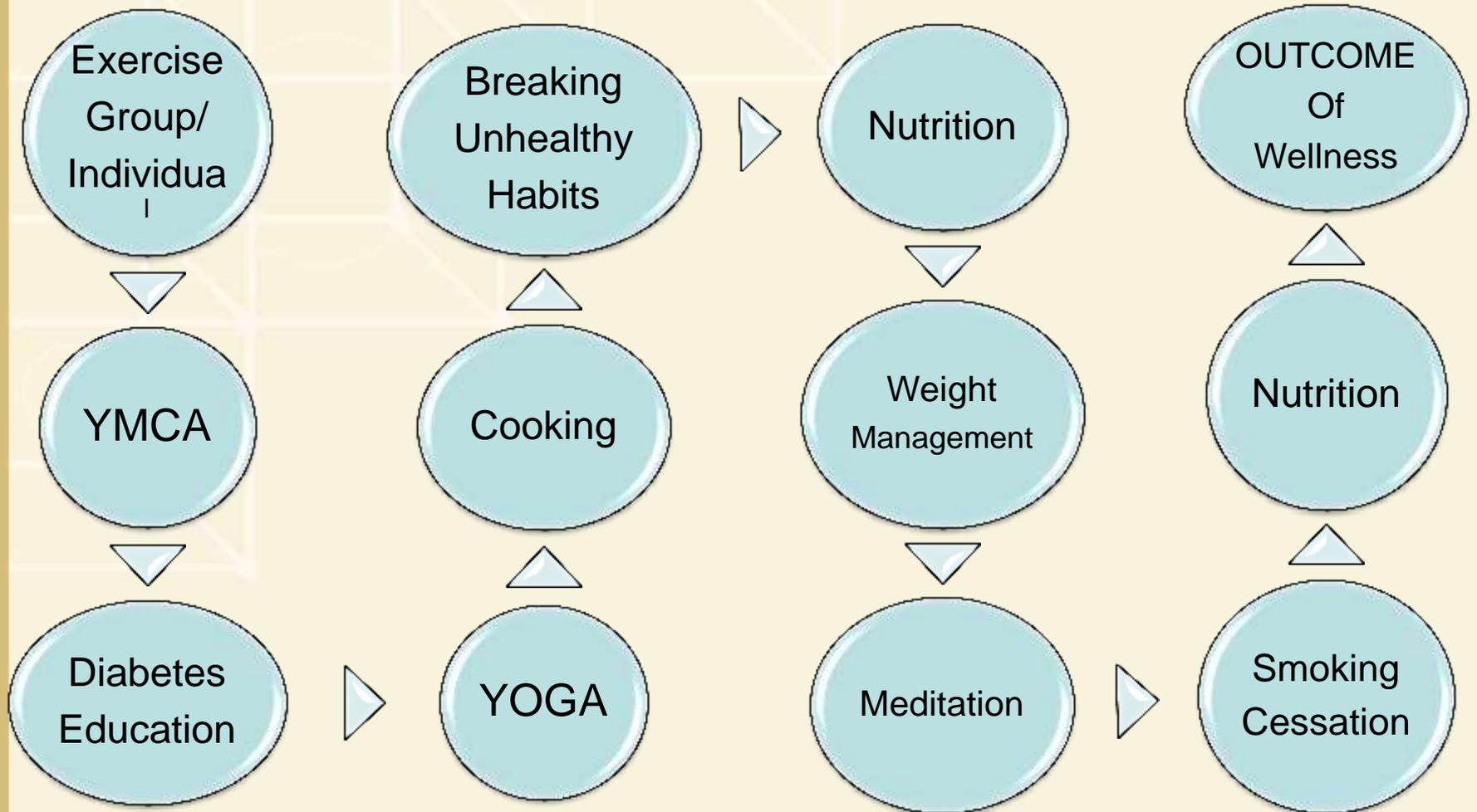


Lessons Learned

Time Frame	Model	What We Did	What Worked	What Did Not Work
2011	Wellness Groups within Mental Health Center with a “work out/wellness area”	The wellness room was transformed into a “gym” area with wellness programming.	Consumers had an opportunity gradually become familiar with workout concepts while interacting with staff.	Enthusiasm began to build.



Wellness Activities



Attendance and Programs: By the numbers

Group Name	No. of Groups Per Week	Average No. of Attendees per week
Exercise Group	12	87
Walking Group	1	13
YMCA	2	8
YOGA	2	16
Weight Management	1	6
Wellness	1	24
Health Issues	1	17
Healthy Choices	1	24
Nutrition & Healthy Living	1	26
Cooking, Kitchen	1	12
Smoking Cessation/Holistic Welness	1	18
Diabetes Education	1	12
Meditation & Relaxation	1	7
Breaking Unhealthy Habits	1	22
WRAP	1	6
Total	28	298

Questions and Answers



Thank You!

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Join Us for Our Next Webinar:

Collecting and Using Data to Improve Consumers' Health

Wednesday, November 28, 2012

2:00 – 4:00 PM EST

Registration Forthcoming

