

Transformation Transfer Initiative

APPLICATION

I. Initiative Description and Projected Budget

Using the report published by NASMHPD, USA Today published in 2007 that adults with serious mental illness (SMI) treated in public systems die about 25 years earlier than Americans overall. In Maricopa County, the largest and most populated county in the state of Arizona, the rate of premature death for persons with SMI is 31.8 years earlier than that of the general population. The SMI population has a higher rate of diabetes, hypertension, obesity and dyslipidemia than the general population. The incidence of cardiovascular disease in persons with SMI is 2-3 times that of the general population. Persons with SMI diagnoses have poorer diets and are more sedentary than the general population. Lastly, the SMI population in Arizona is aging thus exposing them to illness related to the aging process.

“...In Behavioral Health, we have long ignored physical health. Holistic treatment requires integration of physical health with behavioral health in order to improve the general health of an individual,” said Rodgers Wilson, M.D. Chief Medical Officer at the Arizona Department of Health Services / Division of Behavioral Health Services (ADHS/DBHS). The state of Arizona has taken initiative to address the issue of whole health status and longevity among its behavioral health consumers. This year, ADHS/DBHS launched a Quarterly Health Initiative (QHI), one of several planned efforts to improve overall health and quality of life of the behavioral health services recipient. The QHI is an effort to provide education and awareness of the top physical illnesses affecting behavioral health patients. The goal of the QHI is to encourage dialog between behavioral health consumers and providers so that physical health issues are considered and addressed during their mental health treatment.

In addition to the QHI, ADHS/DBHS would like to begin a peer-based whole health program in 2010. The program would begin at two Geographic Service Areas (GSAs) targeting the two largest metropolitan areas in the State, Maricopa County and Pima County. The whole health program would augment recent developments in both of these counties to transform the behavioral health system into one that applies a holistic approach to consumer health.

While the implementation specifics of the whole health program in Maricopa County and Pima County may vary (just as the population and needs may vary by geographical area), the overall goals and outcomes of the program are as follows:

- Increased longevity for the behavioral health services recipient.
- Improved quality of life for the behavioral health services recipient.
- Increased coordination of care between primary care and behavioral health.
- Increased participation in recovery through medical autonomy

Below are the details for the Maricopa and Pima Counties' currently existing programs, and a proposal for how the TTI funds would assist in enhancing these programs, increasing outcomes, creating energy around the whole health initiative, and developing sound evaluation efforts and evidence. It is important to note that the Regional Behavioral Health Authorities (RBHAs) for both counties have already committed to a whole health initiative and developed the programs below. TTI funds would be used to contribute towards enhancing projects that are

sustainable; as they already have a commitment from the RBHAs, contracted providers, community partners, and other funding sources; and they are able to provide billable services.

Maricopa County

In Maricopa County, there are currently 49 Peer and Family mentors working within the behavioral health outpatient clinics. There are also 5 Peer Medication Coaches who are based in the pharmacy department and travel throughout the county providing one-on-one support regarding medication while teaching clinical team members how to develop a partnership with the individuals they serve regarding medication and medication monitoring. Maricopa County also has a team of trainers who provide a variety of trainings related to psychiatric rehabilitation, case management, psychotropic medications, etc. The training department provides training to all staff employed in the outpatient clinics. The Maricopa County peer-based whole health initiative will include each of these groups of staff. The initiative will include staff training, training of trainers, and program development related to health promotion within each outpatient clinic. The program will train all Peer and Family Mentors as well as the Peer Medication Coaches to assess, educate and monitor whole health in the behavioral health consumer. The program will also partner with Arizona Health Care Cost Containment System (AHCCCS) health plans in effort to provide medical plan coordination. AHCCCS is the Medicaid waiver plan for the State of Arizona.

This whole health program will also utilize and support a current health promotion effort in Maricopa County called *Passport to Care*. The Passport to Care is a recipient focused tool that was developed to address the medical needs of people with SMI and the general mental health/substance abuse (GMH/SA) population. The Passport, which looks like an actual passport and fits in a back pocket, is a ten-page “How To” guide for the behavioral health services recipient, family, and peer support to engage the medical community to start a dialogue between the recipient and his or her medical doctor.

The first step of the training efforts will be to contract with mental health leader Larry Fricks of the Depression and Bi-polar Support Alliance (DBSA) to assist in the development of curriculum and implementation of training efforts. Mr. Fricks will provide training to all 49 Peer and Family Mentors, 5 Peer Medication Coaches, and the entire Training Department. He will then assist in the identification of a Core Group of individuals (peer, family mentors and training staff) to be trained as trainers. The Core Group will work closely with Mr. Fricks to further enhance their understanding of the Peer Support Whole Health program and their ability to train other peers. The Core Group will also assist in ensuring that the Passport to Care program is integrated into the Peer Support Whole Health programming.

Once trained, peer and family support staff will be providing an array of interventions and supports within each of the outpatient clinics, including but not limited to diet education and fitness activities; empowering individuals when communicating with their Primary Care Physicians; stress reduction groups and activities; sleep hygiene groups; and diabetes education.

Objectives: To increase community integration and to sustain positive life style outcomes using a model of supported physical activity and health education through peer support.

Outcomes: The whole health program in Maricopa will have the following measurable outcomes:

- Decreased BMI
- Decreased Weight
- Improved blood pressure
- Improved Sleep-measured through sleep logs
- Increased distance in walking-measured through physical activity log

Funding allocation: Approximately \$40,000 of TTI funds will be allocated to training. This will include developing a curriculum and minimal printed training materials. There will be no meeting/conference space costs. There will be no travel costs associated with attendees. There will however be travel costs associated with the contracted Trainer (Larry Fricks), but all travel will be within State travel guidelines. These costs are included in the \$40,000 quoted. An additional \$35,000 will be allocated to ongoing support and mentoring by the contracted Trainer (Larry Fricks) of the Core Group to be trained as trainers. An additional \$36,000 will be allocated to a data entry/analyst/evaluation staff member (0.5 FTE). Total costs: \$111,000

Sustainability: It is anticipated that the program will become sustainable through billing and encountering health promotion, peer support, skills training and transportation codes already in place and reimbursable through Medicaid. The RBHA in Maricopa County will continue to fund the position for data entry/analyst/evaluation after the grant has ended. The Core Group will be trained as trainers to continue effective and sustainable training efforts.

*Note: No funds will be used for food, beverages, equipment, or entertainment at either County. Administration costs of up to 3% will be allowed on this funding and profit corridor will be disallowed. All travel will be reimbursed based on State Travel Guidelines and within the \$1,000 per ticket cap on air travel.

Pima County

In Pima County, the RBHA has partnered with the University of Arizona and several local health & fitness centers to develop a health and wellness program called *Camp Wellness*. Camp Wellness is a place where individuals with serious mental illness can go to have a health assessment completed; develop goals around their health; increase their health literacy; learn about the impact of diet and exercise on health; work with a mentor to learn how to shop and eat healthy, fix a lunch together, etc.; participate in relaxation classes and smoking cessation groups/classes; learn the proper use of fitness equipment and develop an exercise regimen; and receive encouragement and support in accomplishing health & fitness related goals.

ADHS/DBHS will use available TTI funds to help strengthen Camp Wellness, increase use of the program, create energy and excitement around this and other whole health initiatives, and ensure a sound evaluation process. ADHS/DBHS looks forward to being able to use evidence from the evaluation to contribute to whole health initiatives nationwide.

Objectives: To increase community integration and to sustain positive lifestyle outcomes using a model of Supported Physical Activity (SPA). It is anticipated that students who participate in and complete Camp Wellness will be more likely to maintain healthy lifestyle changes.

Outcomes: Proposed outcomes to measure progress in Supported Physical Activity (SPA):

- Increased gym attendance
- Decreased BMI
- Increased distance in 6 minute walk
- Decreased waist circumference
- Qualitative response to structured interviews

Funding allocation: TTI funding will provide support for 1.5 trained Peer Support Specialists, referred to as Health Mentors. The Health Mentors will provide mentorship and will support students in their efforts to incorporate movement and exercise into their lifestyle. The Health Mentors will assist students through mentorship and shared decision making, to transition from the Health and Wellness Center to community based

wellness organizations (YMCA, Gold's Gym). It is anticipated that the cost for the Health Mentors will be \$90,000, including mileage.

Camp Wellness will use funds not to exceed \$10,000 to contract consulting services to develop an interactive web site and promotional video. The website will include information about the program, have a library of health related materials and have an interactive section for members (persons who have completed the program) to communicate and to coordinate with each other about health and wellness activities. The promotional video will be developed using actual program participants to create a video that will assist in marketing the program to potential participants. The funds will be used for consulting services for development purposes and video production only. The funds will not be used to purchase any actual hardware, software, or other related equipment.

The program will utilize \$10,000 to support the development of a follow up evaluation strategy for all participants utilizing the Healthy Lifestyle Profile Inventory, the Behavioral Factor Risk Factor Surveillance System and the SF 12 Health Survey. The monies will be used for additional evaluation personnel to assist with data entry, reporting and follow up calls for participants who prematurely withdraw from the program. *Total costs: \$110,000.*

Sustainability: It is anticipated that the role of the Health Mentors will be fully sustained through billing and encountering health promotion, peer support, skills training and transportation, which is reimbursable through Medicaid. The RBHA is committed to continuing ongoing evaluation efforts. Once the website and video are developed, they will be used by staff and community members on an ongoing basis. The RBHA and the University of Arizona have already purchased the necessary facilities to house the program. They will continue to cover facility operation costs and all other costs associated with Camp Wellness.

*Note: No funds will be used for food, beverages, equipment, or entertainment at either County. Administration costs of up to 3% will be allowed on this funding and profit corridor will be disallowed. All travel will be reimbursed based on State Travel Guidelines and within the \$1,000 per ticket cap on air travel.

II. Initiative Timeline

Maricopa County

November/December 2009: Receive notification on grant. / Upon notification on grant, RHBA identifies staff that will be providing oversight/project management.

December/January/February 2009:

- Conduct training of the trainers with Core Group - ongoing mentoring through September 2010.
- Conduct whole health training to all Peer and Family Mentors, Peer Medication Coaches, and Training Department.

March 2010: Implementation of whole health peer support program begins. Obtain baseline of measurable outcomes. ADHS/DBHS checks with RBHA to assess progress and direction.

June 2010: Measure participant's progress.

August 30, 2010: Measure participant's progress:

- Decreased BMI (will show maintenance of 5% body fat loss)
- Decreased weight (participant will maintain or increase the 10-15 lbs weight loss by the ninth month)
- Improved blood pressure (participant would show a gradual improvement and reach normal range blood pressure by the 9th month (normal range defined as 120/80))
- Improved sleep - measured through sleep logs (participant will have improved sleep 5 out of 7 nights per week and continue to utilize sleep hygiene)
- Increased distance in walking - measured through physical activity log (participants will be able to demonstrate that they have continued to participate in walking groups/programs 3 or more times a week and continued to increase the miles walked per week)
- Also by the 9th month would be able to see an increase in PCP coordination and participant's understanding of own medical needs.

Pima County

November/December 2009: Receive notification on grant. / Upon notification on grant, RHBA identifies staff that will be providing oversight/project management.

December 2009: RBHA begins recruitment efforts for 1.5 Peer Health Mentor positions.

January 2010: Peer Health Mentors hired and begin training. Approximately four weeks of training, with hands-on work and service delivery being integrated into training shortly after hire.

January 2010 - Ongoing: Evaluation efforts begin immediately and continue on an ongoing basis.

February 2010: Contract services for website and promotional video development.

March 2010: ADHS/DBHS checks with RBHA to assess progress (baseline of measurable outcomes).

June 2010: Measure participant's progress.

July 2010: Website and promotional video complete and being utilized.

August 30, 2010: Measure participant's progress:

- Increased gym attendance
- Decreased BMI
- Decreased waist circumference
- Increased distance in walking (6 minute walk)
- Qualitative response to structured interviews.

August 30, 2010: ADHS/DBHS receives program outcomes from both RBHAs.

September 10, 2010: ADHS/DBHS submits final report.

III. Initiative Coordinator

Claudia V. Sloan
Special Projects Administrator
ADHS/DBHS Office of the Chief Medical Officer
Claudia.sloan@azdhs.gov
602-542-1965

Paige Finley
Bureau Chief of Psychosocial Rehabilitation
ADHS/DBHS
finleyp@azdhs.gov
602-364-4733

IV. Fixed-Priced Contract

Our process for the review of any contract, regardless of type of pricing, is for the program to submit a Purchase Request for Procurement review. Cost reimbursement requires the review and approval of the State Procurement Office. The Arizona Department of Health Services (ADHS) may approve fixed prices. If there are terms and conditions that are in conflict with the State provisions, the Attorney General and/or Risk Management may need to be involved in the review and approval process. Should ADHS be unable to agree to the terms as written, alternative language would be provided for NASMHPD to review, approve, disapprove or revise. Upon agreement by all parties, ADHS will sign the contract.

Submission of Proposal

By 5:00pm EST of October 15, 2009, all proposals are due electronically or via certified mail to David Miller, NASMHPD Project Director. The proposal needs to be sent by, or on behalf of, the State Mental Health Commissioner/Director, with the acknowledgement that the proposal has his or her approval. Mr. Miller's contact information is as follows:

David W. Miller
Project Director
NASMHPD
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
(703) 682-5194
david.miller@nasmhpd.org