Frequently Asked Questions: InSHAPE Implementation Study

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Key Contacts

- Dartmouth/InSHAPE study team: Allison Kinney, Allison.R.Kinney@dartmouth.edu, 603-443-3947
- National Council for Behavioral Health: Nina Marshall, NinaM@thenationalcouncil.org, 202-684-7457, ext. 280

Important URLs

- Project webpage: http://www.thenationalcouncil.org/training-courses/dartmouths-shape-implementation-study/
- InSHAPE: www.kenjue.com/inshape
- Request for Application, including participation requirements: http://www.thenationalcouncil.org/wp-content/uploads/2015/05/Implementation-Study-RFA2-FINAL-2015.05.11.pdf
- Applications (due 5pm ET on Friday, June 12, 2015) to Allison Kinney: http://www.thenationalcouncil.org/wp-content/uploads/2015/05/Implementation-Study-Application-PhaseII-FINAL-2015.05.11.doc

Research Study/Participation FAQs

1. Will the study cover any of the costs associated with staff salaries or fitness facility memberships?

   Answer: No. Sites will receive implementation training/support from the Dartmouth team, including the 3-day InSHAPE training for the Health Mentor, but sites will be responsible for supporting staff salaries and ongoing program operations like the fitness facility memberships. One thing to note is that many other InSHAPE programs have received discounted passes for their members (e.g., from the local YMCA).

2. Is there an in-person component to this InSHAPE project or is everything virtual?

   Answer: Yes, there is an in-person component. At the very least, the Health Mentor has to go to the 3-day InSHAPE training offered by Dartmouth. The InSHAPE project will pay for one Health Mentor from each organization to attend this training, and additional attendees (who are optional), like the InSHAPE supervisor, may also attend, but travel and food will be at the organization’s expense for those staff. In addition, depending on which implementation “group” (Technical Assistance or Learning Collaborative) an organization is randomized to (if accepted for participation in the project), there may be a required in-person “kick off” meeting for your InSHAPE team. Organizations randomized to the Learning Collaborative must send their entire InSHAPE team, at their expense, to the first Learning Collaborative session, which is in person. All organizations, prior to randomization, must agree to send their InSHAPE team to the Learning Collaborative kick off if randomized to that group. No other components of the project are in person.
3. Regardless of which group we are randomized to in the study, are expenses of the Health Mentor covered?

   **Answer:** Regardless of the group you are assigned to, all travel and InSHAPE training expenses are covered for one Health Mentor from each organization. Additional Health Mentors/InSHAPE supervisors/directors may attend the 3-day InSHAPE training for free; however, costs associated with the training (i.e., travel, room, and board) will not be covered. Salaries for Health Mentors are not covered through this project.

4. Does our organization have to be a member of the National Council to participate?

   **Answer:** No, all mental health organizations are welcome to apply.

5. When will dates for monthly Individual Technical Assistance calls and monthly Learning Collaboratives be scheduled?

   **Answer:** These dates will be all be determined in September 2015, and they will not start until February 2016.

6. Will we need to go through an Institutional Review Board (IRB) process to participate? Will the Dartmouth team be completing that IRB application? Will you need someone designated as Principal Investigator at each site?

   **Answer:** Individual sites may or may not need to get approval from their own IRBs, and they should look into this. Dartmouth will be collecting de-identified data about program participants from Health Mentors. We will also be conducting organizational assessments at each organization. Dartmouth has already received approval from the Dartmouth College IRB to conduct this research study. We received a waiver of consent since all data collected will be de-identified. There is only one Principal Investigator—Stephen Bartels, MD, MS of Dartmouth. The Dartmouth team will not complete IRB applications for organizations’ IRBs; however, we are happy to assist in this process with the appropriate documents, language, and consultation. Approval from the IRB must occur prior to January 2016.

7. When will we know which implementation group we are assigned to?

   **Answer:** September 2015

8. What kind of data will be collected?

   **Answer:** We are interested in participant, program, and organizational data. The table below can be found in the RFA:

<table>
<thead>
<tr>
<th>Data collected</th>
<th>When collected</th>
<th>Staff involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant participation rates</td>
<td>Bi-annually; 0, 6, 12, 18, 24 months</td>
<td>Collected via iPad from Health Mentor</td>
</tr>
</tbody>
</table>
9. What will the access to the outcome data be for the organizations?

**Answer:** Organizations will have access to their program-level data having to do with InSHAPE implementation and fidelity after the study has concluded. InSHAPE participants will be able to regularly access their individual physical assessment data collected by the Health Mentor, i.e., weekly weight and health goals, quarterly 6-minute walk test distance, heart rate, blood pressure, and waist circumference.

10. Will there be a later application date for the 3rd wave?

**Answer:** We will begin to recruit for the third and last wave of the project in Spring 2016, with an implementation start date of January 2017. However, organizations may apply now and indicate that they would like to be considered for the third wave of the project. Organizations may also apply to more than one wave if they were not accepted the first or second time.

11. You are enrolling 48 participants - will you be choosing one organization from each state?

**Answer:** We will choose organizations based on the criteria reviewed in the informational webinar PowerPoint presentation: organizational readiness, geographic distribution, diversity of patient population, organizational size, and urban vs. rural. For each phase of the project, we will look to establish a balanced variety.

12. I represent an agency in 7 states - would you consider applications from one organization for several different states?

**Answer:** In that case, we would prefer for each interested location to fill out its own application. Presumably, each location has its own characteristics. Furthermore, there would most likely need to be separate InSHAPE implementation teams at each site.

13. Is proof of secured funding to cover costs a required component of the proposal? In other words, what if we cannot confirm funding prior to the application deadline?

**Answer:** We do not require proof of secured funding for this project. It is our hope that organizations are committed to funding this program and will be able to before the project start date in January. Of course, we will work with organizations to determine how best to do this. Also, if sites feel that their financial situation is not amenable to implementing the InSHAPE program by January 2016 but could be by Phase 3 of this project (January 2017), they are encouraged to apply and note this on their application.

14. In the RFA, what is the difference between an administrative/clinical director and InSHAPE supervisor?
**Answer:** The director is a senior management person who is able to make key decisions about the program, has a direct line to the executive level (or is the executive level) of the organization, and has authority. The director could be the same person as the supervisor depending on where the program is “situated” in your organization, but not necessarily. For example, you may have a Community Support Program (CSP) Director who is in charge of the overall InSHAPE program at your organization, but this is certainly not a full-time role. This person may supervise the InSHAPE supervisor, who is a more junior-level staff person in charge of Health Mentor supervision, participant enrollment, developing community partnerships, day-to-day program tasks, et cetera.

15. *Do the clients need to commit to 18 months of participation, or can they participate for shorter periods of time?*

**Answer:** It is up to the agency to decide how long a participant can remain in the program; we do not have a minimum other than a caseload of 30. As far as participation goes, we recommend 9-12 months to get a good “dose” of the program—so over the course of the 2-year study involvement, more than 30 may be enrolled. It has been our experience that due to InSHAPE’s popularity, many organizations develop a waiting list. An agency may also decide to look into different forms of “graduation” or transitioning of participants from the program, such as gradually decreasing one-on-one meetings with Health Mentors, transitioning participants to group-based exercise activities, et cetera.

16. *How have agencies gone about identifying whom to offer this program to other than Dartmouth’s criteria of diagnosis and BMI?*

**Answer:** This program can be offered to people who meet the following criteria: age 18 or older, serious mental illness diagnosis, and a body mass index (BMI) of 25 or greater. Recommended exclusion criteria include terminal illness resulting in death expected in 1 year or less, nursing home residence, pregnancy, inability to walk, active or unstable eating disorder, active substance or alcohol abuse, or any diagnosis of dementia. The Dartmouth team is happy to talk with sites about recruiting the appropriate participants at their sites for this program.

17. *How soon does the Health Mentor need to be certified as a personal trainer?*

**Answer:** Health Mentors should be certified as personal trainers ideally before traveling to NH for the 3-day InSHAPE training. We recommend this in order for Health Mentors to come to the training with questions and already some familiarity with what their work will entail. However, we have trained Health Mentors who are scheduled to become certified in personal training soon after. No matter what, it’s required that Health Mentors become certified prior to working with clients in the gym (i.e., prescribing exercise).

18. *Can the $2,500 stipend be used to purchase fitness memberships? Or is that money just for data needs?*

**Answer:** The $2,500 can be used to offset administrative costs associated with program implementation. If sites have specific questions about how to apply the $2,500, they are encouraged to contact the Dartmouth team.

19. *If not selected for the project, is it possible to contract to implement InSHAPE in an*
organization?

Answer: Of course. Agencies are welcome to contact Ken Jue, the founder of InSHAPE, about implementing InSHAPE outside of this project.

20. Is the 3-day InSHAPE training that you provide something that we can replicate if we want to utilize additional Health Mentors, or to address unexpected staff turnover?

Answer: Currently, the InSHAPE training will only be offered in January 2016 and January 2017, and any participating organization may attend either one. We understand that staff turnover happens, and we will attempt to address those situations as they occur.

FAQs about InSHAPE

21. What are the minimum qualifications for a Health Mentor? Are any degrees or certificates required?

The Health Mentor is a certified personal trainer who also receives the 3-day InSHAPE training provided by the Dartmouth Team. A background in mental health can be helpful but is not required. Training or degrees in nutrition are also very valuable. The Health Mentor must work full time (35-40 hours/week) on the InSHAPE program.

22. When does the Health Mentor need to be a certified trainer?

Answer: The Health Mentor has to pass the certification exam before working with participants in a gym or creating an exercise programs for participants. Studying for and passing the personal trainer exam can take a few months, so the Health Mentor should be certified either before or shortly after the 3-day InSHAPE training.

23. How does an organization pay for a Health Mentor?

Answer: Agencies who have implemented the InSHAPE program have used a variety of funding mechanisms. Health Mentors provide a legitimate functional support service, and (depending on state) may be able to be supported in part or in full through Medicaid. Provisions under the Affordable Care Act (e.g., specialty health homes, 1915i) and Medicaid waivers also provide support for wellness coaching. Additional resources have included funding through MCOs, reallocation of staff, foundations, and inclusion of the program under grant funded projects.

24. Who supervises the Health Mentor?

Answer: The Dartmouth team will provide phone-based supervision every other week for 6 months after the 3-day InSHAPE training. The Health Mentor should also have a supervisor in the organization such as a administrative/clinical leader or the identified InSHAPE supervisor.

25. How does the Health Mentor fit in with the agency?

Answer: The Health Mentor should become a member of the treatment team. The Health Mentor will have valuable information to share with the team and will also need input about participants from others on the team.
26. How long does a participant work with the Health Mentor?

Answer: This may vary by individual and is ultimately up to the organization to decide, but in general, one year of engagement with the Health Mentor is recommended for most participants. From the start of the program, the Health Mentor also encourages participants to engage in group-based exercise and physical activities. The goal of the program is to assist the individual in establishing a healthy lifestyle and to support long-term engagement in independent physical activity and healthy nutrition, often including group or peer supported activities.

27. How does my organization get discounted gym memberships?

Answer: Organizations that have implemented InSHAPE have used community partnerships committed to the health of the local community to acquire discounted bulk memberships at local YMCA or other fitness facilities. Some gyms already have sliding fee or scholarship programs. Organizations in this project are responsible for the cost of gym memberships.

28. Do we need to have a gym?

Answer: We highly recommend facilitating access to fitness activities that are available, typically a gym. Each site will need to work with the resources in their community; these may include local public or private fitness facilities, a town or city recreation center, local health facility, or local schools and universities. In addition to providing a safe and available setting for exercise, a fitness facility provides the opportunity for inclusion in group exercise. At the same time, outdoor exercise is encouraged, depending on participant preference and local setting. In contrast, building or designating a fitness facility that is located within the mental health organization and is only open to mental health clients is not an ideal option that upholds the values and tenets of the InSHAPE program.

29. Why are community partnerships important?

Answer: InSHAPE is a whole health initiative, which recognizes the positive health impact of social inclusion and community engagement upon individuals. Therefore it is important that participants carry out their health plan elements in community settings that promote social interactions that can generate renewed self-confidence and can reduce the social isolation that often occurs with mental illness.

30. How many participants are we expected to enroll in the program if we are part of the project?

Answer: The Health Mentor is expected to carry a caseload of 30 participants at any given time. It is up to the agency to decide how long a participant can remain in the program; Dartmouth does not have a minimum other than a caseload of 30.

31. The Health Mentor is a full-time position--an existing full-time staff member could not serve in this role--correct?

Answer: The Health Mentor should be a full-time Health Mentor. In the past, some agencies
have experimented with one or more half-time Health Mentors (staff who may have other duties within the agency, or merely worked half-time), and they found it challenging. The Health Mentor needs a lot of flexibility in his/her schedule to allow for participant appointment cancellations/rescheduling. Some agencies have chosen to split an FTE in order to have a part-time female and a part-time male in the Health Mentor role. This can work as long as each person has some flexibility with scheduling.

32. **Do you prefer/require that the Health Mentors be persons in recovery themselves?**

   **Answer:** We’ve seen a lot of success in hiring and training peers to become Health Mentors. There are many benefits to using peers for this role. However, it is neither a preference nor a requirement that Health Mentors be peers. More commonly, agencies at least start out by hiring a non-peer to be the Health Mentor. The Health Mentor must be able to work full-time, carry a caseload of 30 participants, and complete personal trainer certification.

33. **Do you anticipate that programs will provide their own exercise equipment or do you prefer that organizations partner with local YMCAs?**

   **Answer:** It is our hope and recommendation that agencies will look for resources in the community to secure fitness options for participants. Two big tenets of this program are community inclusion and community partnerships. If participants are using exercise equipment in a mental health center’s basement, for example, we do not see this as an inclusive practice. We want participants to become more and more comfortable, and to feel welcome in using the same resources as the rest of the community.

34. **Should participants receive clearance from their PCP before starting InSHAPE?**

   **Answer:** Yes. The person in charge of enrolling participants (e.g., InSHAPE supervisor or Health Mentor) will need to get medical clearance from participants’ PCP. We will provide organizations with the standard letter we use for this purpose; organizations can either have participants get clearance from PCPs or (usually the faster method) have participants sign an ROI to contact their PCP for medical clearance.

35. **Can the 1-hour contact per week between Health Mentor and individual participants include group work or does it have to be individual? 30 hours of meeting with people individually does not leave much time for the cooking classes, shopping, and exercise time.**

   **Answer:** When participants begin InSHAPE, they should be meeting one-on-one with the Health Mentor every week to exercise (at a fitness facility or elsewhere in the community), talk about nutrition, and review the participant’s weekly health goals. Some participants will not need such an intensive intervention; as they move forward in the program, a weekly check-in phone call with the Health Mentor to review diet and exercise goals, as well as progress, might suffice. The supplemental components, such as cooking classes, occur in addition to this weekly meeting. However, we encourage the use of community partners (registered dieticians, a local cooperative extension, grocery stores, et cetera) to facilitate or run these opportunities so that it doesn’t fall to the Health Mentor. As participants near the end of their participation in InSHAPE, the Health Mentor may decide to start meeting with participants in groups (e.g., “open gym hours”) and to encourage participants to attend group exercise classes or other educational
components that will further integrate participants into local community settings and foster independence.

36. Do the Health Mentors have to be non-tobacco users?

**Answer:** Yes. Health Mentors will assess participants’ readiness to quit if they smoke, and they will refer participants for smoking cessation. In our experience, those who have fully embraced health and wellness and are in a place to encourage, inspire, and inform others are either non-smokers or former smokers who have successfully quit.

37. How do you recruit and provide transportation for individuals? What about for rural communities?

**Answer:** The agencies we have worked with have used a variety of transportation means. Even in New Hampshire, where it is mostly rural, we’ve been able to utilize public transportation, taxi vouchers, transportation already set up through the agency, carpooling, gas cards, and reimbursement for mileage. We encourage the Health Mentor to talk about transportation needs with each participant and to arrange ways, where possible, for the participant to participate in InSHAPE as independently as possible. For example, perhaps it makes the most sense for weekly Health Mentor meetings to occur at a park near the participant’s home, or at a community pool close to the participant, or even in the participant’s home. Transportation to InSHAPE activities should be treated in the same fashion as transportation to other programs, with the caveat that the Health Mentor should not be expected to spend substantial time transporting clients.

38. With 30 people on a case load, what does the program entail for frequency of contact and intensity of services provided for the 30 individuals weekly?

**Answer:** The Health Mentor is expected to have a 1-hour one-on-one in-person session with each person on their caseload. During these sessions, Health Mentors spend half the time helping participants engage in exercise, and half of the time talking about nutrition. During these sessions, the Health Mentor also checks in about weekly health goals the participant set for him/herself, new goal plans, and troubleshoots progress. We have found 30 participants to be a feasible initial caseload, with larger caseloads possible after early enrollees have established a routine and do not require as much 1:1 support. 30 participants may seem like a lot, but it has been our experience that not all 30 are able to make it to appointments with the Health Mentor every week.

39. We currently have an integrated care program through one of our behavioral health sites, could we re-vamp the current I-C program to provide the service outlined by your program?

**Answer:** It is possible. We have seen similar arrangements, but it also depends on the funding mechanism (e.g., SAMSHA, Healthy Homes, Medicare, Medicaid, et cetera). The Dartmouth team encourages organizations to contact them with specific questions.

40. What relationships have been worked out with fitness centers that allow the Health Mentor to work with people there? Have they had to pay for memberships for Health Mentor as well as consumers? What about liability insurance for Health Mentors?
**Answer:** It varies location by location. Some facilities have chosen to view the Health Mentor as “there” in more of a supportive role, while others have been fine with them being at their facility as a personal trainer. Facilities may or may not need to purchase memberships for Health Mentors as well as additional liability insurance (that is over and beyond the standard insurance plan offered through your organization) that meets the standards of the fitness facility, but they will need to work out an arrangement with fitness facilities to make it feasible for InSHAPE participants to have a membership, either free or affordable to people with SMI, who are often poor. Our team is very experienced in coaching organizations in how to obtain and pay for discounted memberships.

41. **It appears a large portion of the program does focus on physical fitness. What sort of nutrition education is provided? Is this administered under registered dietician, online training, how will nutrition intake influence outcome variables?**

**Answer:** The 3-day InSHAPE training trains Health Mentors to spend 50% of their time discussing exercise, and 50% of their time reviewing nutrition. The Health Mentors undergo 1 day of basic nutrition education with a registered dietician in order to prepare them for this role, and ongoing bi-weekly Health Mentor supervision with our Dartmouth team includes consultation with a registered dietician. We also have an InSHAPE nutrition website with a wealth of nutrition resources that all Health Mentors can access. The exercise piece is often emphasized in InSHAPE because we’ve found that it excites people, gets them into the program, and gets them motivated to start. However, we also encourage the use of local nutrition resources, like a local cooperative extension serving at-risk populations, local grocery stores that offer tours or workshops, nutrition classes, et cetera. Having these resources on hand is also good for more specific questions that might come up for the participant that are outside of the Health Mentors knowledge in nutrition. It is important to offer a balance of nutrition and exercise, since both components are essential to improving physical health.

42. **With regard to funding this service, will Medicaid funding utilize a primary care or behavioral health code? And, if Medicaid is utilized, and typically is for time limited services, how do you foresee obtaining authorization for an entire year or further?**

**Answer:** Medicaid policies vary substantially by state. Some sites have been able to obtain 1915i and 1115 waivers, health home programs with direct reimbursement for wellness coaches, or have worked to incorporate InSHAPE and the Health Mentor as a provider of therapeutic behavioral services that are embedded in a person-centered, recovery-oriented treatment plan at a mental health center that embraces a whole health approach to behavioral health care. Regardless of the condition sites are randomized to (individual technical assistance or learning collaborative), we will help with that. Our team at Dartmouth does not have experience with primary care codes; we are more accustomed to working under behavioral health. Also, agencies in the past have found that Medicaid was able to support treatment of the behavioral health barriers (pharmacological and symptoms) to engagement in fitness activities, and the remainder could be supported through other funding sources. We are prepared to work with sites on how to arrange a more integrated Medicaid-supported program.

43. **Do you have a sample job description for a Health Mentor?**

**Answer:** Please see below for a sample job description:
JOB SUMMARY: This position is responsible for assisting InSHAPE members to develop and implement their personal wellness program. Provides support, education, and motivation related to physical fitness, nutrition, and wellness. Encourages by example. Assists in training of volunteer mentors and other mentors as needed. Provides group activity instruction. Works independently in community settings with individual consumers or leading group activities. Collects data on participant progress.

RESPONSIBILITIES:

Provides community based support services to insure implementation of client’s health goals.
- Manages a caseload of clients to establish and implement individual SHAPE plans.
- Works collaboratively with clients, program staff and the InSHAPE Supervisor to design and support individual member plans.
- Provides fitness training, monitoring, continuing reassessment of exercise, nutrition and healthcare commitments.
- Facilitates peer relationships among participants.
- Actively participates in activities with member when support is needed.
- Helps members maintain focus on personal goals.
- Encourages member participation and movement along the continuum of wellness related lifestyle changes.
- Administers fitness assessments as needed and records data.
- Shares member participation and progress other than, or in addition to fitness assessments with InSHAPE Supervisor to assist in documentation for project outcomes.
- Assumes responsibility for tracking and documenting member participation in activities.

Works with clients, volunteers and community partners to increase client independence.
- Helps plan and facilitate quarterly celebration/recognition events for participants.
- Assists in facilitation of team building activities.
- Provides instruction and facilitation for group activities.
- Works with clients to identify and establish wellness support system outside of InSHAPE program.
- Assists in training new mentors, interns and volunteer mentors.
- Assists in the supervision of volunteer mentors.

Qualifications:
- Personal Trainer Certification
- Bachelor Degree in Health Science, Social Work, Rehabilitation, Psychology, Health Promotion or related field preferred.
- Interpersonal/relationship building skills.
- Experience working collaboratively with one or more individuals to help accomplish a goal or behavior change.
- Organizational skills: ability to manage own schedule with clients and group commitment, ability to manage a balance of direct care and documentation responsibilities.
- Experience and or training in motivational interviewing and motivational strategy building.
- Physically active, readily identifies and believes in the holistic benefits of good health.
- A commitment to decreased health disparity, and social stigma for individuals with mental illness.