### APPLICATION: InSHAPE® Implementation Study

<table>
<thead>
<tr>
<th>Organization name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization address</td>
<td></td>
</tr>
<tr>
<td>Organization website address</td>
<td></td>
</tr>
<tr>
<td>CEO name and email address</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant to CEO name and e-mail address</td>
<td></td>
</tr>
<tr>
<td>Key contact regarding this application: name, e-mail, and phone number</td>
<td></td>
</tr>
<tr>
<td>How many FTEs at your agency (clinical, administrative, supportive) serve your adult mentally ill patients?</td>
<td>FTEs:</td>
</tr>
<tr>
<td>What is your organizational structure? (select one)</td>
<td>Private Non Profit</td>
</tr>
<tr>
<td>Which mostly describes your geographic location? (select one)</td>
<td>Rural</td>
</tr>
<tr>
<td>How many unduplicated patients does your agency serve annually? (number)</td>
<td></td>
</tr>
<tr>
<td>How many unduplicated individuals with serious mental illness (i.e., Schizophrenia Spectrum Disorders, Bipolar Disorder and Major Depression) aged 18 and over are served in your organization annually? (number)</td>
<td></td>
</tr>
</tbody>
</table>
| What is the racial/ethnic breakdown of the clients you serve? (percentages) (estimates are acceptable) | American Indian or Alaska Native: ____%  
Asian: ____%  
Black or African American: ____%  
Native Hawaiian or Other Pacific Islander: ____%  
Hispanic or Latino: ____%  
White: ____%  
More than one race: ____%  
Other/unknown: ____% |

---

*InSHAPE Implementation Study Application*  
*Pg. 1*
Health Promotion/Wellness Initiatives

1. Why are you interested in implementing the InSHAPE® program at your site? (200 word max)

2. Please describe any prior, current, or planned work around integration of physical and mental health initiatives within your organization. (300 words max)

3. Is your organization monitoring any physical health outcomes of patients? If so, what? (150 words max)

4. Please describe any current or planned health promotion programs within your organization (e.g. fitness, exercise, nutrition programs). (300 words max)

5. What funding sources do or will you anticipate to support health promotion/health coaching activities, for example the Health Mentor’s salary and fitness facility memberships (e.g. grants, donations, Medicaid, Medicare, private insurance, state general funds, etc.)? (150 words max)

6. What, if any, community partnerships do you have with health/wellness resources (e.g., arrangements with fitness facilities, nutrition programs, etc.)? (200 word max)

Organizational Change

7. Has your organization undergone (or is undergoing) any recent changes in leadership? (150 word max)
8. When was the last time your organization implemented a new service or quality improvement initiative? Please describe what went well, the challenges you experienced, and its current state. (350 word max)

9. Has your organization ever participated in “learning collaboratives” or “learning communities” consisting of regular meetings, conference calls, or webinars with group of other organizations focused on implementing an evidence-based practice or new program? If so, who from your organization attended, when, for what purpose, how often, and for how long? (350 word max)

10. Please identify who would serve as the supervisor for the InSHAPE® program (including supervision of the Health Mentor). Can this person dedicate up to one day a week to this program?

   Name: ____________________________

   Role in organization: ____________________________

   Availability for the InSHAPE® program (hours per week): ______________

**Funding**

11. How do you plan to hire/identify and financially support at least one InSHAPE® Health Mentor at 1.0 FTE (35-40 hours/week)? Keep in mind that this person must be solely allocated to this program. Please be as specific as possible. (150 word max)

Your organization may be asked to participate in a 30-minute pre-selection interview. This interview must include the CEO or COO of your organization and whomever you designate to be the senior administrative/clinical director overseeing the InSHAPE® program. **Allison Kinney will contact the key contact listed on page 1 of this application to set up an interview.**

**Final Submission**

By submitting this application, you are committing to providing organizational leadership and support for your team in implementation of the InSHAPE® program.

Please affirm each of the following by checking the box:
☐ If selected to participate in the Learning Collaborative Group, I understand that the first learning collaborative meeting will involve an in-person kick-off meeting in March 2017. I agree to send the designated administrative/clinical director of the InSHAPE® program as well as the InSHAPE® supervisor, and I understand it will be at our cost (the InSHAPE® Health Mentor will also attend, but the cost will be covered by the study grant).

☐ I agree to the Applicant Commitments outlined on page two (2) of the Request for Applications.

_________________________________________  _______________________, 2016
CEO                      Date

_________________________________________
Organization