



Instructions to complete and submit the Wellness Survey

Prior to creating statewide health monitoring guidelines ultimately aimed at reducing early mortality and co-morbidity of people with serious mental illness, New Jersey Division of Mental Health Services is asking for your feedback to assess what is practical in integrating physical and mental health services in the real-world.

We ask that Chief Executive Officers and/or Chief Financial Officers **disseminate copies of the attached Wellness Survey to every program manager in the organization to complete.** For example, if your organization has a number of program elements, i.e. employment services, integrated case management services (ICMS), intensive outpatient treatment services, outpatient services, program for assertive community treatment (PACT), partial care/hospitalization services, projects for assistance in transition from homelessness (PATH), residential services, self-help centers, and/or supportive housing, please distribute to each of your program managers.

In completing the Wellness Survey, please note that **it is not expected that every program will be responsible for monitoring all the health indicators.** We just ask that you complete the survey accurately so we can best evaluate which set of health indicators can be standardized for specific program elements.

Please gather the completed Wellness Surveys from your organization and **return them by Monday, November 30, 2009 to Len Estrada by:**

1. e-mail via estradm@umdnj.edu or
2. fax via 732-235-5054 or
3. mail to 151 Centennial Avenue, Piscataway, NJ 08854, attention: Len Estrada.

If you have questions, please do not hesitate to contact Len Estrada (phone: 732-235-3265, e-mail: estradm@umdnj.edu) or Mark T. Williams (phone: 732-235-5044, e-mail: williamt@umdnj.edu).

We thank you in advance for your participation!

Terminology note: In the Wellness Survey, “Primary Care Provider” (PCP) is used to reference one who provides primary care services such as a physician or a private or public, hospital-based or community-based clinic.

WELLNESS SURVEY 2009

Organization:														
Program Name:														
Program Element (e.g. partial care, supportive housing):														
# active consumers in your program:					Date:									
Screening & Monitoring of Health Indicators					When is it measured?			For how many consumers AT YOUR PROGRAM?						
					At Intake	Periodically After Intake	N/A	0 %	1-20%	21-40%	41-60%	61-80%	81-100%	
1. Personal history - screen for: Type 2 diabetes, hypertension, cardiovascular disease														
2. Family history - screen for: Type 2 diabetes, hypertension, cardiovascular disease														
3. Body mass index														
4. Waist circumference*														
5. Blood pressure														
6. Fasting blood glucose levels/HgA1c														
7. Fasting lipid profiles														
8. Tobacco use assessment														
9. Substance use assessment														
10. Medication history														
11. Current list of behavioral health medications with dosages														
12. Current list of physical health medications with dosages, including over-the counter and alternative remedies														
13. Social supports (e.g., significant other, family, friend)														
14. Recovery supports* (e.g. fellow peers, self-help center, 12-step group, church/synagogue, colleagues at work/school)														
15. Physical activity* (e.g., walking, biking, swimming, exercising at home, gym or YMCA)														
Monitoring of Health Processes					For how many consumers AT YOUR PROGRAM?									
					0 %	1-20%	21-40%	41-60%	61-80%	81-100%				
16. We identify a primary care provider (PCP).														
17. We ensure access to a PCP when one is not identified or utilized.														
18. We take responsibility for arranging transportation for PCP appointments.*														
19. We monitor coordination of PCP care, e.g., letters or phone calls.														
20. We ensure on-going coordination of PCP care by designating a specific nurse or staff member to devote significant time to coordinate consumers' health care.														
21. We request and share medical records with consumers' PCP.														
22. We identify a dentist.														
23. We identify needs for vision care.*														

NOTE: Items are based on NASMHPD's (2008) *Measurement of Health Status for People with Serious Mental Illness* EXCEPT those marked with a "***".

	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
24. We have access to PCPs who sees consumers on-site at our program.					
25. We have access to PCPs who accept consumers' insurance coverage.					
26. We have access to PCPs who can see consumers within one month of contact.					
27. We have access to a glucometer.					
28. We have access to an accurate measuring scale.**					
29. We have access to a suitable tape measure.**					
30. We have access to a blood pressure monitor.**					

31. Some behavioral health programs have partnerships with primary care providers to address the monitoring of health indicators, for example, collaborating with an in-house doctor or a local physician group to conduct the monitoring.

- a. We do not currently have any community partnerships to address this monitoring and have no plans to do so in the next 6 months.
- b. We are thinking about developing community partnerships but we are currently not doing it.
- c. We have plans to develop community partnerships but have not yet implemented them.
- d. We currently have community partnerships to address the monitoring of health indicators.

If you checked 32.d, please describe briefly the partnerships with primary care providers you are currently engaged in to address the monitoring of health indicators:

32. Consumer self-monitoring of health indicators:

- a. We do not currently educate consumers on how to monitor their own health indicators and have no plans to do so in the next six months.
- b. We are thinking about educating consumers on how to monitor their own health indicators, but we are not currently doing it.
- c. We have plans to educate consumers on how to monitor their own health indicators but have not yet implemented them.
- d. We are currently educating consumers on how to monitor their own health indicators.

If you checked 31.d, please describe activities you engage in to educate consumers on how to monitor their own health indicators:

** Items are based on Barnes, Thomas R.E., et al. (2007). *Schizophrenia Bulletin*, 33 (6), 1397-1403.

33. **Our organization/program has a formal policy that restricts/prohibits smoking or tobacco use.**
- a. We do not currently have a formal policy that restricts tobacco use and have no plans to do so in the next six months.
 - b. We are thinking about developing a formal policy that restricts tobacco use, but we are not currently doing it.
 - c. We have plans to develop a formal policy that restricts tobacco use but have not yet completed them.
 - d. We currently have a formal policy that restricts/prohibits smoking or tobacco use.

If you checked 33.d, please describe your current formal policy to restrict/prohibit smoking or tobacco use:

34. **Rank the following barriers/challenges to monitoring of health indicators (1=most challenging, 6=the least challenging)**

- Leadership support
- Staff buy-in
- Staff competency
- Consumer interest
- Billing issues
- Limited resources
- Other (Describe: _____)

35. **Please elaborate on your greatest challenge:**

36. **Further Comments/Suggestions:**

May we contact you if we have any further questions about this survey? Yes No

Name of Person Completing this Survey: _____

E-mail address: _____ Phone Number: _____

Please return completed survey by Monday, November 30, 2009 to Len Estrada by:

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THANK YOU FOR YOUR TIME!