

Healthy IDEAS Application of Interest

Note: This Application of Interest is the second part of a two-part process.

- The first part of the process involves the completion and submission of the **Healthy IDEAS Innovation Readiness Assessment** (Part I) to the National Council on Aging (NCOA). Part I must be completed on-line at <http://HIDEAS.questionpro.com>. An example of the **Healthy IDEAS Innovation Readiness Assessment** may be viewed as a pdf below.
- Part II may be completed and submitted on-line below at this site. It may also be mailed/faxed to the Department of Mental Health/Office of Transformation. Submission information is provided in number 4 of the instructions below.
- Both the **Healthy IDEAS Innovation Readiness Assessment** and the **Application of Interest** must be completed and submitted by 5:00 p.m., CDT, October 12, 2009.

No Application is acceptable without both parts having been completed and submitted to the respective locations. However, they may be completed in any order.

Healthy IDEAS Innovation Readiness Assessment (Part I)

A pdf of the NCOA **Healthy IDEAS Innovation Readiness Assessment** is available at <http://HIDEA.questionpro.com>. Agencies may want to print this document and complete the questions on paper before submitting it on line. Both the pdf version and the on-line document are available at the above website.

Application of Interest (Application) (Part II)

A. Instructions

1. Who should complete the Application (agency qualifications)?
Any agency having the capacity to implement the case management enhancement, Healthy IDEAS and requesting resources for training, mental health backup and clinical coaching, computer enhancements, and assistance with evaluation should complete the Application. Agencies completing the Application should be agencies with staff that will be performing the screenings, assessments, education, referrals, and behavioral activation that are essential to Healthy IDEAS. These agencies should have the capacity to serve older adults in their homes over a three to six month period.
2. Mental health providers wanting to work with agencies implementing Healthy IDEAS should not complete either part of the Application.

3. Completed Applications of Interest (Parts I and II) are due no later than 5:00 p.m. CDT, October 12, 2009.
4. Completed Applications of Interest may be completed on-line at: www.dmh.mo.gov/transformation/transformation.htm and follow the links; or mailed to the Department of Mental Health, Office of Transformation, 1706 E. Elm Street, Jefferson City, MO 65101. If completed on-line applicants will receive an e-mail confirmation of receipt of the Application.
5. Agencies completing the Application and requesting resources must agree to the following requirements:
 - Agencies must participate in Healthy IDEAS training events for all pertinent staff.
 - Agencies are expected to participate in DMH coordinated meetings, conference calls, or teleconferences.
 - Agencies must maintain fidelity with the Healthy IDEAS model.
 - Agencies must participate in a program evaluation. This will include maintaining client data that may not currently be collected. Data reports will need to be produced and submitted.
 - Agencies must not use resources for Healthy IDEAS to supplant already existing services.
6. The Office of Transformation may interview applicant agency's representatives to obtain additional information, if needed.

B. Items to Be Answered

Please answer the following items:

1. **Specify the geographic area (e.g., name of city, county, several counties) that your agency will cover with the Healthy IDEAS enhancement.**

2. **How many case managers/care coordinators from your agency will participate in Healthy IDEAS? (Please list the anticipated number of persons, not FTEs.)**

10. Please supply the following information about the person filling out this Application of Interest.

Name:

Title:

Position:

Phone:

E-mail address:

11. Should there be questions about this Application of Interest, is the primary contact person in your agency the same as the person completing the application listed in question 10? Yes_____ No_____

If “No”, please supply the following information about your primary contact.

Name:

Title:

Position:

Phone:

E-mail address:

If there are any questions you may contact James Cook by phone at: 573-526-7328; or e-mail at: jim.cook@dmh.mo.gov.