



SAMHSA-HRSA Center for Integrated Health Solutions

Chronic Disease Self-Management

Lessons from the Field

Resources for Human Development

Didi Hirsch

Resources for Human Development- Presenters



Jaimee E. Moshe is a Corporate Coordinator for Centers of Excellence at Resources for Human Development. Jaimee works to ensure quality services are available to all service participants within the varied types of residential, clinical, and supportive services available across the corporation. Jaimee is currently focused on improving outcomes for those living with multiple diagnoses through disease management and the implementation of trauma informed care.



Altonya Sheppard is a Corporate Peer Coordinator at Resources for Human Development. Altonya is a Certified Peer Specialist with extensive experience assisting service participants understand and better manage multiple chronic diseases. Altonya is an effective community organizer and is actively working with patients at the RHD Family Practice and Counseling Network (FQHC) learn to engage in improved self-care and self-advocacy related to medical and psychiatric care.



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Resources for Human Development specializes in creating innovative, quality services that support people of all abilities and any challenges wherever the need exists.

A national human services nonprofit founded in 1970, RHD serves tens of thousands of people every year with caring and effective programs addressing intellectual and developmental disabilities, behavioral health, homelessness, addiction recovery and more.



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Why is RHD interested in Chronic Disease Self-Management?

1. Belief that success in service provision can only be achieved when whole-person wellness is the goal.
2. CEO Dyann Roth noticed a trend regarding information she received when a service participant passed away.
3. Mobile services identified a need to have better resources and tools to successfully assist service participants maintain independence in the larger community.



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Getting started:

1. Corporate leaders and Staff and participants in the communities
2. Identified the weakest link
3. Listened to what help was being requested
4. Identified what services could readily be included in any service type available
5. Built the service to meet the need:

A.L.L.Y. – About Living Life Youthfully



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A.L.L.Y. – About Living Life Youthfully

Using the 8 dimensions of wellness, this program is intended to prepare volunteers and peer workers to become ALLYs. An

ALLY is a person that supports individuals suffering from BH/MH conditions through their whole health process. ALLYs are supporters, students and teachers who work as part of a person's team to help individuals live healthier, longer, more enjoyable lives.



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A.L.L.Y. – About Living Life Youthfully

Dual/Multiple Diagnosis

Peer to Peer

Social Connection

Education

Self-Advocacy

Technology Assisted



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A.L.L.Y. – About Living Life Youthfully

Focus Groups:

- Training and Education
- Support

Volunteer Development:

- Nutritionist
- Personal Trainer

Technology Development:

- Smart Phone Apps
- Virtual Support Groups



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A.L.L.Y. – About Living Life Youthfully

What helps move the project forward?

- Finding out where the barriers are to good self-care
- Walking side by side
- Letting the answers not be the cure but the journey



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Next Steps...

- Focus Group Phase
- Identification of services most open to new tools and asking for help
- Outcomes Measures development
- Formalizing Curriculum



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Lessons Learned:

- Being a multi-service provider requires a model that has an array of tools and options
- Services have to be built to compliment each other, not replace each other
- Sustainability requires thinking outside of the box



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Questions?

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Thank you and Good Luck!

Didi Hirsch- Presenters

Ariel Peterson, MPH

Integrated Health Coordinator

Didi Hirsch Mental Health Services

Project Lead for PBHCI project and Chair of agency-wide Wellness
Committee

At Didi Hirsch Mental Health Services for 8 years

HIP at Didi Hirsch Mental Health Services

- Non-profit mental health center
- Provide mental health, substance use, suicide prevention, and crisis residential services
- PBHCI project called “HIP – Healthy Inglewood Project” located at Inglewood site initially and expanded to Culver City
- Cohort V
- 315 clients enrolled
- 74% African American, 14% Latino, 12% White
- 1/3 of clients have less than HS education, HS education, and some higher education
- At risk at baseline: BP >50%, WC >60%, CO >50%

Our Planning Process

- Who?
 - Project Lead
 - Medical Director
 - Nurse
 - Engagement Specialist
 - Wellness Staff
- Target Population: clients at risk for and have chronic disease
- Solution: Exercise and Nutrition
- Be Well program was included in the grant proposal and budgeted

About the Be Well Program

- Created and delivered by partner Food and Nutrition Management Services
- Designed for seniors with depression
- 3 hour group twice a week for 4 months
 - Nutrition
 - Exercise
 - CBT
- 32 Modules
- Outcomes-focused – collect nutrition, fitness, and lab data at beginning and end
- Benefits many chronic conditions

Adapting Be Well for our population

- Target population: SMI at risk for and have chronic condition
- Removed CBT
- Reduced group time from 2 hours to 90 minutes
- Eliminated 4 inch binders
- Reduced number of modules and added review sessions
- Increased discussions, eliminated PowerPoint
- Incorporated chair ZUMBA
- Added reminder calls and outreach/engagement calls
- Changed from closed group to open group
- Moved data collection from 1st week to 2nd week to improve engagement

Our findings

- One of the most talked about programs by staff and clients
- 3rd year of the program and attendance continues to grow
- Adaptations allowed program to be accessible for a wider range of clients
- Health improvements!

Evaluation

- Nutrition, fitness, and lab data are collected baseline and graduation
- Our efforts to adapt and increase attendance has resulted in some incomplete data
- Data is being recorded and after this final group, will be analyzed
- Individual reports show significant decrease in HgbA1c for several clients (ex. 7.5 to 6.2) and weight loss of 5-8 lbs

Lessons Learned so far

- Simplify!
- Don't give up on groups
- Get treatment team involved
- Have fun!
- Staff participation
- Celebrate!
- If it's not working, change it
- Ask the clients

Final message and tips for organizations considering implementing a CDSM program

- How can we reach the most people?
- Will the people come?
- Use the data to find areas of concern
- Talk to the clients
- Sustainability

QUESTIONS?