

1. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

Welcome to the Level 3 Recovery Oriented Organizational Change Initiative Application. The application is intended to be completed at your own pace. You may modify your answers up until December 30th, 2011. When you have reached a stopping point and would like to save your responses, please push the "Save and Proceed to the Next Page" button at the bottom of the page on which you are working before exiting the survey. Hit "Done, Submit Application" at the bottom of the last page once you are ready to submit your completed application. In order to return to review or edit your application, you must use the same computer and the same browser and have cookies enabled to see your previously saved responses.

If your interest is ONLY in the Recovery Oriented Organizational Change Initiative (ROOCI) and you will not submit an application for other activities, please do not select an order preference for the other activities - simply click next at the bottom of the page to continue to the application.

If you will submit applications for other activities, indicate your organization's ordered preference for participation in Recovery Institute Activities:

	1st	2nd	3rd
Recovery Leadership Academy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Oriented Organizational Change Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person Centered Recovery Planning Implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

This project is designed to help provider organizations deepen their recovery orientation and increase their use of recovery-oriented practices, specifically including peer support services, through a more focused approach and greater level of organizational commitment. Up to five (5) organizations may be accepted for participation.

Requirements to apply for the Recovery Oriented Organizational Change Initiative (ROOCI):

- § Executive Sponsor commitment to apply and participate.
- § Creation of a change team with a team leader who is interested in leading this effort.
- § Meaningful peer representation on the change team.
- § Must have more than 1 Peer Specialist on staff (paid staff, not volunteer, is preferred).
- § Organization participated in the Via Hope Recovery Focused Learning Community or the Peer Specialist Learning Community.
- § Organization leadership will allow 2 hours per week for team project work.
- § Participation in data collection, including distribution of staff and consumer surveys at the beginning and end of the project year.

Will participate in key training and technical assistance including:

- o Change Team will host 1 day onsite assessment and consultation;
- o Executive Sponsor will host a 2 day initial recovery-oriented organizational change training and consultation visit;
- o Change Team will host 1-2 days of technical assistance and training targeted at organization's peer support service implementation efforts;
- o Executive Sponsor will host a 2 day follow-up training on recovery-oriented organizational change efforts; and
- o Change Team Leader will participate in monthly individual coaching calls and all team calls.

If you agree to the requirements, please click next.

3. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

***By selecting yes below, I am indicating that my organization meets the following requirements to apply for ROOCI:**

	Yes
Executive Sponsor is committed to participating in ROOC activities.	<input type="radio"/>
Organization has created a change team including a team leader interested in leading this effort.	<input type="radio"/>
There is a Peer Specialist and/ or consumer representative on the change team.	<input type="radio"/>
Organization employs more than 1 Peer Specialist (paid staff, not volunteer, is preferred).	<input type="radio"/>
Organization participated in the Via Hope Recovery Focused Learning Community and/or the Peer Specialist Learning Community.	<input type="radio"/>
Organization leadership will allow 2 hours per week for project work.	<input type="radio"/>
Organization will participate in data collection through August 2012.	<input type="radio"/>

***By selecting yes below, I am indicating my organization will participate in key training and technical assistance including:**

	Yes
Executive Sponsor and Change Team will host a 1 day onsite assessment and consultation;	<input type="radio"/>
Executive Sponsor will host 2 day initial recovery-oriented organizational change training and consultation;	<input type="radio"/>
Change Team will host 1-2 days of technical assistance and training targeted at organization's peer support service implementation efforts;	<input type="radio"/>
Executive Sponsor will host a 2 day follow-up training on recovery-oriented organizational change efforts;	<input type="radio"/>
Change Team Leader will participate in monthly individual coaching calls and all team calls; and	<input type="radio"/>
Change team will participate in collaborative learning opportunities with other participating organizations as opportunities arise— share success strategies, tools, and experience.	<input type="radio"/>

By clicking next, you agree that your organization meets or will meet the requirements listed above.

4. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

EXECUTIVE SPONSOR, please respond to the following questions.

Please provide your contact information:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

CHANGE UNIT

Each agency that participates will be required to select an initial Change Unit. The Change Unit you select could be a clinic or unit of your organization that has expressed interest in participation or seems particularly motivated to strengthen their recovery orientation.

Please list the change unit on which you will focus your initial efforts:

Please provide the average number of consumers served per month in the selected change unit:

Please provide the average number of staff who work in the selected change unit:

5. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

CHANGE TEAM

Each agency that participates in the ROOCI will be required to select a Change Team who will lead the organization's change efforts throughout the project period. This Change Team should work on or have high involvement with the Change Unit and include a Change Team Leader, Clinical Supervisor and at least one Consumer Member. A good additional member would be someone involved in quality improvement. It is important to thoughtfully choose your initial Change Team and select individuals who are interested and ready to participate. We estimate that the Change Team will spend 4 to 7 hours per month on organizational change activities. These individual members may change at some point throughout the year, and the team may expand and contract. Each role is described in more detail below. Successful team members will be those who believe that recovery is real, that the services you provide can be more recovery oriented, and are willing to be leaders in this effort.

1. Change Team Leader

The Change Team Leader should be someone with an informal or formal leadership position. This person is comfortable crossing boundaries with all staff members in your center and is interested and willing to lead this project.

Please provide the name, official title, email address, and phone number of your change team leader:

Name:

Title:

Email:

Phone:

2. Clinical Supervisor

It is important that your Clinical Supervisors understand the value of providing recovery support services for both staff and consumers at the center/hospital. It is hoped that having a Clinical Supervisor on the initial Change Team will ensure the vision is shared and that capability to provide recovery-oriented services is supported through the supervisor level.

Please provide the name, official title, email address, and phone number of your initial clinical supervisor team member:

Name:

Title:

Email:

Phone:

3. Peer Specialist or Consumer Member

A recovery orientation assumes that the consumer voice is present and heard at all levels, and especially at the initiation of important activities or planned changes. It is recommended that each organization have at least one peer specialist on the change team, but you may have more than one consumer member on the team (and additional members do not have to be peer specialists). If you do not have a peer specialist that can participate in these efforts, please include at least one consumer member that can.

Please provide the name, official title, email address, and phone number of your peer specialist change team member.

Name:

Title:

Email:

Phone:

4. Consumer Member

The consumer member of the initial change team should be someone who has experience at your organization, has exhibited advocacy behaviors, and may or may not also be a peer specialist.

Please provide the name, official title, email, and phone number of an additional consumer change team member/s. If the individual is not an employee, please describe his or her relationship to your organization.

Name:

Title:

Email:

Phone:

If not an employee, please describe his or her relationship to your organization:

5. Additional Member – preferably staff involved with quality management or utilization management or additional peer specialists.

Knowing the size of your organization, and the way that change evolves across organizations, please select an additional member(s) for the initial team. Someone with an interest or responsibility for quality improvement, utilization management, outcomes measurement, or recovery orientation would add value to the change team process.

Please provide the name of an additional staff member(s) to participate on the change team. Provide his or her name and title.

Name:

Title:

Email:

Phone:

6. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

Did your organization participate in the Via Hope Recovery Focused Learning Community (RFLC) or Peer Specialist Learning Community (PSLC)?

- Yes
- No

Please let us know:

The number of peer specialists employed at your organization?

Of these employed peer specialists, what is the total FTE count?

How many of these peer specialists have attended the Via Hope Peer Specialist Training?

Of those that attended the Via Hope training, how many completed the exam and are certified?

The number of peer specialists that volunteer at your organization?

The number of consumers that volunteer at your organization (in roles other than peer specialist)?

Of the peer specialists you have placed on the ROOCI team, please list the Via Hope training have they completed (e.g. Certified Peer Specialist, Advanced Certified Peer Specialist, Whole Health, Peer Specialist Trainer in Training, WRAP and WRAP Facilitator):

Have any members of your change team (listed above) completed the Certified Peer Specialist Supervisor Training?

- No
- Yes

If yes, please add the relevant name(s):

How many consumers serve on your organization's board?

How many consumers serve on other decision-making committees within your organization?

Please describe any recovery-oriented change initiatives your organization is involved with currently:

Please describe your organization's relationship to the local recovery community (e.g. advocacy organizations, consumer operated service providers):

My organization is participating in:

	Yes	No
Department of State Health Services ANSA testing or roll out	<input type="checkbox"/>	<input type="checkbox"/>
Department of State Health Services CANS testing or roll out	<input type="checkbox"/>	<input type="checkbox"/>
Department of State Health Services CMBHS testing or roll out	<input type="checkbox"/>	<input type="checkbox"/>
Another Initiative (e.g. East Texas Coalition for Mental Health Recovery; Co-Occurring Disorders Learning Community)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
<input type="text"/>		

By submitting this application, you are verifying the information you provided and agreeing to be responsible for the project requirements and organizational participation. Click Next if this is true.

7. Recovery Institute Level 3 - Recovery Oriented Organizational Change Initia...

Thank you for your interest in the Recovery Oriented Organizational Change Initiative. After reviewing all of the applications, we may contact you to set up a follow up phone interview. We will be in touch (by January 6) to let you know if your organization has been selected for participation. If you would like to apply for an additional Recovery Institute Activity, please return to the email and click on the relevant activity link.

You have now completed the application. Please "sign" your name and insert today's date below.

Name:

Date:

By submitting this application, you are verifying the information you provided and agreeing to be responsible for the project requirements and organizational participation. Click Done to submit this application.