

2017 Via Hope Recovery Institute Application Supplement

The Via Hope Recovery Institute aims to promote mental health system transformation by helping organizations develop practices that support and expect recovery, and by promoting the voices of people with lived experience, youth, and family members in the Texas mental health system. Recovery Institute initiatives are designed to support the implementation of new practices, shift organizational culture, promote innovation, and increase collaboration within and among teams.

The Recovery Institute is comprised of five distinct programs:

- Awareness Building,
- Peer Specialist Integration,
- Leadership Academy,
- Transition Age Youth Initiative, and
- Person-Centered Recovery Planning.

In this document, you will find information about each Recovery Institute initiative, including purpose, major education and consultation elements, expectations for participants, and requirements.

Application Process and Timeline

Please see the table below for details about the informational webinar, opening and closing dates, and notification timeline for the application. In 2017, three of the Recovery Institute programs require an application: the Leadership Academy, Transition Age Youth Initiative, and Person-Centered Recovery Planning. Each team that applies to take part in one of these Recovery Institute programs must have a designated Executive Sponsor and Team Leader who complete the Recovery Institute application together. The Executive Sponsor is defined as an individual within your organization that has formal authority to support change from the top and has committed to support change from that position (e.g. Adult Mental Health Services Director). Your team's Leader can be someone with any number of formal roles, and over the course of the program will coordinate the group's efforts in the Recovery Institute. You will also be required to identify a number of individuals for the Program Team for each initiative.

As part of the application process, all applicants will respond to a series of general questions about their organization and take part in an experiential component, which is explained in detail in the application. Within each program-specific section of the application, applicants will respond to a series of questions that are relevant to the program, and select a specific Focus Area within their organization where they plan to concentrate activities for the duration of the project. Finally, the organization's Executive Director, Chief Executive Officer, or Superintendent (who may or may not be the Executive Sponsor) is required to submit a Letter of Commitment as part of the application. A preview of the entire application will be posted when the application opens so that applicants can review items before going online to complete the application.



2017 Recovery Institute Application Timeline

| Date | Activity |
|-------------------------|--|
| Wednesday, October | Via Hope will post informational materials about the application process online. |
| 12th | |
| Wednesday, October | Via Hope will host an informational webinar about the Recovery Institute, |
| 19th at 10:00 am | specific initiatives and application process: |
| | Register: https://attendee.gotowebinar.com/register/370817271139581187 |
| Wednesday, October | The online application will open after Via Hope has hosted the informational |
| 19th | webinar on the application. |
| Friday, November 18th | The online application will close. All applications must be submitted by 5:00 pm |
| 2016 at 5 pm | to be considered. |
| December, 2016 | Applicants will be notified about their application status. |
| January, 2017 | Orientation for initiatives will begin. |
| January, 2017 - August, | Program activities will take place. |
| 2017 | |

Information about the application process and Recovery Institute initiatives can also be found on the Via Hope website. Once the application has opened, this information will include an application preview and a transcript of the informational webinar. To learn more: http://www.viahope.org/programs/recovery-institute/

Initiative Summaries

Awareness Building

Via Hope hosts periodic webinars on transformation, recovery, wellness and related service topics. We also promote webinars hosted by other organizations (e.g. National Empowerment Center, the NAMI STAR Center) that may be of interest to those who have signed up for notifications. Webinars are open to anyone, but individuals attending those sponsored by the Recovery Institute are required to register in order to participate.

Recovery Reads is a reading and dialogue initiative designed to explore a wide range of recovery and wellness-related topics. Each month, a reading is selected to appeal to a diverse audience interested in learning more about recovery. Recovery Reads selections and accompanying discussion guides are appropriate for a wide range of participants. To view past selections and discussion guides, click here: http://www.viahope.org/forums/viewforum/14/

To indicate your interest in Recovery Institute Awareness Building Activities, sign up here: http://tinyurl.com/viahoperi2017

Peer Specialist Integration

Over the past seven years, Via Hope has trained 882 people as peer specialists and there has been a remarkable increase in peer support staff positions in the Texas behavioral health system. As the value of peer support is recognized and peer support services have become increasingly widespread Texas, so has the demand for effective consultative support for the integration of this relatively new workforce into provider settings. The Peer Specialist Integration (PSI) Program helps provider organizations effectively integrate peer specialists by providing a variety of activities. To meet broader demand for education on effective practices that promote peer support services in Texas, activities in FY17 will be open to anyone interested in



participating. These activities include *Demystifying the Peer Workforce* workshops (see description below), educational webinars, technical assistance calls, and informational mailers about common concerns and challenges faced as organizations build peer support services. There is not a competitive application to participate; however, these activities will require a registration, and completion of <u>Via Hope's online learning courses</u> on Recovery Oriented Practice and Peer Support is encouraged. Activities are scheduled to begin in January. Registration information for specific opportunities will open by the end of 2016.

Demystifying the Peer Workforce

This 1-day workshop is designed to provide participants with an understanding of the role of Certified Peer Specialists, the value added to the organizations where they work, and common challenges experienced when implementing peer support services in traditional mental health provider settings. Participants will come away from the training with a greater appreciation of how peer support services and clinical services can complement one another and an awareness of how to effectively promote peer support services within your organization. This interactive workshop has been useful for administrators, supervisors, and clinical staff that want to promote collaboration across roles to effectively promote recovery within mental health service settings.

Webinars, Technical Assistance Calls, and Mailers

Via Hope organizes PSI content and consultation around five domains relevant to the effective integration of Peer Specialists. Webinars, technical assistance calls, and periodic mailings will be organized around these domains:

- Organizational Culture,
- Funding Peer Specialist Positions,
- Recruitment and Hiring of Peer Specialists,
- Peer Support Staff Role Definition and Clarification, and
- Supervision and Career Advancement.

To indicate your interest in Peer Specialist Integration activities, sign up here: http://tinyurl.com/viahoperi2017

Recovery Institute Leadership Academy

Since 2010, the Recovery Institute Leadership Academy (RILA) has worked with provider organizations to deepen their recovery orientation by promoting shared leadership and creating organizational change. In order to strengthen recovery-oriented leadership and increase capacity to meaningfully provide recovery-oriented services, RILA will work with organizations to explore the relationship between staff well-being and quality service provision. Specifically, this next phase of RILA will focus on supporting provider organizations as they work to implement practices that promote recovery and wellness for people who receive services, and—for the first time, directly—for staff. RILA Teams will explore how to address staff burnout, secondary traumatic stress, and compassion fatigue through a series of on-site assessments, trainings, and webinars. RILA Teams will work toward transforming organizational factors that contribute to compassion fatigue and develop strategies to promote self care and organizational wellness.

Over the course of the program, selected teams will be able to:

- Identify signs and impacts of burnout, secondary traumatic stress, and compassion fatigue.
- Address organizational barriers and factors that contribute to provider burnout.
- Make changes that promote staff resiliency and better position the organization to promote recovery-oriented care.



Selected teams will make up a cohort that participates together in a number of remote and in-person learning opportunities. Through technical assistance and support from Via Hope, teams will develop their own plans to promote individual self care and organizational wellness.

Requirements to apply for the 2017 Recovery Institute Leadership Academy

To take part in RILA, your organization must participate in a competitive application process and agree to a number of commitments. Teams from a wide range of organizations may apply, and up to 6 participants from your organization should be included in your team if accepted.

- The Executive Sponsor, in collaboration with a designated RILA Team Leader, must apply for the initiative and actively lead the transformation effort if the organization is accepted.
- The organization must be either a (1) publicly funded, community-based or inpatient mental health service provider or (2) advocacy or other community-based philanthropic/ non-profit organization.

Team Selection and Expectations

During the application process, the Executive Sponsor must invite a number of engaged staff members to be part of the RILA Team. A team leader who is interested in leading this effort must also be identified. This team should include a multi-disciplinary group of staff members who have interest in developing as leaders of your organization's wellness and resiliency efforts. These individuals may or may not occupy formal leadership positions within your agency. For a list of role descriptions and expectations, please see below.

RILA Team: A guiding group comprised of individuals from different levels and disciplines within your organization that will champion the changes brought forth through your involvement in RILA and set the strategic direction of the initiative within your organization. RILA Teams may include individuals with roles such as supervisors, nurses, clinicians, case managers, peer specialists, family partners, recovery coaches and administrative/front desk staff.

The RILA Team members are expected to:

- Facilitate a specific set of activities (with the support of Via Hope), directed at revealing sources of organizational strength and identifying opportunities for growth.
- Demonstrate shared leadership and collaborative teamwork for change efforts.
- Work with Via Hope on program evaluation activities, such as helping to administer participant surveys/feedback forms.

<u>Executive Sponsor</u>: An individual within your organization that has formal authority to support change from the top and has committed to support change from that position. The Executive Sponsor can be the Executive Director, Superintendent, Director of Mental Health Services, or someone in a similar role. Because of the importance of executive sponsorship to the success of these initiatives, the Recovery Institute application has been designed so that it should be completed by the Executive Sponsor.

The Executive Sponsor is expected to:

- Allow RILA team members 2-4 hours per week for site-based work.
- Work with the RILA Team and colleagues across the organization to identify and remove barriers to success in the Focus Area.
- Submit a Letter of Commitment with the Recovery Institute application (if your Executive Sponsor is *also* your Executive Director or Superintendent. Otherwise, that individual must submit a Letter of Commitment).

<u>RILA Team Leader:</u> Your organization's project coordinator. This individual will coordinate communications with Via Hope and act as the primary point of contact for team members within your organization.



The RILA Team Leader is expected to provide coordination activities for the team, such as:

- Provide consistent communication between Via Hope's RILA Coordinator and the RILA Team.
- Coordinate logistics for initial on-site visit and in-person gathering.
- Send reminders to RILA team members regarding monthly webinars, process calls, and ongoing activities.

<u>Focus Area:</u> A place, location or group of people where you want to focus your efforts. This may include a clinic or hospital unit where concentrated activities will take place for the duration of the program. Alternatively, you can choose a standing meeting or group of people who consistently work together to try out activities related to staff self care and organizational wellness. When considering your Focus Area it is important to choose staff who are interested in this program and have the capacity to engage in an 8-month long program.

Required 2017 RILA Activities and Estimated Timeline

Activities for RILA will begin in January of 2017 and end in August of 2017.

| Date | Activity |
|-----------------------|--|
| December 2016 | Site notified of acceptance status, preparation activities begin. |
| January 2017 | Orientation Activities for the RILA Team, including the Executive Sponsor: • Individual site orientation conference call with RILA Coordinator to discuss RILA Team role, area(s) of focus, hopes for the program, and upcoming activities. |
| February 2017 | All Team Gathering that the RILA Team, including the Executive Sponsor, will attend: • 2-day in-person training on compassion fatigue and planning for site-based work. |
| March 2017 | Webinar and site-based work |
| April 2017 | All Team Process Call and site-based work |
| May 2017 | On-Site Visit that the RILA Team, including the Executive Sponsor, will host. • 2-day on-site training and consultative visit on staff resiliency and compassion fatigue. |
| June 2017 | Webinar and site-based work |
| July 2017 | All Team Gathering that the RILA Team, including the Executive Sponsor, will attend: • 2-day in-person gathering focused on reflective supervision and developing self care strategies. |
| August 2017 | All Team Process Call, wrap-up, next steps, and evaluations |
| Ongoing Activities | Monthly individual team calls. Monthly all teams calls or webinars. RILA Team should meet as a group monthly to develop ideas, review resources, reflect on lessons learned, develop and update organizational wellness and resiliency plan. |



Transition Age Youth Initiative

Transition age youth are at an exciting time in their life journey: they build identity and express individuality, learn to take meaningful risks, and discover more of their strengths as they navigate new terrain. For youth and families that have experience with the mental health system, this is also a time in one's life that can represent uncertainty, as youth prepare to leave children's services to either pursue a life in the community without formal support, or transition into adult services. The TAY Initiative offers consultative and educational support to organizational teams that want to promote resilience in their work.

Via Hope defines Transition Age Youth as youth and young adults ages 14-24. The Transition Age Youth (TAY) Initiative aims to help organizations learn and develop practices that support and expect resiliency, assist youth to transition to young adulthood making their own life-supporting decisions, and elevate youth voice in a way that improves services and the environment. Recovery Institute initiatives are designed to support the implementation of new practices, shift organizational culture, promote innovation, and increase collaboration within and among teams.

TAY Teams will be expected to demonstrate shared leadership while working, developing, and implementing project plans supporting the following three domains:

- Introducing and spreading resiliency concepts and knowledge.
- Creating a supportive environment that helps youth build on their strengths.
- Increasing capacity for youth and young adult voice.

The TAY Initiative is a partnership between Via Hope and selected organizations. TAY Teams will engage in a process of learning about practices that support transition age youth as they move into adulthood by participating in education, training, and consultation. Teams will receive technical assistance and support to design their own organizational project plan, organized around major themes that are central to TAY: resiliency efforts, supportive environments, and youth voice.

Requirements to apply for the TAY Initiative

To take part in the TAY Initiative, your organization must participate in an application process and agree to commitments listed below. As part of the application process, applicants will be invited to identify participants to be a part of a TAY Team that will participate in required activities (timeline below).

- The organization must be either a (1) publicly funded, community-based or inpatient mental health service provider or (2) advocacy or other community-based philanthropic/non-profit organization that serves the population of transition age youth (ages 14-24).
- The Team Leader, in collaboration with the Executive Sponsor, must apply for the initiative and coordinate the team's activities if the organization is accepted.

TAY Team Selection and Expectations

During the application process, the Executive Sponsor and/or TAY Team Leader must invite (rather than assign) individuals to be part of a TAY Team. This core team's members should be invited to join because they are energized and want to take part in this project in building momentum toward supporting transition age youth! For a list of role descriptions and expectations, please see below.

<u>Transition Age Youth (TAY) Initiative Team</u>: A guiding group comprised of individuals from different levels and disciplines within your organization that will champion the changes created through your involvement in the TAY Initiative, set the strategic direction of the initiative within your organization, and remove barriers to success for your Focus Area staff. Successful teams have historically been comprised of people filling diverse roles and at different levels of the organization. For instance, the team may be comprised of direct care staff,



clinical supervisors, peer specialists or family partners, administrative/front desk staff, and youth). The TAY Team will lead and implement the youth voice and resiliency efforts in the Focus Area.

- TAY Teams should include up to 7 people, including the Executive Sponsor and Team Leader, who
 have potential and interest in developing as leaders and advocates of your organization's transitional
 age youth efforts. These individuals may or may not occupy formal leadership positions within your
 agency.
- The TAY Team is **required** to have:
 - At least one team member who works primarily in children's mental health, AND
 - At least one team member who works primarily in **adult mental health**.
- It is **strongly recommended** that your TAY Team include:
 - A Certified Peer Specialist (CPS),
 - A Certified Family Partner (CFP),
 - A **youth** member, and
 - Individuals that occupy supervisory, direct care, and/or advocacy roles within your organization.
 - The TAY Team is expected to:
 - Demonstrate progress on TAY project plans.
 - Facilitate conversations, focus groups, or activities (with the support of Via Hope), directed at revealing existing strengths and improvement opportunities involving youth resiliency efforts and youth voice within the organization.
 - Demonstrate shared leadership and collaborative teamwork for change efforts.
 - Regularly communicate with Via Hope TAY Coordinator regarding challenges, barriers, and successes.
 - Request support and resources necessary to create success in the Focus Area.
 - Work with Via Hope on program evaluation activities, such as helping to administer participant surveys/feedback forms.

<u>Executive Sponsor</u>: An individual within your organization that has formal authority to support change from the top and has committed to support change from that position. The Executive Director or Superintendent can serve as Executive Sponsor, but your agency's Executive Sponsor may also be the Director of Mental Health Services or someone in a similar role. The Executive Director, or Superintendent must demonstrate support for the team's application through a letter of support.

- The Executive Sponsor is expected to:
 - Allow team members 2-3 hours per week for project work.
 - Work with TAY Team and colleagues across the organization to identify and remove barriers to success in the Focus Area.
 - Submit Letter of Commitment with Recovery Institute application (if your Executive Sponsor is *also* your Executive Director or Superintendent. Otherwise, that individual must submit the Letter of Commitment).

<u>TAY Team Leader:</u> Your organization's project coordinator; someone interested in leading this initiative as the communications lead and chief organizer. This individual will coordinate communications with Via Hope and act as the primary point of contact for team members within your organization.

- Team Leader is expected to:
 - Provide consistent communication between the Via Hope TAY Coordinator and the organizational TAY Team.
 - Coordinate logistics for on-site visit.



- Coordinate logistics for in-person gathering (e.g. ensure that team members are registered for attendance, coordinate travel).
- Send reminders to TAY team members regarding monthly webinars, process calls and ongoing activities.

<u>Focus Area:</u> A location or area of practice where concentrated activities will take place for the duration of the project. This area of the organization will act as your "learning laboratory" for your change activities, and its staff will be actively involved in making change. When considering which area to choose for this important role, consider where people are excited about recovery, interested in the project, and committed to this type of innovative work. Via Hope encourages TAY Teams to plan for success by choosing areas where they believe they can build momentum.

Required 2017 Transition Age Youth Initiative Activities and Estimated Timeline Activities for TAY will begin in January of 2017 and end in August of 2017.

| Date | Activity |
|-----------------------|--|
| December 2016 | Sites notified of acceptance status and preparation activities begin. |
| January 2017 | Orientation activities, including all team orientation call and individual site calls. • Calls include discussion of TAY Team roles, Focus Area selection, goals for the project plan, and upcoming activities. |
| February 2017 | On-Site Visit that the TAY Team, including the Executive Sponsor, will host. • 2-day on-site training and consultative visit on resiliency and youth voice. |
| March 2017 | All team process call and site-based work. |
| April 2017 | All team webinar and site-based work. |
| May 2017 | All team call and site-based work. |
| June 2017 | 2-day in-person all team gathering (location determined based on cohort organization locales). On-site follow-up visit to support organizational asset mapping, hosted by individual organizations. Continues into July. |
| July 2017 | On-site follow-up visit to support organizational asset mapping. |
| August 2017 | Wrap-up all team call, data collection, and next steps. |
| Ongoing Activities | TAY Team will: Participate in monthly individual team calls. Facilitate site-based work to develop and implement project plan. Regularly update (monthly) organizational project plan. |



- Take part in data collection to measure the impact of the TAY Initiative and TAY Team's efforts (Data collection through August 2017).
- Facilitate monthly team meetings to review project plans, develop ideas, review resources, reflect on lessons learned, etc.
- Disseminate regular communication about the project to engage other staff within
 the organization, increase their understanding of the TAY Team's work, learn about
 successes, and prepare for a shift in organizational practice to support youth voice
 and resiliency.

Person-Centered Recovery Planning Supervisor Collaborative

Person-centered care has been recognized as a promising tool for transforming the current behavioral health system and restoring certain elementary freedoms to individuals receiving services and their loved ones (Institute of Medicine, 2001). A critical component of person-centered care is Person-Centered Recovery Planning (PCRP). PCRP has been described as "a collaborative process resulting in a recovery oriented [care] plan; is directed by consumers and produced in partnership with care providers and natural supporters for treatment and recovery; supports consumer preferences and a recovery orientation" (Adams & Grieder, 2012). Person-centered planning has been linked to better outcomes for individuals, greater individual engagement and lower health care delivery costs (Kaufman, L., Lodge, A.C., Daggett,P., & Stevens Manser, S., 2016) as well as helping to meet regulatory requirements (Tondora, Miller, & Davidson, 2012).

Beginning in 2012, the Via Hope Recovery Institute launched a pilot phase of PCRP implementation efforts, working with one state hospital and three Local Mental Health Authorities. This work laid the foundation for PCRP in Texas and revealed the critical importance of supervisors in helping staff develop competencies to facilitate the practice. The pilot program also identified the central role that supervisors play in identifying organizational barriers to PCRP and developing strategies for effective implementation.

Building on lessons learned from the pilot, this next phase of work is designed for direct supervisors of staff responsible for service planning. Supervisors from selected organizations will come together to form a cohort for learning and peer consultation. The PCRP Supervisor Collaborative will include on-site training and will identify opportunities for staff to try new ways of engaging clients in the planning process. Supervisors will also experiment with methods of person-centered supervision to better engage staff, and learn ways to support staff development through changes in approach to performance evaluation, job descriptions, and hiring. Yale Program for Recovery and Community Health, and specifically Dr. Janis Tondora, have been and continue to be key partners with Via Hope in program planning and efforts to implement PCRP across Texas.

Program Objectives:

- Increase competency with the practice of PCRP among staff and supervisors.
- Supervisors are better able to support ongoing staff development with practicing PCRP.
- Program participants are able to make recommendations regarding organizational changes that would support further PCRP implementation.

Requirements to Apply for the 2017 PCRP Supervisor Collaborative

To take part, your organization must complete an application and agree to a number of commitments.

- The Team Leader, in collaboration with the Executive Sponsor, must apply for the initiative and actively lead the effort if the organization is accepted. (See below for details on these roles.)
- The organization must be a publicly funded, community-based mental health service provider. Inpatient facilities will not be included in 2017: the implementation support offered in this program design will not effectively support implementation in inpatient settings.



Team Selection and Expectations

During the application process, the Executive Sponsor must identify (2-4) supervisors who best meet the qualifications for the program (see below for details). If your organization is selected, these supervisors will form a PCRP Supervisor Team to represent your organization and lead change in the programs where they work. An individual from this Supervisor Team must also be identified as the Team Leader. For a list of role descriptions and expectations, please see below.

<u>PCRP Supervisor Team</u>: A group of recovery-oriented supervisors who will champion the accomplishments of this initiative, advocate for the resolution of organizational/systemic barriers to person-centered practices, and contribute to strategic planning for implementation of PCRP throughout the agency

- PCRP Supervisor Team members are expected to:
 - o Apply a person-centered philosophy toward service planning and supervision/coaching.
 - o Demonstrate a willingness to try new approaches to supervision.
 - o Possess basic competencies in developing service plans. (Current direct work with people in services or prior experience with service planning is strongly suggested.)
 - o Directly supervise staff who are responsible for developing plans with people in services.
 - o Have a supervisory role with programs for *adults* seeking services *voluntarily*.
 - Work with *programs that yield at least monthly direct contact* between staff responsible for developing plans and people in services.
 - Complete (3) online courses prior to the initial cross-site Supervisor Cohort Gathering (see below for details).
 - Attend all Supervisor Cohort Gatherings.
 - o Host and attend on-site PCRP Skills Training for staff (conducted by Via Hope).
 - o Routinely consult with one another (outside of Via Hope program activities) for the purpose of support and problem-solving.
 - o Communicate progress and challenges to Executive Sponsor and other organizational leaders, requesting support and resources necessary for the initiative.
 - Work with Via Hope on program evaluation activities, such as helping to administer participant surveys/feedback forms.

<u>Team Leader:</u> Your organization's project coordinator. This individual will coordinate communications with Via Hope and act as the primary point of contact for supervisors and staff within your organization regarding program activities.

- Team Leader is expected to:
 - o Provide consistent communication with the Executive Sponsor and Via Hope staff.
 - o Coordinate logistics for on-site training and Supervisor Cohort Gatherings (e.g. ensure that team members are registered for attendance, coordinate travel).
 - Facilitate routine contact among supervisors. This includes gathering questions, themes and needs emerging from the group discussion, and sharing relevant information with colleagues and Via Hope staff.

Executive Sponsor: An individual within your organization who has formal authority to support change from the top and has committed to support the full participation of selected supervisors. The Executive Director must indicate support for the application, but your agency's Executive Sponsor can also be the Director of Mental Health Services or someone in a similar role. Because of the importance of executive sponsorship to the success of these initiatives, this application process requires the Executive Sponsor to complete the application with the PCRP Team Leader.



- Executive Sponsor is expected to:
 - Meet with the PCRP Supervisor Team (or Team Leader) routinely throughout program for the purpose of tracking progress, helping to resolve barriers and considering broader implementation goals for the organization.
 - Submit Letter of Commitment with Recovery Institute application (if your Executive Sponsor is *also* your Executive Director; otherwise, that individual must submit the Letter of Commitment).

Required 2017 PCRP Supervisor Collaborative Activities and Estimated Timeline

Activities for PCRP Supervisor Collaborative will begin in January of 2017 and end in August of 2017.

| Date | Activity |
|------------------------|---|
| December 2016 | Teams notified of acceptance status, preparation activities begin. |
| January 2017 | Orientation activities for the PCRP Supervisor Team and Executive Sponsor: Individual site orientation conference call with Via Hope staff to discuss PCRP Supervisor Team role, hopes for the project, and upcoming activities. Work with Via Hope staff to complete needed confidentiality forms to allow for the exchange of protected health information when required as part of onsite training/consultation and Supervisor Cohort Gatherings. Supervisors complete (3) prerequisite online courses. |
| February 2017 | First Supervisor Cohort Gathering attended by all participating supervisors: |
| February/March 2017 | Staff complete (3) prerequisite online courses (prior to on-site PCRP Skills Training). |
| March/April 2017 | PCRP Skills Training and Supervisory Consultation hosted on-site by the PCRP Supervisor Team and Executive Sponsor: • One, 2-day PCRP Skills Training for staff working with participating supervisors. • ½ day consultation for participating supervisors (immediately following the staff skills training) – focus to be determined by needs of supervisors. |
| May 2017 | Second Supervisor Cohort Gathering attended by all participating supervisors: • Continued focus on PCRP core components and consultation based on participant needs, such as supervision-specific tools for use at your agency, technical assistance related to Electronic Health Record (EHR) changes, or role of peer specialists in PCRP. |
| June 2017 | Continued training and resources to support individualized efforts by sites: • Webinar on PCRP implementation strategies. • As needed remote consultation calls. |
| July/August 2017 | Third Supervisor Cohort Gathering attended by all participating supervisors: • Continued learning and consultation based on emerging needs of the group. |



| | Program evaluation and discussion of next steps. |
|-----------------------|--|
| Ongoing Activities | PCRP Supervisor Team will: Implement plans to change planning process/documentation and to support staff; actively use tools provided and determine usefulness. Meet as a group monthly to develop ideas, review resources, reflect on lessons learned, develop and update any program-specific PCRP initiatives happening. Request and participate in remote support from Via Hope staff as needed. Agreed upon activities related to program evaluation, such as helping to administer participant surveys/feedback forms. |

Conclusion

Maximizing Recovery Institute Activities

Several factors have increased the success of organizations participating in past Recovery Institute programs. We invite teams to consider these ideas when developing their application. These include:

- **Significant Executive Sponsor involvement**, including clear and consistent communications about promoting recovery and resiliency, and about involvement in the Recovery Institute.
- Use of Recovery Institute efforts to **support other initiatives** (e.g. related grants; organization-wide strategic planning and development; 1115 waiver project development).
- Recovery Institute involvement is viewed as **complementary** to other, recovery-oriented initiatives that focus on **supporting the leadership development of people with lived experience**.
- Identification of **recovery-oriented change champions** that comprise a leadership team that represents a variety of perspectives and roles, including people with lived experience.
- Develop the **leadership of a variety of staff** to lead recovery change at all levels of the organization.
- **Continued involvement** in recovery-oriented transformation initiatives over time.

Program Evaluation and Consultation

In order to measure the impact of Recovery Institute programs, teams are required to participate in planning and recruiting participants for data collection, including activities like survey distribution. The Texas Institute for Excellence in Mental Health (TIEMH) will provide program evaluation for Peer Specialist Integration. TIEMH has had a role in program evaluation for all Recovery Institute programs since they were first implemented, and the evaluation results they have provided inform program design.

Over the course of Recovery Institute programs, Via Hope may engage subject matter experts and individuals with field-based expertise to assist participating organizations directly with targeted technical assistance and to support overall program development.

Registration Fees

Recovery Institute activities are currently provided at no cost to participants. The cost of these initiatives is covered by a grant from the Medical and Social Services Division of Texas Health and Human Services Commission and The Hogg Foundation for Mental Health. While Via Hope does not currently charge organizations for participation in these initiatives, in future projects we do anticipate charging a registration fee. Such fees are already required for individual trainings that are provided outside of Recovery Institute projects, (e.g. CPS and CFP trainings, Emotional CPR, Intentional Peer Support).



Application Review

For those programs that require a competitive application, a review committee will screen applications to ensure applicants have committed to all required activities and essential elements of the application have been submitted. Following this step, all eligible applications will be reviewed and considered in cohort development for each of the Recovery Institute programs. Prioritization will be based on such factors as:

- Demonstrated commitment to and engagement in promoting recovery and resiliency-oriented practice at the direct service and organizational level;
- Current and anticipated dynamics of change within the organization;
- Leadership commitment to removing barriers for participating team; and
- Organizational match with selected project.

Questions?

If individuals have other questions, they may inquire with the Via Hope Recovery Institute Manager, Michele Murphy-Smith, michele.murphy.smith@viahope.org and (512) 953-8162.



References

- University of Texas at Austin Center for Social Work Research. (2013). Recovery Oriented Change Initiative: Peer Specialist Integration Summary Report. Austin, TX: Brooks.
- Adams, N., & Grieder, D. (2014). *Treatment planning for person-centered care* (2nd ed.). San Diego, CA: Academic Press.
- Bellinger, J. M., Murphy-Smith, M., Stevens-Manser, S. (2013). *Recovery Institute leadership Academy Summary Report: August 2013.* Unpublished report.
- Davidson, L., Kirk, T., Rockholz, P., Tondora, J., O'Connell, M.J., & Evans, A.C. (2007). Creating a recovery-oriented system of behavioral health care: moving from concept to reality. Psychiatric Rehabilitation Journal, 31(1), 23-31.
- Davidson, L., Tondora, J., Lawless, M. S., O'Connell, M. J., & Rowe, M. (2008). A practical guide to recovery-oriented practice: Tools for transforming mental health care. New York: Oxford University Press.
- Department of Health and Human Services. (2003). Achieving the promise: Transforming mental health care in America. President's New Freedom Commission on Mental Health. Final Report. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Department of Health and Human Services. (2005). Transforming mental health care in America: Federal action agenda, first steps. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Department of Health and Human Services. (2005). Free to choose: Transforming behavioral health care to self-direction. Report of the 2004 Consumer Direction Initiative Summit. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Department of Health and Human Services. (2006). National consensus statement on mental health recovery. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Fisher, D. (1994). Health care reform based on an empowerment model of recovery by people with psychiatric disabilities. *Hospital & Community Psychiatry*, 45, 913–915.
- Institute for Healthcare Improvement. (n.d.). "Institute for Healthcare Improvement Home Page." Retrieved 12.9.11, 2011, from www.ihi.org.
- Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st Century. Washington, DC: National Academy Press
- Kaufman, L., Lodge, A.C., Daggett, P., & Stevens Manser, S. 2016. Using an Implementation Framework to Evaluate Person-Centered Recovery Planning in Mental Health Organizations. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin
- Paleo, J. (2013, June). *Texas Rising: New Monies, New Opportunities, New Focus.* Lecture conducted at Via Hope Recovery Institute Leadership Academy. Texas Council of Community Centers.



- Tondora, J., Heerema, Delphin, Andres-Hyman, O'Connell, M.J., & Davidson. (2008), 2nd ed. Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions. New Haven, CT: Yale University Program for Recovery and Community Health.
- Tondora, J., Miller, R., & Davidson, L. (2012). Top ten concerns about person-centered planning in mental health systems. International Journal of Person Centered Medicine, 2(3), 410-420.
- Tondora, J., Pocklington, S., Gorges, A., Osher, D., & Davidson, L. (2005). *Implementation of person-centered care and planning: From policy to practice to evaluation*. Rockville, MD: Substance Abuse and Mental Health Services Administration.