Recovery Institute Webinar Presentation, October 19, 2016

Liz Castaneda, Introduction:	Good morning! Hello everyone! Just so everyone knows, I'm recording the audio. Hang on just one moment. Alright everybody good morning! We've got the Via Hopers on the phone and we're happy to have you here! Just real quick just so everyone knows I'm recording the call and I am going to go ahead and mute everyone. We have a bunch of presenters who will be speaking and we will save the Q&A for the end.
	So, just so you know, you're going to be on mute until the Q&A. When we're in the Q&A, I'll un-mute everybody and if you hear background noise or prefer to be on mute, you can press star six to mute yourself and star six to unmute yourself. I'm going to go ahead and mute all lines now.
	Alright y'all. So just a couple of little technical things before we get started. On the webinar today we are not going to be using a ton of bells and whistles. We will primarily be using the PowerPoint. You can feel free to use the chat box to type in questions or comments. Anything like that. So that is pretty much all we will be using on the webinar portion.
	After the webinar is over we will be posting a PDF of the PowerPoint slides as well as the transcript of the audio. If you hear a small pause or maybe a little shuffle of people moving over the microphone that is just the presenters changing seats. Just so y'all are aware of that. So with that I am going to turn it on over to our first speaker today.
Michele Murphy-Smith, Slide 2:	So, welcome everyone to the Informational Webinar for Via Hope's 2017 Recovery Institute. My name is Michele Murphy-Smith and I'm the Recovery Institute Unit Manager here at Via Hope. We're really pleased that you've joined us. We're looking forward to working with our partners in the field again.
	So, as Liz said, we have 6-7-8 staff members from Via Hope here this morning. We hope that you'll be able to gain an understanding of the opportunities available to you through the 2017 Recovery Institute and start to know the people who are ready to work with, and learn with, you.

Michele Murphy-Smith, Slide 3:

So, here is our agenda for today.

In consideration of the fact that some applicants have not previously worked with Via Hope, we'll have a brief introduction to our organization and to the breadth of the work that we do. The Recovery Institute is only one aspect of our work.

We'll then go over each program offering for this year's institute, in most cases having the program coordinator share that information.
Finally, we'll share the timeline for the application, and also the process for applying. Within that section, we'll share some tips and traps that we've learned over the years.

Finally, we'll have time for questions and answers, as Liz said. All questions and answers will be posted online following this webinar. In addition, following the webinar we will make the application preview and application link available. We will also be posting the transcript and an audio recording by Friday for those that were unable to join us this morning.

So, now we will have Dennis share about Via Hope.

Dennis Bach, Slide 4:

Good Morning Everyone, I'm Dennis Bach, the Director of Via Hope.

I want to thank you for taking the time to join us on the webinar. I know that your time is valuable and limited so we appreciate you using it to be with us. We'll do our best to make this a productive use of your time for the next hour and a half.

My role, this morning, is to introduce some of you to via hope and remind others of you what all it is that we do. Via hope was created in early 2009 and we've been working to try and help make the Texas mental health system more recovery oriented ever since then. It's hard to believe that it has been 7 ½ years already. But our roots actually go further back than that to the Presidents new Freedom Commission. For those of you who may remember that group, they made a recommendation back in 2003 that the country make a concerted effort to transform the mental health system to be more consumer, family and youth driven, and to create a recovery model, one in which recovery is the expected outcome for everyone's mental health condition.

Via Hope was created to be part of the infrastructure necessary to support this new recovery oriented mental health system. We were a joint project of DSHS and the Hogg Foundation and they have been very generous with their funding ever since then. As Michele said, the purpose of this webinar

is to talk about the Recovery Institute, which is a critical part of the work that we do. The institute has been on a bit of a hiatus, for a while because of things that have gone on with the state procurement system. I'm sure there are a number of people out there who can relate to that. So we are very excited to be able to launch the next round of Recovery Institute programs.

The Via Hope staff have done a tremendous amount of work in developing a program design, putting together the application, and the supplement, and developing this webinar. So we are really eager to get started on this. You may notice that I don't have much of a voice this morning. I hope that it holds out through my part of this. But, I'm too excited about this not to be a part of it. So, I'm not going to make you listen to too much more of my voice.

Dennis Bach, Slide 5:

So, we have trainings and we consider ourselves an education, training, and consulting organization. Some of our training and programs are designed for individuals and others are designed to foster organizational change, which is where the Recovery Institute comes in. Let me say just a couple of words about the offerings that we have for individuals.

We have a couple of different types of trainings that we sometimes refer to as workforce development training. We have two types of programs that train people to provide peer support. We have a certified family partner certification program for people that want to do family peer support. We have a certified peer specialist program for individuals who want to do adult peer support. Both of these are sort of similar in structure. There is a certification training and a competency exam to demonstrate that they have absorbed the training.

People get certified for 2 years and have to be recertified. During that time, we offer a series of what we call endorsement trainings, which are specialized trainings designed to help people enhance their knowledge and skills. We look at peer specialists and family partners as emerging professions. Like any other profession, once you enter the field, it is necessary to keep developing your skills. So that is what the endorsement trainings are for.

Dennis Bach, Slide 6:

Another program that we have is called our PIR Voice Project. And in this case, Peer is spelled P-I-R, which stands for Persons in Recovery or People in Recovery. We launched this 2 or 3 years ago to start developing a new generation of community leaders of individuals in recovery. When we talk about a consumer driven system, there are a couple different aspects to that. It means, for one thing, that people need to have a strong voice in their own treatment.

It also means that individuals in recovery need to have a collective voice in how the system operates. And part of the purpose of the PIR Voice project

is to develop that community voice. We are just in the process of finishing up the second round of training for our Texas cohort of individuals who have applied for that. And this winter, we will be putting out an application to identify people to participate in the third round. So keep an eye out for that announcement.

We also do work around family voice and family voice leadership. For the last few years, we have been partnering with the Center for Social Work Research at the University of Texas, which has a System of Care grant to further develop the System of Care model around the state of Texas. Our family coordinator is an integral part of this development and provides a family voice component to that.

One of the programs that we have that works with organizations is called the Peer Run Organizations Project, or PROP for short. And for the last several years, we have been working with a handful of groups known that are known as Consumer Operated Service Providers. Those are organizations that are developed by, run by, governed by and serve individuals in recovery. The goal of that program started out to be to help peer support organizations become more viable and sustainable, and provide a collective voice for peer run organizations. For a couple of years, we worked with some of the clubhouses in the state as well.

This year, we are branching out in a new direction. We are going to be working with a group of what are called Consumer Recovery Organizations. These are peer run organizations that work primarily in the substance abuse area. When we think about it…Peer run organizations that focus on mental health and peer run organizations that focus on substance abuse have a lot in common and can learn a lot from each other. There is sort of an artificial divide between the mental health and the substance abuse worlds anyway. And this is one way that we are working to start bridging that divide. So we are excited about that new direction.

One of the other things that we are working on this year is developing more of our internal capacity to serve as a resource for other individuals and groups who are interested in starting new peer run organizations in Texas. If you look at Texas compared to other states, we have a lot fewer peer run organizations than a lot of other states have. And they are really a valuable component to the mental health system serving as an adjunct to clinical services. So we really want to work to promote that.

So that brings us to the Recovery Institute. The institute is basically a series of programs that are designed to promote change in organizational culture and practice. A little bit about how we ended up creating this…when we were first getting started, the first program that we created was the peer specialist certification program. We developed something we called a peer specialist learning community as a way to work with organizations to help them initiate or expand these their use of peer specialists. And that effort

worked pretty well. But what we realized is that, back then, the whole notion of recovery was sort of a foreign concept to a lot of the organizations that we were working with.

So we developed a second learning community, which we called a recovery focused learning community or RFLC. Some of you may be familiar with that and remember that name. That was a very successful effort, but it also illustrated to us that working with organizations on promoting organizational change using tools like implementation science needed to be an integral part of the work that Via Hope does.

So from that we created the Recovery Institute. And that is what this webinar today is all about; to introduce you to what is going to be happening with that this year. So with that, I'm going to give my voice and your ears a rest and turn it over to the next presenter. Thank you all.

Michele Murphy-Smith, Slide 8:	OK, thanks, Dennis. So this is Michele Murphy-Smith again. I'm going to just share a little bit more about the upcoming Recovery Institute 2017.

So in general it is said that the Recovery Institute promotes organizational change designed to help prepare organizations to meet the challenges and opportunities arising in our rapidly changing environment. Again, our work in the Recovery Institute is funded by the Medical and Social Services Division of Texas Health and Human Services Commission and the Hogg Foundation for Mental Health. Evaluation for the Recovery Institute is provided by the Texas Institute for Excellence in Mental Health at The University of Texas at Austin Center for Social Work Research.

So, each 2017 Recovery Institute program will run for 8 months, which is a bit shorter period than our previous programs. We are going to use this Institute to try some new approaches and the dabble with the timing of our collaborative work. The Recovery Institute programs are designed with the basic belief that the people that actually do the work are the experts at what is needed, what's going well, and how things should change.

We provide structure, resources, and space to help you access the expertise that is distributed across your organization and connect with state and national thought leaders in recovery-oriented change. Across all Recovery Institute programs, we aim to shift culture, promote collaboration and innovation, and implement practices that support people on their individual roads to recovery.

So, each of the competitive learning community program applications requires the creation of a team from your organization. This is just a head's up. You must have an Executive Sponsor, who is someone that has formal authority to support change from the top, and has also committed to provide team support from that position.

In addition, you must have a Team Lead, who is essentially your organization's project coordinator; someone interested in serving as the communications lead and chief organizer. This person will coordinate communications with Via Hope and act as the primary point of contact for team members within your organization.

As we go forward, each program section is going to have specific requirements and recommendations for how to assemble your team.

In addition, you will hear that we have two different types of offerings. One is activities are open to all…you simply need to register. And that includes the awareness building and peer specialist integration. The competitive application process has three projects. The leadership academy, transition aged youth initiative, and person centered recovery planning supervisory collaborative.

Michele Murphy-Smith, Slide 9:

So regarding the awareness building that I mentioned, we have webinars for the recovery institute itself that are usually focused on wellness, transformation, intentional change, intentional organizational change and other service-related topics. We also share relevant webinars from other agencies that have a similar focus. So, for instance, we might share webinars from the NAMI STAR Center and the National Empowerment Center.

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 the accompanying discussion guides are appropriate for a wide range of participants.
So, to indicate your interest in Recovery Institute Awareness Building activities, please sign up on our website or through the link that's included in the Application Supplement.

Also, you may have heard about our online learning series. At this time, we have [three] courses available: *Recovery Oriented Practice, Introduction to Peer Support and Partnering: the Person-Centered Approach.* These courses are free and accessible from our web site. You just need to go our home page and look for a tab at the top that says online learning. CEUs are available for these courses. So again, all these are available to anyone who wants to take them.

Michele Murphy-Smith, Slide 10:

The other project or area that we are providing open registration on in this Recovery Institute is Peer Specialist Integration. Via Hope has had some form of the Peer Specialist Integration Program since 2010, which Dennis mentioned, when we created the Peer Specialist Learning Community. Peer Specialist Integration helps organizations effectively integrate peer specialists by providing a variety of activities. Historically, this program has been offered in a learning community structure, which has worked well.

And we have had anywhere from three to fifteen teams working with Via Hope.

In addition to the learning community, we have always provided other support, such as ad hoc consultation, stand-alone workshops, efforts to develop tools for and with folks in the field, and a work group that looks at structure issues, such as how to ask about lived experience during the hiring process and addressing the barriers that exist, systemically, regarding justice involvement.

Michele Murphy-Smith, Slide 11:

To meet broader demand for education and consultation on effective practices that promote peer support services in Texas, activities this fiscal year will be open to anyone interested in participating—there will be no learning community.

We ARE planning to offer a learning community structure next year. These offerings this year will include a variety of things. We've got the one-day workshop: *Demystifying the Peer Workforce*, educational webinars, technical assistance calls, and informational mailers about common concerns and challenges which face organizations building peer support services.

There is not a competitive application to participate, and you will register for each piece as it is offered. Demystifying the Peer Workforce is a 1-day workshop, and we will be offering public workshops that anyone can register to take part in as well as the opportunity for organizations to host private, on-site sessions. The webinar series will include topics related to recruiting, screening, and hiring, billing, supervision and co-supervision— we are really looking to address some of the most common and most time-sensitive challenges that people face as they integrate peer specialists. HHSC will be hosting technical assistance calls on common challenges with peer specialist integration during the months that Via Hope is not hosting a webinar.

In the background, we will be working on refining and further developing some of our existing tools, including those gathered in our Peer Specialist Integration Workbook, which many of you have likely seen or have used, and the New Hire Toolkit, which is aimed at helping organizations work on some of the early staffing and training challenges associated with implementing peer support services. And now we'll explore each of the three competitive programs in more detail.

Michelle Emery, Slide 12:

Alright everyone! My name is Michelle Emery and I'm the Program Coordinator for the Leadership Academy. I'm here to offer an overview of this program and also to provide more details on what to expect. Just a quick note--we often refer the Leadership Academy as 'RILA' which stands for the Recovery Institute Leadership Academy. So you'll hear me use those titles interchangeably, and you'll all see both titles referenced throughout the application. That's just an FYI for all of you.

Michelle Emery, Slide 13:	The overall goal of the Leadership Academy is to help provider organizations deepen their recovery orientation. Historically, this program has offered a wider exposure to recovery-oriented practices and organizational change -- with specific focus areas. For instance, in 2014, which was the most recent phase of RILA, the specific aim was to reduce hospital re-admissions by increasing recovery supports.
	Other areas of focus included access and engagement, continuity of care, community mapping, among others. As far as structure goes, the Leadership Academy has always held a Learning Community Structure – this is basically a cohort of teams from various organizations from across the state. The cohort learns together and tries out and implements innovative practices at organization. And this will continue to be the structure moving forward.
Michelle Emery, Slide 14:	Now, I just wanted to share a few quotes from some people who took part in some of our past programming to give you the highlights. This first participant said,
	"I did not know what to expect, but I have learned much, gained perspective, and am armed with tools to use to make changes within the department I manage."
	Another person commented,
	"All the activities were awesome. I am an introvert but I always felt comfortable with the activities you all lead."
	Now, I just have to say, as an introvert myself, I appreciate this comment because ensuring that all participants feel comfortable, safe and also engaged is a top priority for us. Especially given that our activities are highly interactive and self-reflective, so it was really good to hear. And finally,
	"I was burnt out. It reignited me. Changes need to be made in my organization. Now I have tools to implement that."
	So, from being burnt out to feeling reignited – that is really great feedback to hear, and the issue around burnout, specifically, is very common among mental health care providers.
Michelle Emery, Slide 15:	In fact, we hear from a lot of folks who mention that they feel burnt out or overwhelmed by the amount, or intensity, of the work. Even when we're doing rewarding, innovative and purpose-driven work, many providers experience things such as burnout, secondary traumatic stress and compassion fatigue. All of which pose potential barriers to providing recovery-oriented services.

Michelle Emery, **Slide 16:**	Which brings me to a powerful book, called **Trauma Stewardship** by Laura van Dernoot Lipsky. Lipsky writes,

"If we are to contribute to the changes so desperately needed in our agencies, communities, and societies, we must first and foremost develop the capacity to be present with all that arises, stay centered throughout, and be skilled at maintaining an integrated self."

I find that quote really powerful. And the point I really want to make is that individual experiences and organizational conditions, as they relate to burnout, secondary traumatic stress and compassion fatigue, can potentially have negative impacts on the contributions you wish to make and the change your organization or agency may need.

So it's really about acknowledging that the quality of services and the well-being of staff, and of your organization, is deeply intertwined. So in order to effectively implement tools and promote recovery-oriented practices, we must acknowledge that the toll the work has on the individual provider and an entire organizational culture.

Michelle Emery, **Slide 17:**	So with that said, the goal remains, the Leadership Academy will work with provider organizations to deepen their recovery orientation AND increase the capacity to meaningfully provide recovery-oriented services. In order to do this, we must explore the relationship between staff well-being and quality service provision.

So, for the first time ever, the Leadership Academy will focus specifically on addressing staff burnout, secondary traumatic stress and compassion fatigue. Now whether you've been doing this work for a while and have been working really hard to implement change, or if you're new to this work and know that you need to address these issues in order to get started, RILA can serve as an opportunity for you to invest in the people doing the work, in a very direct way.

Michelle Emery, **Slide 18:**	Keeping that in mind, here are our program objectives… The first one is to identify signs and impacts of burnout, secondary traumatic stress, and compassion fatigue. So it's really naming what that actually means and what it looks like in your staff and organization. Being able to address organizational barriers and factors that contribute to provider burnout. So it's not about leaving to the individual staff member to take care, but viewing this as an organizational concern and responsibility.

We will explore changes that your organization can make to address overwhelm and fatigue and clear way for staff to take care and be effective providers. And finally, we'll make changes that foster staff resiliency and again, better position the organization to promote recovery-oriented care. Promoting staff resiliency only enriches the innovative tools and practices that each organization hopes to implement.

Michelle Emery, Slide 19:	Now that you know a little more about the purpose/goal, I want to share a little more info about the program structure. Like all the other Recovery Institute Programs, the Leadership Academy will run on an 8-month timeline from January – August 2017. To apply, you must select a team from your organization to participate for the duration of the Leadership Academy.
	This team should be comprised of about six staff members across various disciplines, roles and levels at your organization. Roles include supervisors, nurses, clinicians, case managers, family partners, peer specialists, recovery coaches and administrative/front desk staff. So we're really looking for a diverse compilation on your team.
	Also, please note, and this is not included in the supplement, but I wanted to mention it here, that two members of your team must be supervisory staff. This is in place because there is a program component that is specific to supervisors.
Michelle Emery, Slide 20:	There are also a number of required activities that all team members must commit to. Those activities include: two In Person-Gatherings (both held in Austin), one, on site visit which your organization will host, a number of Individual Site Calls (done on a monthly basis) and ongoing webinars and conference calls. Just for your reference, there is a detailed, estimated timeline of activities is available in the application supplement.
	Alright, so that concludes the program overview for the Leadership academy. I am now going to pass it on to the next presenter:
Jennifer Himstedt, Slide 21:	Hello everyone! Thank you for your interest in Transition Age Youth, or TAY, Initiative. My name is Jennifer Himstedt and I am the TAY Coordinator for Via Hope!
Jennifer Himstedt, Slide 22:	By including a TAY Initiative, Via Hope's audience has the opportunity to expand to ages 14-24. We are seeing national support for this work, local interest, and a need for addressing youth supports and voice. Service providers have also mentioned wanting new tools and practices for specifically supporting this demographic.
	In talking to youth, they feel that they have one foot in childhood and one in adulthood which makes it difficult for them to become an individual on their own terms and have a true voice in their services. It is a critical time developmentally to have positive impact on this age group!
	This initiative is intended for local mental health authorities and state hospitals who are excited about supporting young adults. It is for teams who want to create organizational change and who are open to new ideas. Organizations will be expected to have teams with adult AND child service

members, so they can work together to accomplish supporting youth better.

There are many definitions of transition age youth; for the 2017 TAY Initiative, we will focus on organizations serving 14-24 year olds. However, please note, some 13 year olds may be ready for this work and some 25 year olds may still need this support. The most important thing is to think about is what is happening at this developmental stage and your audience!

Jennifer Himstedt, Slide 23:

So some background on the Via Hope initiative regarding TAY:

There has always been a strong belief in the importance of youth voice. People value and want to support youth as they transition out of children's mental health and into adult mental health services and/or the community. Via Hope aims to support learning how to do so in a holistic way. The TAY Initiative previously spanned from 2012-2015 including a statewide mental health advocacy group, Youth ACT, or Youth Advocates Changing Texas, and phases for organizational participation.

Previous teams participated in these phases that included a kick-off conference, to a series of webinars, to technical assistance over tools and practices that they could put into practice in their organizational culture. For the 2017 TAY Initiative, we're combining on-site trainings, webinars, all team calls, a cross-site meeting, and individual organizational calls around the following 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

For a complete estimated timeline, as mentioned before, you can refer to the section of application supplement. We view this initiative as an opportunity for organizations to try new practices in a supportive environment.

Jennifer Himstedt, Slide 24:

So, once again, to speak a little bit about the TAY Teams...TAY Teams who sign up for this initiative should include up to 7 people excited about learning, growing, and changing to support transition age youth. Please note, these individuals may or may not hold or occupy formal leadership or staff positions within your agency.

TAY Team is <u>required</u> to have:
an individual from your children mental health staff,

　　　　　AND
an individual from your adult mental health staff.

Teams are also <u>strongly recommended</u> to include:
Certified Peer Specialist (CPS)
Certified Family Partner (CFP)
AND
youth representatives

Jennifer Himstedt, Slide 25:	So in talking about the concepts that we will be going over in the next 8 months…there are many definitions of resiliency, often centering around one's ability to "bounce back" or "overcome their obstacles". As defined by Resiliency Ohio, which is a group of providers, state hospitals, families, and youth out of Ohio who have done tremendous work involving resiliency oriented practices, resiliency is,

"an inner capacity that when nurtured, facilitated, and supported by others empowers children, youth, and families to successfully meet life's challenges with a sense of self-determination, mastery, hope, and well-being".

What's important about this definition is that it can illustrates the core idea that resiliency can be taught and brought out in people. Resiliency is not just a given gene that you have and you can just encompass that as well, but that you have the growth mindset over the set mindset and you can learn these skills.

This definition also helps guide resiliency work, using it as an outline to help find best tools or practices that best work for an organizational culture.

"Will this practice empower youth to meet life's challenges?"

"Will this practice help providers nurture the youth's ability to meeting life's challenges?"

Also, this definition provides the ability to address needs of transition age youth in a holistic way as we look at organizational youth engagement, supports, environmental friendliness, individualized care, and fostering youth voice. And with that I'm going to turn it on to our next presenter.

Amanda Bowman, Slide 26:	Hi Everyone. This is Amanda Bowman and I am the Person centered Recovery Planning Unit manager.
Betsy Bunt, Slide 27:	Hi everyone, I am Betsy Bunt. I'm the program coordinator and trainer for PCRP and I'm going to be giving you some more information on our program.

So to begin, Person-centered recovery planning (PCRP) is a way that practitioners can work in partnership with people who receive services, and

put recovery oriented principles into practice: it's really about honoring a person's wisdom about their own life and looking at how service planning and service delivery can be more individualized, efficient and effective. Practitioners doing PCRP engage in a shared decision-making process with people in order to understand their vision of a quality life and then plan for the services and supports that help them move in that direction.

Betsy Bunt,
Slide 28:

Some of you may know that Via Hope worked with several organizations to coordinate a PCRP pilot program in 2012 – 2014. Building on lessons learned from the two-year PCRP pilot, we are now offering an 8-month program—what we're calling the PCRP Supervisor Collaborative. To participate, an 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 will not effectively support implementation in inpatient settings.

This program will focus on direct supervisors of staff responsible for service planning. Each organization interested in participating will identify 2-4 supervisors from across the organization to form a PCRP Supervisor Team, including a Team Leader.

Please note that during the application process, each of these supervisors will be asked to provide some information about the programs they oversee and their hopes for the program. If your organization is selected, these supervisors will lead change in the programs where they work and collaborate with supervisors from other agencies.

Betsy Bunt,
Slide 29:

Supervisors from selected organizations will come together three times over the course of the program in a location central to their home agencies. These two-day Supervisor Cohort Gatherings will serve as a place for supervisors from a variety of settings to learn together, problem-solve issues arising at their workplace, celebrate successes, and encourage each other to try new ways of engaging staff in this important change.

In addition to basic training on the practice of PCRP, supervisors will explore performance evaluation, job descriptions, and hiring practices. Changes in these areas will lay a foundation for an ongoing investment in PCRP implementation.

For more information on the program structure, including role descriptions and expectations, please see the Application Supplement.

Betsy Bunt,
Slide 30:

The PCRP Supervisor Collaborative will include on-site skills training at each organization, so that individuals beyond just those supervisors who are most involved in the program will gain a basic understanding of PCRP and begin to implement the practice in their own work. These on-site trainings will invite discussion and problem solving for staff to identify new ways of engaging clients in the planning process, considering opportunities that are

specific to their organization and programs.

There will also be remote consultation available toward the end of the program for supervisors to get additional support on PCRP-related initiatives specific to their work. This might include additional assistance related to supervision/coaching, use of peer providers, or changes to the electronic health record.

Betsy Bunt,
Slide 31:

Our expectation is that by the end of the program:

- Supervisors and staff will feel more confident about the practice of PCRP,
- Supervisors will be using additional tools to support staff, and
- Supervisors will be more prepared to join with other leaders at their organization to further PCRP implementation

We believe this 8-month collaborative will ignite meaningful, ongoing changes that will extend beyond Via Hope's work with you. We'd like to share some quotes about PCRP from people we've worked with thus far. These quotes were provided by our partners at Texas Institute for Excellence in Mental Health (TIEMH), who conducted the evaluation of the pilot program.

Betsy Bunt,
Slide 32:

Practitioners who've worked with Via Hope to implement PCRP have found some really innovative ways to more effectively partner with people in recovery. These practitioners experienced significant changes to the dynamics of the professional relationship, which gave a new sense of hope not only to the people receiving services, but also to providers for the impact they can have on a person's life.

When discussing PCRP, one client highlighted the importance of,

"positive thinking outside of the box"

Betsy Bunt,
Slide 33:

Another outcome of implementing PCRP has been that the person in recovery and their unique perspective begins to shape all dimensions of planning. There is an emphasis on goals identified by the person in recovery. These person-centered goals drive the planning & service delivery process and shape the way that providers and clients work together.
In a focus group following the pilot program, one practitioner shared,

"…it's just become more collaborative….It's not about what we think is going to make their goals happen, it's what <u>they</u> think is going to make their goals happen"

Betsy Bunt,
Slide 34:

Another observation we've had is that concrete changes in processes, like updates to the electronic health record, can have a meaningful impact on the person's engagement in planning, and ultimately their recovery.
When asked what contributed to successful PCRP implementation, an

organizational leader stated:

"The person's involvement in the developing of the treatment plan. It was huge. And of course part of that was the template in Anasazi being changed. The person-centered recovery plan helped a lot."

Betsy Bunt, Slide 35:	Efforts to adopt PCRP also naturally lead to a greater appreciation for other recovery-oriented practices, such as a deeper understanding of the role peer providers play. For instance, when reflecting on the accomplishments of the pilot program, one peer specialist stated,

"After the PCRP training it felt a lot different. The dialogue is different… And things are easier to get done. I think because my role is more understood across all different disciplines."

Thank y'all very much. I'm going to turn it over to the next presenter.

Amanda Bowman, Slide 36:	Ok. Are we doing ok on time, Michele? Good! This is Amanda again. I'm going to talk a little more about the application process itself. I'll review the timeline, specific components of the application, and some tips for how complete the application.
Amanda Bowman, Slide 37:	Let's go through the timeline. Hopefully this looks familiar to you. This is a timeline of the overall application process and Recovery Institute programs. You'll see that the supplement was posted last week, we are in the process of webinar now, we will post additional materials—including a Preview of the application later today and a transcript of this webinar along with responses to any questions that you have by Friday this week.

The application itself will open today and closes Friday, November 18th. Applicants will be notified in December, about whether or not they were selected, and the programs will all begin in January. In the supplement and in the application itself, each program has its own, more detailed timeline for January to August for you to review.

Amanda Bowman, Slide 38:	I'm going to go over some general application information and important technology tips, an overview of the components/steps of the online application itself. I'm going to tell you a little bit more about a couple of those components, specifically the experiential component and the Letter of Commitment and a few final reminders and tips. And then we'll open it up for questions.

So, there is one application for all 5 projects within the Recovery Institute. And each of the three programs with a competitive selection process – the ones that you just heard a lot about - RILA, TAY, PCRP – require additional questions tailored to the focus of that initiative. In general, the application includes questions about your organization, a set of questions relevant to participation in any of those three programs, and program-specific sections.

Each team that applies to take part in one of these programs must have a designated Executive Sponsor and Team Leader who complete the Recovery Institute application together.

You will also be required to identify a number of individuals who agree to serve on the team for each initiative selected. Please note that the composition of these teams is specific to the program (or programs) to which you're applying. In other words, if you're applying to be considered for multiple programs, you may be assembling multiple teams during the application process. The Application Supplement and Application Preview documents provide details on the requirements and recommendations for participation *and* for creating each program-specific team.

The Executive Sponsor and identified Team Leader are responsible for ensuring that the identified team members meet the requirements outlined in the application materials and are a good fit for the objectives of that initiative. We cannot overstate, we'll state again, actually, the importance of carefully reading through the Application Supplement and Application Preview documents before completing the live online application form. The Supplement gives details about the structure of the program and focus of each, while the Application Preview is a .pdf copy of the application itself, so you can be familiar with the entire instrument and develop your responses together beforehand.

The live application will be available through an online link, which we will post to our website today, along with the Application Preview. All three of those will be available shortly after the webinar today.

Amanda Bowman, Slide 39: A few important technology tips. I want to make a few notes about how the live online application works, so you don't run into any surprises. But please know that all these details are also in the Application Preview document. OK, so first of all, you are able to submit information, close the application and return to complete the process at a later time.

You will be invited to make a final review at the end of each section before you hit submit, but we encourage you to finalize answers before you save each page.

Additionally, if you return to complete your application at a later time, you must use the same computer AND THE SAME BROWSER. If you decide to save answers midway through the application, you'll simply close your browser by clicking on the 'x' at the top of your screen. You must also have cookies enabled when you begin the online application, if you plan to save and resume at a later time— and we have details of how to enable cookies in the Application Preview document.
So, if you're not planning on stopping the application process and returning to it at a later time, some of this is not applicable. Although the application is designed to be completed at your own pace,

We encourage you to prepare all your answers before taking the final step of entering your responses and submitting online.

Another reason for preparing all your responses in advance is that information may be required from multiple people, such as information from specific team members. Therefore, the person(s) completing the online application should have all the required information at the ready when they sit down to access the online application.

Amanda Bowman, Slide 40:

I'm going to go through the application steps, the different sections and the flow of the application itself.

So, it begins with a sign up for the 2 projects that are open to everyone, and this will simply prompt you to give your contact info to get notifications of specific activities and events. If you don't wish to apply for any of the other 3 programs, you'll be done with the application at that time. You'll be asked whether you want to start the rest of the application process and you'll click yes if you do. If you click "NO," you're done. Next, after you provide some organizational background information, you'll be asked to reflect on the process of doing the assigned Experiential Component and any results of that work. I'm going to provide more details about the experiential component on the next slide.

After that section, you will then see a short description of the 3 other programs, prompting you to indicate to which of those you plan to apply. From there, you'll be directed to program-specific questions, based on which programs you've indicated an interest in. This is also where you'll report the people identified to be on your program-specific Team(s). After completing those program-specific questions, you'll rank your program preferences, which will be used for organizations interested in being considered for more than one of these three programs.
The last two sections are the Letter of Commitment and finally, the Signature of Executive Sponsor. I'll also talk a little more about the Letter of Commitment in a few minutes.

Amanda Bowman, Slide 41:

Via Hope would like each applicant team to facilitate at least one focus group with staff at their organization. This is the experiential component. The purpose of this is to help the team gain insights into the current state of the organization's recovery and resiliency-oriented change work and help the team submit an informed application. This activity will also provide you with an opportunity to experience the type of work teams are engaged in during the Recovery Institute programs, and this activity *is intended* to be viewed as a learning experience.

Please note that Via Hope will provide a guide to help you consider how to meaningfully facilitate a discussion with staff at your organization that will elicit useful information and illuminate ideas that the team might otherwise

miss. However, each team that submits an application is responsible for interpreting and applying that information in their setting and for the purposes of informing the application they intend to submit. In other words, we've provided some specifics about how the focus group is meant to be planned and conducted, but you'll still have opportunities to make decisions about how exactly you'll go about this, who will be involved, and what the results actually mean for your agency.

Following the activity, we ask that your team reflect on the experience and share what you learned with Via Hope by answering some questions on the application. The Experiential Component Guide will be posted on the website today along with the Application Preview document.

Amanda Bowman, Slide 42:

The Letter of Commitment…as one final step in the application process, we ask that your organization's Chief Executive Officer, Executive Director, or Superintendent submit a Letter of Commitment that communicates the organization's pledge to support the team's participation in the Recovery Institute.

Remember, the executive director or superintendent may or may not be your team's executive sponsor.

The Letter of Support should specifically address each of the programs for which an application is being submitted. The Recovery Institute programs are provided at no cost to participants, however, your organization's commitment of staff time and other valuable resources throughout the program, along with the program's grant funding, make the Recovery Institute possible. Recovery Institute programs are supported by grant funds from the Medical and Social Services Division of Texas Health and Human Services Commission and The Hogg Foundation for Mental Health.

Amanda Bowman, Slide 43:

In summary, I'd like to review a few key points. The application process itself has been designed to help you determine whether these programs are a good fit for your organization at this time. If you're interested, please go ahead and review the Application Supplement, if you haven't done so already. For those planning to apply, we strongly suggest that you use the Application Preview document to prepare all your answers for the online application in advance.

The application opens today (October 19th) and closes Friday, November 18th at 5pm.
I really appreciate your willingness to tune in to find out more about our upcoming programs. We're really excited to see who we might be working with in the upcoming months.

Amanda Bowman, Slide 44:

OK, so questions…we've been keeping our eye on the chat box throughout the webinar, and we're going to invite you to submit any additional questions at this time using the chat function. I'll give everybody just a

minute…

Q & A

Participant 1:	Will we get a copy of the Webinar?
Amanda Bowman:	Yes, everybody will we get a copy of the webinar. It will be a copy of the slides and a transcript of everything discussed today. And we are committing to post those things by Friday of this week. We'll get those up as soon as we can. There was a question about whether non-profits are eligible?
Michele Murphy-Smith:	Non-profits are eligible and they need to be publicly funded. You just need to be a provider of mental health services in addition to being a non-profit.
Amanda Bowman:	OK, so the other question is, **"Can the executive supervisor, I think we mean executive sponsor here, be in a neighboring state?"** I don't think there is anything that prohibits that.
Anna Jackson:	Well, there's two different questions. An executive sponsor might be, an executive…if it's a national organization that has a location in Texas, that's one thing. If it's a supervisor who would be participating in a program like RILA or like PCRP, that person, would probably not be a good fit for those programs simply because they want their supervisor to attend gatherings and meetings. So if you could send a clarification…
Amanda Bowman:	Is that it?
Participant 2:	I have a question. I am in a Tri-County Mental Health Care…so this will be a great opportunity for me to get my supervisor also when submitting everything so we can kind of think we're a team, and the different types of programs that are underneath, right?
Amanda Bowman:	Yes, absolutely! We've designed the application process to start those conversations between supervisors and team members that will be participating.
Participant 2:	OK, alright, thank you.
Amanda Bowman:	Does that answer the question?
Participant 2:	Yes it does.
Anna Jackson:	So it looks like there are some clarifications. So… the person who asked about executive supervisor, DID mean executive sponsor. So that might be

a clarification that might need to be responded to individually. It doesn't sound like that would bar someone from participating, but they would need to make sure that it was OK all the way up the funding line.

So that's one question because sometimes, the executive sponsors do attend in person gatherings. And the funding is only for Texas folks. So, that would probably need to get clarified. And the second part of that,

"Is an MHMR eligible, if someone is a volunteer?"

Volunteers can absolutely be members of teams. Usually, the team leader is a staff person, but there haven't been any exclusions made for that reason so far at least. So it is possible.

Amanda Bowman:	Yes.
Michele Murphy-Smith:	OK, more questions?
Amanda Bowman:	OK, good. Good questions. So we have,

"Can a single organization apply for more than one program?"

Yes…absolutely. We have a function in the application process for you to rank what programs you are interested in. I am assuming the question is also not only can you apply for multiple programs, but could you be selected to participate in multiple programs at the same time.

We would just need to look at whether or not you are situated to do that. There isn't anything that prohibits one organization from participating in two programs at the same time. And it has happened in the past. And we do encourage you to apply for all of the programs that you are interested in. And we will be probably talking with you if you are selected for both about whether or not you have the capacity to do both at the same time.

Anna Jackson:	And typically when they've been accepted to both programs, they are different teams from the same organizations. The different individuals are not participating in two different programs, because that can stretch people.
Participant 2:	OK.
Amanda Bowman:	OK, I think we've had our questions. Are there any more questions that people would like to chat in or speak up about?
Participant 3:	So the copy of the webinar and the transcript will be available later on today on the Via Hope website?
Amanda Bowman:	We are going to try to get the transcript up as soon as possible. It might

take us a little bit more time than today.

Participant 3: But I can get it at the Via Hope…OK.

Amanda Bowman: Yes…yes…you can go to the Viahope.org website…but the application supplement is already up, and the application itself opens today, and the application preview, along with the experiential component guide will all be available immediately after the webinar. So you can find out more today. The transcript might take us a little bit more time.

Participant 3: OK…Alright, thank you.

Amanda Bowman: And the link is also going to be linked at viahope.org/recovery institute. However, you know, it's not amended like you go straight to the live application…

Participant 3: Yeah, exactly. Alright.

Amanda Bowman: Yeah, great! We're posting the stuff right now, as we speak. Is there anything else we can address with people?

Participant 4: I think that my supervisor will have a lot of questions. Who can she contact through a phone if she has any questions or anything like that?

Amanda Bowman: Michele Murphy-Smith, who you heard from earlier, is available to answer questions.
We can put her email in the chat box. Her contact information is in the application supplement document, it's on the website, and it's also in the application preview. So…but we're going to put Michele's email address in the chat box as well. We've already got some questions from the application supplement going up.

Participant 4: OK.

Amanda Bowman: Yeah, and we'll post all of those questions and answers as they come in and as we answer them so that everybody can have access to that information.

Participant 4: Alright, thank you.

Amanda Bowman: One more question… OK, so this one says, let me make sure I understand it, so it says,

"For clarification purposes, there is no application for instance, no letter of commitment, etc. for those specific programs that ask for registration."

Yes, because remember the set of activities that fall under awareness building or peer specialist integration that do not involve a competitive application process. But you can use this application to submit or register,

you know, your interests. So basically what you are doing there is you will be receiving communication to find out more about those opportunities.

Participant 4:   OK.

Amanda Bowman: Yes, and all the other stuff, the letter of commitment, the experiential component, those things are not required in order to receive emails to sign up for other opportunities. Does that make sense?

Participant 4:   Yes.

Amanda Bowman: I think it will be really clear when you are able to download and look at that application preview, because it really spells everything out on a step by step basis. If anything is unclear, please don't hesitate to contact Michele, and we'll help clarify.

Participant 4:   Alright.

Amanda Bowman: Yeah! And we have confirmation that everything is up now on the website, so if you are interested, you can go there and download. It looks like we are ending early, which is never a bad thing. I really appreciate everybody's time, and we're really excited to see who's interested and we'll be working across the state. Thanks so much! Everyone have a great Wednesday! Bye…