

Introduction

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.

This application is for organizational teams that would like to take part in the 2018 Person Centered Recovery Planning (PCRP) Learning Community, which will take place from March to December, 2018.

Click here to view the following two documents:

- 1. Application Supplement
- 2. Application Preview

You may modify your team's responses to the application until 5 p.m. CST on February 28, 2018. We highly recommend that applicants review the Application Preview closely and prepare responses before submitting online. Responses are saved as users advance to each subsequent page of the application. In order to return to review or edit your application, you must use the same computer and the same browser and have cookies enabled to see your previously saved responses.

For questions/information regarding the 2018 PCRP Learning Community, please contact Betsy Bunt, PCRP Program Coordinator at betsy.bunt@viahope.org.

For general inquiries regarding the Recovery Institute, please contact Amanda Bowman, Recovery Institute Manager, at amanda.bowman@viahope.org.

To learn more about Via Hope: www.viahope.org.

Application Overview

The application p	process includes	the	following	components
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- Organizational Information
- 2018 PCRP Learning Community Requirements
- PCRP Team Members
- PCRP-Specific Application Questions
- Letter of Commitment and Final Submission

For the 2018 Person Centered Recovery Planning (PCRP) program, Via Hope will offer a learning community focused on capacity building for site-based PCRP training. The learning community will be comprised of teams of individuals from organizations that intend to provide PCRP training, using curriculum developed by Via Hope. The program is designed to support trainers as they elevate their knowledge of the practice of PCRP and their skills as trainers and facilitators.

If you are interested in submitting an application for your organization, please submit contact information for a point of contact below.

* 1. PRIMARY CONTACT INFORMATION

First Name:	
Last Name:	
Organization:	
Title:	
Email:	
Phone:	

Information About Your Organization

Please respond briefly to each of the following items about your organization.
1. Please share a general description of your organization. Include such information as: mission/vision, geographic area you serve, number of employees, number of persons served each year, and population/s served.
2. Has your organization previously participated in any Via Hope Recovery Institute initiatives? Please check all that apply.
2010 Peer Specialist Learning Community
2011 Recovery-Focused Learning Community
2012 Recovery Institute Leadership Academy
2012 Recovery Oriented Change Initiative
2012 Transition Age Youth Initiative Phase I (conference)
2012-2013 Transition Age Youth Initiative Phase II (Learning Series)
2013 Recovery Institute Leadership Academy
2013 Recovery Oriented Change Initiative on Peer Specialist Integration
2014-2015 Transition Age Youth Initiative Phase III (Learning Community)
2014-2015 Recovery Institute Leadership Academy
2014-2015 Peer Specialist Integration Project
2012-2014 Person Centered Recovery Planning Pilot
2017 Recovery Institute Leadership Academy
2017 Transition Age Youth Initiative

resiliency (for example, the East Texas Coalition for Mental Hea	rants aimed at promoting recovery and
Texas Initiative, etc.)? If so, please describe your participation.	in Recovery, the Advancing Recovery in
restas illiaarve, etc.j. Il 30, please describe your participation.	
4. Reflecting on your organization's efforts to promote recovery	and resiliency, please tell us about your
experience thus far. What has your organization been able to ac	ccomplish? What are you most proud of?
What challenges have you faced while shifting your practices ar	nd priorities?
5. What do you see your organization moving toward with respe	ct to recovery and resiliency? What are
our hopes for the next 3-5 years? 5-10 years?	
 Please share whether and how your organization incorporate the people you serve, family members, or other advocates with priority-setting, quality improvement activities, hiring, and/ or pro 	lived experience—in strategic planning,
7. What is the percentage of staff turnover each year (on average	ge) within the entire organization?
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3. Please describe any current or anticipated dynamics of change experiencing (ie. recent changes in executive leadership, shifts	ge your organization is currently in funding, staff turnover, etc.)
3. Please describe any current or anticipated dynamics of changes in executive leadership, shifts	ge your organization is currently in funding, staff turnover, etc.)
3. Please describe any current or anticipated dynamics of change experiencing (ie. recent changes in executive leadership, shifts	ge your organization is currently in funding, staff turnover, etc.)
3. Please describe any current or anticipated dynamics of change experiencing (ie. recent changes in executive leadership, shifts	ge your organization is currently in funding, staff turnover, etc.)

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2018 PCRP Learning Community Team Requirements and Timeline Commitments

1. By selecting yes, I have reviewed the 2018 PCRP Learning Community Application Supplement a indicating that my team meets the qualifications and commitments required.	ınd am
Yes	
○ No	
Your organization can commit to participating fully in the program.	
Your organization is a publicly funded, community-based mental health service provider.	
Your organization and the 2018 PCRP Learning Community are a good fit for each other.	
Complete and submit application in its entirety by the February 28, 2018 5 pm CST deadline.	
Include a letter of support from an Executive Sponsor. See <u>application supplement</u> for more information on this role	
Compose a training team that meet the criteria outlined in application supplement.	
2. 2018 PCRP Learning Community Timeline Commitments By selecting yes below I am indicating that my organization will participate in key training and techn assistance for the 2018 PCRP Learning Community, as listed below.	iical
Yes	
○ No	

Date	Activities
	Informational Webinar on the 2018 PCRP Learning Community
January 24, 2018	
, , ,	To view materials from the webinar, click here: http://www.viahope.org/programs/recovery-institute/person-centered-recovery-planning-
	implementation/
February 1, 2018 9:00 am CST	Application Opens
	Application Supplement and Application Preview link: http://www.viahope.org/programs/recovery-institute/person-centered-recovery-
	planning-implementation/
February 28, 2018	
5:00 pm CST	Application Closes
By March 9, 2018	Applicants will be notified of acceptance.
	-Orientation call/webinar
April, 2018	-Teams orient/familiarize to curriculum, ongoing -Content clarification webinar
	-Teams work on homework, ongoing
May, 2018	3-Day Training for Trainers in Austin
June to August, 2018	Individual team calls, all-team webinars, teams practice on-site (training, observing and giving/receiving feedback), remote consultation with Via Hope and Dr. Janis Tondora
September to	
November, 2018	Via Hope conducts on-site observation and feedback of trainings, exact dates TBD
December, 2018	Closing cross-site gathering

	BER 1 (PRIMARY VIA HOPE CONTACT - THIS MAY OR MAY NOT BE THE SAME PPLICATION PROCESS)
First Name:	
Last Name:	
Email Address:	
Phone:	
Role/Job Title:	
2. How long have they	/ been in their current position?
3. How long have they	worked at this organization?
4. Tell us why this per	son is a good fit for your organization's PCRP Learning Community team.
5. Please ask this tea Planning.	m member to rate their current knowledge and skills in Person Centered Recovery
Beginner – Heard abo	out it, but still have a lot to learn
Low/Medium – Recei	ved some exposure/training but not much direct experience with PCRP
Good – Fair amount o	of direct PCRP experience, solid understanding of PCRP core components, enough practice to know where I can improve
High – Always room fothers	or improvement, but I consider myself an experienced PCRP practitioner; can serve as a coach/teacher for
Comments:	

Yes	
No	
Comments:	
	on currently provide training at your organization? (They may or may not have the job title
of "trainer"). If ye	s, please describe the training this person provides.
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1. PCRP TEAM MEN	1BER 2
First Name:	
Last Name:	
Email Address:	
Phone:	
Role/Job Title:	
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3. How long have the	ey worked at this organization?
4. Tell us why this pe	rson is a good fit for your organization's PCRP Learning Community team.
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1. PCRP TEAM MEM	BER 3
First Name:	
Last Name:	
Email Address:	
Phone:	
Role/Job Title:	
2. How long have they	been in their current position?
3. How long have they	v worked at this organization?
4. Tell us why this per	son is a good fit for your organization's PCRP Learning Community team.
5. Please ask this tea Planning.	m member to rate their current knowledge and skills in Person Centered Recovery
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Last Name:		
Email Address:		
Phone:		
Role/Job Title:		
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7. Does this person currently provide training at your organization? (They may or may not have the job title of "trainer"). If yes, please describe the training this person provides. Yes No Comments: 8. This person has attended the Via Hope PCRP workshop in the past two years. Yes No, but plans to register for the workshop in March. Comments:	No	
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PCRP Learning Community Team Members

1. PCRP TEAM MEMBER 5 (Recommended)

This person will not be a PCRP trainer in this program, but will act as a team member for other strategic reasons. For example, they may have been involved with past recovery efforts within the organization and can link efforts within this program to others. Please note that because this person is not a trainer, they may not attend some of the major activities, which center on training.

First Name:		
Last Name:		
Email Address:		
Phone:		
Role/Job Title:		
2. How long have they	been in their current position?	
3. How long have they	worked at this organization?	
4. Tell us why this per	son is a good fit for your organization's PCRP Learning Community	team.
5. How will this persor organization?	n connect the work of the 2018 PCRP Learning Community to other	efforts within the

Beginner – Heard about it, but still have a lot to learn Low/Medium – Received some exposure/training but not much direct experience with PCRP Good – Fair amount of direct PCRP experience, solid understanding of PCRP core components, enough practice to know where I'm strong and where I can improve High – Always room for improvement, but I consider myself an experienced PCRP practitioner, can serve as a coach/teacher for others Comments: 7. Checkbox Acknowledgement: Check box to indicate that this individual has personally read about the program and chooses to fully take part.		RP as less than good).
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PCRP Learning Community Team Members

1. PCRP TEAM MEMBER 6 (Optional)

This person will not be a PCRP trainer in this program, but will act as a team member for other strategic reasons. For example, they may have been involved with past recovery efforts within the organization and can link efforts within this program to others. Please note that because this person is not a trainer, they may not attend some of the major activities, which center on training.

First Name:		
Last Name:		
Email Address:		
Phone:		
Role/Job Title:		
2. How long have the	y been in their current position?	
3. How long have the	y worked at this organization?	
4. Tell us why this per	son is a good fit for your organization's PCRP Learning Community t	eam.
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2018 PCRP Learning Community Short Answer Questions

certain chang	u interested in havin es among staff, peop		rices, planning pro		
=	rganization taken an e and your progress	-	nent PCRP? Pleas	se share a brief o	lescription of what
PCRP implen complimentar and Commun	ny initiatives your org nentation or participa y to the objectives of ity Based Services (I c health record.)	ation in this progra of this program. (E	am? Please descril	be and explain h initiatives: parti	ow these may be cipation in the Hom
4 How do yo	u see yourself, as a l our organization's tea		=	g barriers to or o	otherwise supportir
=					
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6. Please tell us a	about the challenges your organization has experienced in the PCRP training delivered
thus far? If you h	aven't begun to deliver PCRP training yet, tell us about the barriers.
7. What has gone	e well with your PCRP training efforts thus far?
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Г	
9 What informal	education efforts (i.e. via coaching, program-specific training) are taking place with respe
to PCRP at your	
**Note: This may	require some conversations/ facilitated discussion to discover.
	ng well about your organization's current process of service planning (strengths)? What one of planning that can be improved?
11. What Electro	nic Health Record (EHR) software does your organization use? Are there any plans to
	software or make significant changes within the current software? If so, please explain
briefly.	9
Differry.	

Letter of Commitment

Your application to participate in the 2018 PCRP Learning Community is almost complete! As one of the final steps in the 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 program. The Via Hope 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.

1. Please attach a PDF copy of a signed Letter of Commitment below.

Choose File

No file chosen