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 Peer Services Implementation (PSI) Learning Community, which will take place from April, 2018 to May, 2019.

Click here to access the following documents:
1. Application Supplement
2. Application Preview
3. Experiential Component

You may enter and edit your team's responses to the application until 5 p.m. CST on April 4th, 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 instructions on enabling cookies, please click on the following link: http://www.timeanddate.com/custom/cookiesie.html

For questions/information regarding the 2018 Peer Services Implementation Learning Community, please contact John King, PSI Program Coordinator at john.king@viahope.org.

For general inquiries regarding the Recovery Institute, please contact Amanda

Bowman, Recovery Institute Manager, at <u>amanda.bowman@viahope.org</u>.

To learn more about Via Hope: <u>www.viahope.org</u>.

Application Overview

The application process includes the following components:
- **Organizational Information**
- **Experiential Component**
- **2018 PSI Learning Community Requirements**
- **Application Questions**
- **PSI Learning Community Team**
- **PSI Unit Selection**
- **Letter of Commitment and Final Submission**

If you are interested in submitting an application for your organization, please enter 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.

2. Please share a general description of your organization. Include such information as: mission/vision, geographic area you serve, number of employees, types of services you provide (including peer support services), number of persons served each year, and population/s served.

3. 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

4. Has your organization participated in any other programs or grants aimed at promoting recovery and resiliency (for example, the East Texas Coalition for Mental Health Recovery, the Advancing Recovery in Texas Initiative, etc.)? If so, please describe your participation.

Experiential Component

The purpose of this application component is to help your team gain insights into the current state of your organization's recovery and resiliency-oriented change work and help you submit an informed application. This activity will also provide an opportunity to experience the type of work teams are engaged in during Recovery Institute programs.

Instructions for the experiential component can be downloaded on the PSI program page: https://www.viahope.org/programs/recovery-institute/peer-services-implementation/

Please note that Via Hope has provided this guide to the experiential component, however, each team that submits an application is responsible for interpreting and applying the information to their setting.

Following the activity, we ask that your team reflect on the experience and share what you learned by answering the following questions.

Experiential Component Reflection Questions

5. Tell us about your team's preparation for the activity. You may include information such as: the individuals who were involved, your group's decision-making process, and other information that may help the Via Hope review committee understand how your group works together (even if it is the first time the group has worked together!).

6. Who took part in the discussion, and who facilitated? Why were these individuals, in particular, invited to take part and/ or facilitate?

7. What did you learn as a result of this process? Were there any surprises about the process or outcome? How has the experience informed your team's hopes for this program?

2018 PSI Learning Community Requirements

Requirements to Apply for the PSI Program

- First, review all of the program activities in order to determine whether 1) this program is a fit for your organization's needs and 2) your organization can fully commit to the program requirements.
- Complete and submit the online application in its entirety by the April 4th, 2018 5 pm CST deadline, including the creation of a PSI team and obtaining a letter of support from an Executive Sponsor.
- During the application process, you must identify a team leader who is interested in leading this effort. The team should include individuals in the various roles that are outlined in the Application Preview.
- The organization must be a mental health service provider that receives public funds.

Participating Team Responsibilities

Participating teams will be asked to...

- Complete all of the required activities in timeline.
- Commit to independent activities, including the development of PSI-specific goals.
- Host Via Hope on-site for an initial visit, a 2-day Demystifying the Peer Workforce workshop, and up to one day of on-site peer specialist consultation. In addition to hosting, ensure that the appropriate staff are present for these activities.
- Complete evaluation activities (e.g. distribute surveys at the end of workshops hosted at the organization) as requested by Via Hope.
- Collaborate and communicate with other staff involved in peer services implementation, such as human resources, quality management, and training staff.

By checking yes, I acknowledge my team meets the qualifications and commits to the requirements listed above and in the 2018 PSI Learning Community Application Supplement.

☐ Yes

☐ Comments:

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[                                                        ]
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Required PSI Program Activities

An estimated timeline of activities is also included below the list of required activities. Activities for the 2018 PSI Learning Community will begin in April of 2018 and end in May of 2019.

Orientation Activities for the PSI Team:

- Individual site orientation call with Via Hope PSI staff to discuss site-based PSI Team role, PSI Unit selection, hopes for the project, and upcoming activities.
- One-day consultation visit with Via Hope PSI staff.
- Create project plan and goals in consultation with Via Hope PSI staff.

Cross-Site Events that the PSI Team will attend:

- 2-day Opening Gathering for all PSI Teams.
- 2-day Closing Gathering for all PSI Teams.

On-Site Events that the PSI Team will host:

- 2-day Demystifying the Peer Workforce workshop for PSI Unit staff and key leadership.
- 1-day technical assistance visit in support of peer specialists.

Ongoing Activities for the PSI Team:

- Implementation of changes within PSI Unit.
- Monthly individual coaching calls.
- Monthly all teams calls or webinars.
- Independent learning activities and activities related to the implementation of peer services, as determined by team.
- Meet as a group (at least) monthly to review plans, develop ideas, review resources, etc.
- Evaluation activities.

Estimated Timeline of Activities

- March, 2018 – Application process.
- April, 2018 – Sites notified of acceptance status.
- April, 2018 – Orientation activities, including individual site call and community webinar.
- May, 2018 – Initial 1-day site visits and consultation.
- June 2018 – Opening gathering for all sites.
- June – August, 2018 – Individual site calls, community webinars, and independent site-based work.
- September - October, 2018 – On-site 2-Day Demystifying the Peer Workforce Workshop.
- November 2018 - March, 2019 - Individual site calls, community webinars, and independent site-based work.
- January – March, 2019 –Peer Specialist-specific technical assistance.
- April, 2019 – 2-Day Closing Gathering.
- May 2019 – Wrap-up activities.

* 9. By selecting yes, I acknowledge my team will participate in key training and technical assistance activities for the 2018 PCRP Learning Community, as listed above.

☐ Yes

☐ Comments:

[   ]

PSI Learning Community Questions

Recovery Oriented Change Items

As a team, please respond briefly to each of the following items about your organization's experiences promoting recovery, including implementing peer services.

10. Reflect on your organization's efforts to promote recovery and resiliency thus far.

What has your organization been able to do as a result of its efforts? What are you most proud of?

11. What challenges has the organization faced while shifting practices and priorities? What has proven especially difficult?

12. What do you see your organization moving toward with respect to recovery and resiliency? What are your hopes for the next 3-5 years? 5-10 years?

13. Please share whether and how your organization incorporates diverse viewpoints—in particular, those of the people you serve, family members, or other advocates with lived experience—in strategic planning, priority-setting, quality improvement activities, hiring, and/ or program design.

14. Please describe any current or anticipated dynamics of change your organization is experiencing (ie. recent changes in executive leadership, shifts in funding, staff turnover, etc.).

PSI Learning Community Application Questions

15. Please share the number of peer specialist, family partner, and/or recovery coach positions at your organization. (We recognize that individuals may hold multiple certifications—we are looking for information about position types.)

	Peer Specialists	Family Partners	Recovery Coaches
Employed Full Time	⬍	⬍	⬍
Employed Part Time	⬍	⬍	⬍
Contract/ Part Time	⬍	⬍	⬍
Contract/ Full Time	⬍	⬍	⬍
Volunteer	⬍	⬍	⬍

Comments:

16. How are peer specialists currently utilized within your organization?

Please check all that apply.

- [ ] Peer specialists are not currently utilized in my organization.
- [ ] I don't know how peer specialists are utilized in my organization.
- [ ] Administrative tasks
- [ ] Connecting people receiving services to resources
- [ ] Educating people receiving services
- [ ] Facilitating support groups
- [ ] Goal-setting
- [ ] Helping people advocate for themselves
- [ ] Housing assistance
- [ ] Integrated health navigation
- [ ] Working with people experiencing criminal justice involvement
- [ ] Medication monitoring
- [ ] Community outreach
- [ ] One-on-one support
- [ ] Skill building
- [ ] Transportation assistance
- [ ] Vocational assistance
- [ ] Wellness Recovery Action Planning (WRAP)
- [ ] Working on a treatment or recovery team
- [ ] Participating in work groups or committees
- [ ] Training staff
- [ ] Quality management activities
- [ ] Providing supervision
- [ ] Other (please specify)

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17. Please let us know the training(s) or programs completed by the peer specialists at your organization. Please check all that apply.

☐ Peer Specialist Certification Training

☐ Advanced Peer Practices

☐ iNAPS Conference

☐ Recovery to Practice: Next Steps

☐ Trauma Informed Peer Support

☐ Intentional Peer Support

☐ Community Re-Entry

☐ Peer Voice (formerly called PIR Voice)

☐ Peer Support Whole Health & Resiliency

☐ WHAM: Whole Health Action Management

☐ Recovery Support Services to Peers with Co-Occurring Challenges

☐ Wellness Recovery Action Planning (WRAP)

☐ WRAP Facilitator Training

☐ Respect Institute

☐ Emotional CPR

☐ Focus for Life

☐ Alternatives Conference

☐ Via Hope Intersections Conference

☐ Peerfest

☐ None of the above

☐ I don't know

You may enter up to four additional trainings or programs.

[ ]

Please provide 3-4 sentences on each of the following items.

18. Why are you interested in having your organization participate in the 2018 PSI Learning Community?

[ ]

19. What are the strengths that your organization brings to a community of learning like this?

20. Please tell us about any previous successes your organization has had with peer service implementation.

21. Are there any specific questions that you are hoping to have answered by participating in the 2018 PSI Learning Community?

22. Are there any initiatives your organization will be participating in over the next year that may impact peer services implementation or your team's participation in this program? Please describe and explain how these may be complimentary to the objectives of this program.

23. **PSI Learning Community Domains**

We have identified five relevant practice domains for the effective implementation of peer services. These domains are included in the field guide that will be used throughout the project, and much of the training and consultation provided in the project will relate to these themes.

Please rank your current interest for engaging in practice improvement activities in each of the five practice areas: Recovery-Oriented Organizational Culture; Funding Peer Support Staff Positions; Role and Program Development; Recruitment and Hiring; and Supervision and Career Advancement.

⠿	[⬍]	Organizational Culture: Promotion of recovery through increased involvement of people with lived experience, recovery-oriented communications, and recovery-oriented practice changes for staff in a variety of positions.
⠿	[⬍]	Funding Peer Support Positions: Issues related to sustainable funding for peer support staff positions, including Medicaid and other revenue streams.
⠿	[⬍]	Role and Program Development: Clarifying peer support roles, coordination of functions with other staff, and related program development activities.
⠿	[⬍]	Recruitment and Hiring: Identifying peer talent in local communities, hiring guidelines, new staff training.
⠿	[⬍]	Supervision and Career Advancement: Effective supervision of peer support staff, co- supervision and consultation strategies for peer support staff across programs, and ensuring career advancement opportunities.

24. Please share any particular challenges your organization and/ or unit is experiencing with respect to each of the above domains.

[ ]

PSI Learning Community Team Members

The Via Hope Recovery Institute's model of change focuses on supporting interested, inspired, and well-connected people across all levels of an agency or organization as they work to make change happen. Your team members will initially lead within their individual spheres of influence, and increasingly, with your support, will reach out to others to invite them to join this exciting work. This model does not focus on changing people that are not interested. Instead, it draws upon the innovators within your organization—the people who already lead change or want to lead change. Please keep this in mind as you form your PSI Learning Community team.

During your organization's orientation call you MAY change team members, but we ask that you carefully consider who your champions for recovery are before listing anyone here so that few changes need to be made after the program has begun.

25. PSI TEAM MEMBER 1: This person is your organization's primary contact throughout the program. We require someone who supervises peer specialists within your organization to be on the team and recommend that this team member occupy this role. If your team determines that the participating supervisor should not act as Via Hope's primary contact, make sure to include a supervisor as another team member. Whoever acts as Team Member 1 must have a considerable investment in making peer services implementation a success at your organization.

First Name:	
Last Name:	
Email Address:	
Phone:	
Role/Job Title:	
How long has this person been in their current position?	

26. (In the person's own words, please tell us) why would you like to be part of this program?

27. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to act as primary contact for your organization's PSI Team. Check box to indicate that this individual has personally read about the program and chooses to fully take part.

PSI Learning Community Team Members

28. PSI TEAM MEMBER 2: We highly recommend including executive or director-level staff that will champion peer specialist integration and recovery-oriented change and use his or her position of influence to ensure the success of your efforts within the organization.

First Name:

Last Name:

Email Address:

Phone:

Role/Job Title:

How long has this person been in his or her current position?

29. (In the person's own words, please tell us) why would you like to be part of this program?

30. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to be part of your organization's PSI Team.

PSI Learning Community Team Members

31. PSI TEAM MEMBER 3: You may select one additional champion for peer support on your team--this individual may be a formal or informal leader from your organization's clinical services, training/ professional development, human resources, or other department.

First Name:	
Last Name:	
Email Address:	
Phone:	
Role/Job Title:	
How long has this person been in his or her current position?	

32. (In the person's own words, please tell us) why would you like to be part of this program?

33. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to be part of your organization's PSI Team.

PSI Learning Community Team Members

34. PSI TEAM MEMBER 4: We require at least one peer specialist, preferably two, to be part of your team.

First Name:

Last Name:

Email Address:

Phone:

Role/Job Title:

How long has this person been in his or her current position?

35. (In the person's own words, please tell us) why would you like to be part of this program?

36. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to be part of your organization's PSI Team.

PSI Learning Community Team Members

37. PSI TEAM MEMBER 5 (Optional): This team member may be another staff person that works within the unit where you will focus your efforts or may come from another part of the organization (e.g. training), so long as they are a champion for peer support services implementation within the organization.

First Name:

Last Name:

Email Address:

Phone:

Role/Job Title:

How long has this person been in his or her current position?

38. (In the person's own words, please tell us) why would you like to be part of this program?

39. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to be part of your organization's PSI Team.

PSI Learning Community Team Members

40. PSI TEAM MEMBER 6 (Optional): This team member may be another staff person that works within the unit where you will focus your efforts or may come from another part of the organization (e.g. training), so long as they are a champion for peer support services implementation within the organization.

First Name:

Last Name:

Email Address:

Phone:

Role/Job Title:

How long has this person been in his or her current position?

41. (In the person's own words, please tell us) why would you like to be part of this program?

42. Checkbox Acknowledgement

☐ This person has reviewed the Application Preview, Application Supplement, and would like to be part of your organization's PSI Team.

PSI Unit

The change model being used in the Peer Services Implementation Learning Community requires the initial identification of a PSI Unit, which is where your team will focus their implementation efforts.

Please consider the following when identifying the PSI Unit:

Choosing a unit that is open and welcoming to change will help provide the opportunity to create some early successes and build momentum.

A unit that has the benefit of peer support services already or one that values the participation of people in recovery is more likely to welcome recovery-oriented practices-- and that success is a way to build momentum.

The unit staff should be asked whether they would like their unit to participate: invite, rather than compel! It cannot be assumed that they will want to participate. If they are not given a choice, they may become disillusioned when facing inevitable challenges, making it difficult to move forward. If they believe that this is a well-supported, exciting project that will help people make progress in recovery, staff should be attracted to the project.

If possible, the director of the unit should be an enthusiastic member of the PSI Team. Several people within the PSI Unit will likely end up working on the PSI Team. Via Hope PSI staff will finalize unit selections with the organization's team during orientation.

43. Please provide us with a general description of the unit where would you like to focus the PSI Team's efforts.

44. Do you provide mental health services to the following populations at the unit?

Please check all that apply.

☐ Children

☐ Adolescents

☐ Adults

45. Please share some specific data about the unit.

Number of total individuals seen per month (on average) at the selected unit:

[   ]

Number of new individuals seen per month (on average) at the selected unit:

[   ]

Number of individuals who withdraw from services each month (on average) at the selected unit:

[   ]

What is the percentage of staff turnover each year (on average) at the Change Unit?

[   ]

How long have the staff who work on this unit been working together?

[   ]

46. Select the response that best describes the PSI Unit today, as you see it. The PSI Unit is...

◯ just beginning to learn about recovery.

◯ thinking about making recovery-oriented change.

◯ trying some things to promote recovery.

◯ actively involved in making recovery-oriented change.

◯ a model for peer support in Texas.

Comments:

[   ]

Letter of Commitment

Your application to participate in the 2018 PSI 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 2018 Peer Services Implementation Program will be offered at no cost to participating organizations. However, participating organizations will invest significant staff time and energy into the program. While Via Hope is not currently required to charge organizations for participation in these initiatives, registration fees are anticipated for future projects. For program gatherings, lodging/ breakfast/ lunch are typically provided. However, no travel stipends are included for participants, therefore other travel costs must be covered by participating organizations.

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.

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

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

Choose File   No file chosen