



September 19, 2019

The Person-Centered Recovery Planning Learning Collaborative (PCRP)

December 2019 - December 2020

Person-Centered Recovery Planning (PCRP) is increasingly recognized as an essential practice in a recovery-oriented system of care which is the area focus of the New England Mental Health Technology Transfer Center.

Facilitators

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What is Person-Centered Recovery Planning Implementation?

Person-Centered Recovery Planning (PCRP) has been recognized as a promising tool for transforming the current behavioral health system and restoring certain elementary freedoms to individuals receiving services and their loved ones (Institute of Medicine, 2001). PCRP has been described as “a collaborative process resulting in a recovery oriented [care] plan; that is directed by consumers and produced in partnership with care providers and natural supporters for treatment and recovery; and which supports consumer preferences and a recovery orientation” (Adams & Grieder, 2005).

What will the format of the PCRP learning collaborative be?

The learning collaborative is designed 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. We will offer interactive training and individualized technical assistance (TA) to support the implementation of PCRP practices. Members will participate in a 2-day highly interactive face to-face skills training where participants will become familiar with the core skills of PCRP. It will follow with monthly webinars and TA implementation calls to support teams as they further develop their skills and knowledge of PCRP. Each agency will be expected to attend all events and report back to the learning collaborative their progress to promote the development of internal capacity and ability to sustain PCRP practices moving forward.



What will your agency gain from this collaborative?

- ✓ High-quality training, individualized site consultation, supportive feedback, and access to subject matter experts to help your agency to:
 - Understand the importance of the values of person-centered practices
 - Develop skills and knowledge of PCRP training content, including both the process and documentation of PCRP
 - Effectively supervise staff within their organization on PCRP (particularly for those agencies that continue on to an anticipated Phase II PCRP Learning Collaborative)
 - Redesign workflows to support PCRP, including support around the design of Electronic Health Records and recovery planning templates
 - Promote the role of peer support in care planning
 - Benefit from a multi-organization community of professional colleagues dedicated to the implementation of PCRP
 - Maximize the use of PCRP tools and resources made available to program participants,
 - Provide a valuable professional development opportunity for staff (at least 20 hours CEUs offered for learning collaborative participants).

What are the requirements to participate?

Please review all learning collaborative program activities 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 October 18, 2019 deadline.
- Include a letter of support from an Executive Sponsor (e.g., Chief Executive officer, Executive Director, President, etc.).
- Compose a PCRP Change Team that meets the following criteria:
- The team must include between 4-6 key individuals that collectively have both the commitment and authority to support PCRP implementation. Types of individuals to consider for inclusion include, but



are not necessarily limited to: clinical supervisor/team leads, direct support practitioners, quality monitoring representatives, people in recovery/peer supporters, rehabilitation specialists, cultural competence representatives, agency executive leadership, information technology specialists (especially if involved in Electronic Health Record design, etc).

- Please note that it is not necessary to include representatives from ALL categories. While we encourage a consistent “core” Change Team, other agency representatives can be invited as “special guests” when topics of discussion are particularly relevant to their role in PCRCP.
 - Preference will be given to applications which demonstrate some level of established peer support given the instrumental role that peers can play in PCRCP implementation. However, in recognition that agencies are in different stages of implementation with various recovery-oriented practices, agencies that do not yet have established peer support programs will not be ruled out from participation.
 - It is mandatory that at least one member of the Change Team be a person in recovery. This person could be a formal peer supporter, but if your agency does not yet have an established peer support program, please identify an active service user to participate.
- b) At least one person on the team should have direct and current experience developing PCRCP plans; we recommend at least 6 months experience in a service planning role. However, diverse change team members are needed to support implementation outside those involved in direct care and plan facilitation/writing.

Is this a one-year commitment?

Your participation on the PCRCP learning collaborative is a one-year commitment and there are no costs for participation throughout the 2019-2020 PCRCP calendar year. If the project is extended at the current funding rate, we anticipate continuing this service to New England centers/agencies at no cost. That continuation would involve a second, more advanced, phase of TA to the participating PCRCP agencies involved in Phase 1. Phase I activities focus on skill development for direct practitioners in facilitating and documenting PCRCP along with agency-wide implementation activities. We anticipate that a Phase II offering would focus



on preparing each agency for long-term sustainability through train-the trainer efforts and continuous implementation support. It is our hope that Phase I agencies will continue on and actively participate in

Phase II as the phases build upon one another; however, continuation is not automatic. Decisions regarding Phase II participation will be made collaboratively by the NE MHTTC and each Change Team on an agency-by-agency basis after assessing Phase I progress and commitment to ongoing PCRP implementation.

What are the responsibilities of a team/participants?

- Complete all required activities outline in timeline below.
- Collaborate and communicate with other staff involved in PCRP implementation
- Complete evaluation activities (e.g. GRPA evaluation links as requested by NEMHTTC)

PCRP learning collaborative Timeline

September 2019- Applications open on September 20, 2019.

November 2019 – Applications due November 15, 2019. Applications reviewed by New England MHTTC. Selected agencies notified November 22, 2019.

December 2019 – 1st Webinar: Overview of PCRP Learning Collaborative on December 17, 2019, 1:00 p.m. EDT

January/February 2020 – 2-day in-person training (Central location and date TBD)

February 2020-November 2020

- ✓ 1.5-hour webinars every other month.
- ✓ 1-hour plan-based calls every month to receive feedback to enhance Person-Centered Plan
- ✓ Internal change activities as determined by needs and opportunities of each agency



Person-Centered Recovery Planning Learning Collaborative (PCRP) Application

The PCRP learning Collaborative is open to behavioral health agencies in each of the New England States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. A total of 6 agencies (30 people) will be accepted.

All fields are required; for fields that do not apply, please input N/A.

Section 1: Organization Contact Information

Are you applying as an individual or center/agency/organization? ☐ Individual ☐ Center/Agency/Organization

Center/Agency/Organization: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Section 2: Primary Contact Information

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Preferred Mailing Address Line 1: _____

Preferred Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Applicant Signature: _____ Date: _____



Section 3: Organization / Team Information

Please describe past and/or current PCRP implementation efforts in your agency:

Tell us how the PCRP learning collaborative is a fit for your organization's needs. What do you hope to achieve through participation?

What has worked well in your PCRP implementation efforts?

What has been a struggle in your PCRP implementation? What areas do you need support with?

Include a letter of support from CEO or Director indicating your organization can fully commit to the program requirements.



Section 4: Team Contact Information (include CV if desired)

Describe your PCRP Change Team (4-6 individuals). Please include, name, contact information, title, and anticipated role in contributing to the PCRP Change team.

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Name: _____ Title: _____

Role in Change Team: _____ E-mail: _____

Describe the mission, patient population, and size of your organization.



**Submit your completed application and related materials to dasby@edimprovement.org
by November 15, 2019.**

Your membership will be confirmed upon receipt of your application and confirmation of your professional affiliation and geographic location.

If you have questions regarding the application process, the PCRP Learning Collaborative or the New England Mental Health Technology Transfer Center, please contact maria.restrepo-toro@yale.edu.

References

Adams, N. & Grieder, D.M. (2005). *Treatment Planning for Person-Centered Care*. London, UK: Academic Press.

Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: National Academies Press.