



# Wellness Management and Recovery CCOE

## Application for Implementation Site

### Agency Information

|                              |  |                     |  |
|------------------------------|--|---------------------|--|
| Agency Name:                 |  | CEO<br>(President): |  |
| Address:                     |  | Date:               |  |
| City, State,<br>Zip:         |  |                     |  |
| Telephone:                   |  |                     |  |
| Local Funding<br>Board:      |  |                     |  |
| Contact Name:                |  |                     |  |
| Phone and email for Contact: |  |                     |  |

### WMR Organizational Structure Questionnaire

(Answers to the following questions may be submitted on additional sheets)

Why are you interested in participating in the WMR Psychoeducational Program?

What is your agency's mission? How do you envision this program enhancing your agency's mission and helping you achieve agency goals?

How will this program benefit the persons in recovery served by your agency?

Discuss your success with implementing other innovative practices:

Briefly discuss how you think the CCOE can best support you through implementation:



Please provide at least one example of a significant change your organization has gone through within the past year. Be sure to include information on the following:

- What was the involvement of top management in the organization? How was the change process monitored? Identify supports that were offered to staff to assist them during the change.
- Who else in the organization was involved in the process and how were their ideas and suggestions incorporated in the decision making process? Describe the role of these individuals as it relates to supporting the change process. How did these individuals facilitate change for other members of the staff?
- Did you include persons in recovery in the change process? What was their role? Did you find this helpful?
- What were the benefits and costs of this process? What was the biggest barrier you encountered? How did you overcome it?
- How were the persons in recovery and staff at your organization impacted by this change?
- Finally, if given the opportunity to do this again, would you do it? Why or why not?

Discuss briefly your time frames for implementing the WMR program at your organization: (Be sure to address staff involvement, eligibility for persons in recovery, and current outcomes measures used in the agency):

Tell us briefly about your plans to integrate and sustain the WMR program.

Is your organization ODMH certified?

Is your organization JCAHO/CARF/COA accredited? If yes, please circle accrediting body. If no, do you plan to pursue accreditation in the next year?

### Comments

Additional Comments: