**PARENT SUPPORT PARTNER**

**Hiring Expectations Agreement**

Following are the expectations and requirements for the agencies that hire and employ Parent Support Partners. By signing this document, you agree that you will follow the following expectations:

**1. We, as the agency, have read and understand the Michigan Medicaid Provider Manual’s description of what the Parent Support Partner service is and what it entails.**

“Parent-to-Parent Support is designed to support parents/family of children with serious emotional disturbance or intellectual/developmental disabilities, including autism, as part of the treatment process to be empowered, confident and have knowledge and skills that will enable the parent/family to improve their child’s and family’s functioning.  Utilizing their lived experience, the trained parent support partner, who has or had a child with special mental health needs, provides education, coaching, and support and enhances the assessment and mental health treatment process.  The parent support partner provides these services to the parents/caregivers.  These activities are provided in the home and in the community.  The parent support partner is an active member of the treatment team and participates in team consultation with the treating professionals.  The parent support partner is to be provided regular supervision.”

**2**. **We, as the agency, will follow the Michigan Department of Health & Human Services endorsed required provider training and expectations to ensure all trainees:**

• Are an individual who has lived experience as a parent/primary caregiver of a child with behavioral and/or mental health needs, and/or Intellectual/Developmental Disability, including autism

• Complete pre-requisite training and certification requirements

• Attend 5 full days of training with 100% attendance

• Complete 10 months of coaching calls

• Attend 3 out of 4 Professional Development meetings

• Will participate in ongoing technical assistance calls and meetings with PSP, supervisor and State Coordinator

• Will actively provide this service to a minimum of 1 family being seen on a regular and ongoing basis as outlined in the IPOS

**3**. **We, as the agency, will provide the following resources:**

• Computer with access to internet

• Phone with conference call capabilities and long distance access

• Workspace

• Access to copy machine, fax and office supplies

**4**. **We will develop a job description for the Parent Support Partner that includes:**

• Sufficient time to attend Professional Development meetings, scheduled coaching calls, supervision, and consultation with Parent Support Partner Statewide Coordinator

• Clear roles and responsibilities of the Parent Support Partner as defined in the Michigan Medicaid provider manual

• Employment structure, supervision guidelines and person responsible for supervision, and professional development/training expectations

• Access, support and inclusion in the treatment team

• Provisions to ensure the PSP begins to work face to face with families in their homes and/or community after completing the initial 3 day training and receives adequate referrals to the Parent Support Partner service

• An understanding that the model expectation is PSPs typically see families on an ongoing basis while working on family driven goals as developed by the family. Variations to this service description must receive MDHHS approval

**5**. **We agree to support and fund Parent Support Partners employed within our CMHSP, as part of their employment, to participate in recertification annually including:**

• One quarterly Professional Development meeting per year

• Completion of 3 telephone recertification coaching calls per year

• 15 hours of agency determined mental health continuing education and training

• Continued Technical Assistance with the Statewide Coordinator, Supervisor and PSP as determined by Statewide Coordinator, Supervisor and/ or PSP

**As a Parent Support Partner Supervisor, I will ensure:**

• I will provide individual supervision to PSP’s on a regular basis as well as any additional supervision requested by PSP or supervisor

•Participation in technical support with PSP and Statewide Coordinator or designee to assure fidelity to the model

•Support and will monitor all required survey and data collection activities regarding the PSP outcome tool

•Assurance of both the PSP’s and the agency’s fidelity to the Parent Support Partner Model

•Collaboration with the CMHSP to ensure there is adequate time, resources, and support available to the PSP’s to perform their duties

•Collaborative partnership with the Statewide Coordinator to assess the PSP’s progress and mastery of skills necessary to meet Certification Requirements. I understand once the PSP is certified, they must be recertified on a yearly basis

•Ability for contract agency supervisor to meet as needed with Statewide Coordinator, PSP, and CMHSP supervisor in an effort to provide support and fidelity to the model if PSP is hired by a contract agency

• The PSP begins to work face to face with families in their homes and/ or community after completing the initial 3 day training and receives adequate referrals to the Parent Support Partner service. We understand the model expectation is that PSPs will partner with parents/primary caregivers, on an ongoing basis while working on family driven goals

\*\* PSP is able to utilize Medicaid upon completion of the initial 3 days of training with an expectation the rest of the training, including coaching calls, will be completed.

**As a Parent Support Partner I will:**

• Complete the required pre-requisite certification requirements prior to training

• Attend and participate 100% in the following training activities required for certification:

1. 5 full days of training (initial 3 days, 2 day follow up)
2. Assigned work in-between training days
3. 10 months of monthly coaching calls with assigned coach

• Participate with regular supervision with my assigned supervisor

• Attend 3 of the 4 professional development meetings offered during my certifying year

• Meet with the Statewide Coordinator and my Supervisor on a regular and ongoing basis and participate by bringing topics of discussion to the meeting

• Meet with families on an ongoing basis in either their home or community

• Once certified, complete all necessary requirements for recertification on a yearly basis. I understand these requirements to be 3 coaching calls, 1 Professional Development Meeting, and 15 additional hours of agency determined mental health training. I will send in my application to ACMH once it is signed by both myself and my supervisor

**We have read the above and agree to all requirements:**

Name of Agency

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Program Director/ Children’s Administrator Date

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Parent Support Partner Supervisor Date

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Parent Support Partner Date