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**PARENT SUPPORT PARTNER**  
**ORGANIZATIONAL READINESS PLAN**

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| **Date** |  |

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| **PIHP:** |  |
| **CMHSP:** |  |
| **COUNTIES:** |  |

**PRIMARY PARENT SUPPORT PARTNER SUPERVISORY/CMH CONTACT:**

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| **NAME:** |  | **TITLE:** |  |
| **EMAIL:** |  | **PHONE #:** |  |

1. Describe your agency-type of organization, number of children served, and why you are interested in pursuing a peer delivered Parent Support Partner service?

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1. How will you identify and recruit parents/primary caregivers for the Parent Support Partner position?

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1. What criteria will you use to determine who will be employed as a Parent Support Partner provider?

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1. How will your agency identify potential individuals to receive the Parent Support Partner service-please describe the referral process?

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1. How would you describe the potential parent/primary caregiver who will benefit from the Parent Support Partner service and what are some of the expected activities, goals and objectives you see associated with the PSP service?

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1. How do you plan to educate staff on the value and uniqueness of the Parent Support Partner role? How will the Parent Support Partner be integrated as an active member of the treatment team?

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1. Will your agency be hiring directly or contracting with another agency/provider for the PSP service? If contracting, with whom will you be contracting and what is your supervision plan for this agency and the CMHSP?

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1. How will you provide regular supervision? How do you plan to train and support the individual who will provide to develop the skills necessary to oversee this program? Will this responsibility be assigned to an existing staff member or will you hire additional staff?

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1. Is your agency prepared to commit time and resources to participation in the Parent Support Partner Outcomes survey to ensure fidelity of the program model and successful outcomes for families? If so, to whom will you assign this responsibility?

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1. What challenges do you anticipate, or have you experienced, related to implementing Parent Support at your agency and/or community?

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1. What is your current assessment of your agency’s readiness to implement this Medicaid service?

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1. What is your understanding of the Parent Support Partner Medicaid service?

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1. Questions?

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