Parent Support Partner Training Registration

ASSOCIATION FOR CHILDREN'S MENTAL HEALTH
ACMH
Hope for Families, Shaped by Lived Experience

Date of Training .....

Agency Information

PIHP: .....

CMHSP: .....

Address: .....

Family/ Contract Organization (if applicable): .....

Address: .....

Primary CMH Supervisor-Provides Clinical Supervision to PSP

Full Name: .....

Work Address: .....

Mailing Address: (if different): .....

Email: .....

Primary Phone: ..... ☐ Office ☐ Cell

Alternate Phone: ☐ Office ☐ Cell

Additional Supervisor (if applicable)

Full Name: .....

Work Address: .....

Mailing Address: (if different): .....

Email: .....

Primary Phone: ..... ☐ Office ☐ Cell

Alternate Phone: ☐ Office ☐ Cell

Contact in case of emergency/last minute cancellation/other event:

Full Name: .....

Contact: .....

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Date of Training .....

Agency Information

PIHP: .....

CMHSP: .....

Supervisor: .....

PSP Information:

Full Name: .....

Work Address: .....

Mailing Address: (if different): .....

Email: .....

Primary Phone: ..... ☐ Office ☐ Cell

Alternate Phone: ..... ☐ Office ☐ Cell

Emergency Contact:

Name: .....

Relationship: .....

Primary Phone: ..... ☐ Cell ☐ Work ☐ Home

Alternate Phone: ..... ☐ Cell ☐ Work ☐ Home

I, ... authorize Association for Children's Mental Health, to contact the contact listed above should a situation arise while I am at an ACMH function which the Executive director or designee deem to be an emergency.

Signature: ..... Date: .....

Media Release:

I, ... give my permission for the Association for Children's Mental Health to print or publish (including electronically), or share via ACMH social media platforms my name, artwork, poetry, photographs, and video of me and/or to use quotations from me.

Signature: ..... Date: .....

Association for Children's Mental Health
in partnership with
Michigan Department of Health and Human Services

Hiring Expectations Agency Agreement

Following are the expectations for the agencies that hire and employ Parent Support Partners (PSP).

- The PSP will be hired and employed by the CMH or contract agency before they attend training.
- PSP and their supervisor will complete a training orientation call with Director of Peer Programs prior to start of cohort training.
- All pre-training paperwork will be completed by the given deadlines (registration, supervisor contact information, media release and emergency contact).
- The agency will assure that their PSP(s) have equipment and all technology to perform their job.
- The agency will ensure that their PSP is aware that 100% participation in all certification requirements is required. NO EXCEPTIONS.
- If the PSP is employed through a family or contract organization, a supervisor from that organization will be identified and will participate in a minimum of monthly supervision with the CMH and PSP.
- Employers establish a work schedule that includes a consistent number of hours of work per week and meets the needs and availability of the youth and families being supported.
- The workload will be individualized to assure that individuals receive a high-quality PSP service.
- The agency will ensure that the PSP will be an active member of the treatment team and will participate in team and planning meetings.
- The PSP will continue to actively provide this service to a minimum of one parent or primary caregiver to be seen on a regular and ongoing basis as outlined in the IPOS.
- Upon completing Part One of training, the PSP will begin to work with parents or caregivers.
- All MDHHS requirements for PSP training, Part 1 and Part 2, and ongoing certification requirements will be met. This includes all MDHHS requirements for recertification.
- Supervisors will attend a new supervisor training and will attend one supervisor roundtable annually, thereafter. Supervisors will continue to participate in additional TA/training as required by the PSP model or requested by the Director of Peer Programs.
- Individual supervision will be provided on a regular basis by a qualified children's mental health professional (CMHP) identified by the agency. Weekly or bi-weekly supervision is highly recommended.

We have read all information in the Hiring Expectations Agreement above, and the information in the PSP Certification Requirements, Expectations and Implications document. We understand and agree to all requirements.

CMH/Agency: _____

Client Signature: _____ Date: _____

Service Provider: _____ Date: _____