Parent Support Partner (PSP) Handbook

Field Manual for PSPs in Wayne County

WAYNE COUNTY SYSTEM OF CARE

SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES

Family Alliance for Change (FAFC)

Parent Support Partner Handbook

Table of Contents

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SECTION 1: PARENT SUPPORT PARTNER HANDBOOK INTRODUCTION

1.1 Purpose

The purpose of the Family Alliance for Change (FAFC) Parent Support Partner (PSP) Handbook is to supplement the Michigan Department of Health and Human Services (MDHHS) Parent Support Partner Curriculum. It provides new PSPs with guidance on delivering services and completing documentation. The FAFC PSP Handbook offers practical tips for your work in the field as a PSP and as part of the treatment team. Additionally, it discusses how to use supervision with your supervisor. This Handbook is not intended to replace the employee policies and procedures at the agency where you work. The forms and other documentation listed in Table one (1) are discussed throughout the Handbook at each stage of your work from initial certification through completion of your work with a family. Also included are methods for PSPs to engage in self-assessment and quality assurance activities.

Table 1: PSP DOCUMENTATION CHECKLIST

FORM/DOCUMENT	WHEN COMPLETED	WHO COMPLETES
PSP Knowledge and Skills Assessment Checklist	Six (6) months after Michigan Department of Health and Human Services (MDHHS)/Association for Children Mental Health (ACMH) initial certification and annually thereafter	PSP
PSP Initial Certification Checklist	While participating in PSP training and MDHHS/ACMH certification activities	PSP
PSP Annual Recertification Application	Annually	PSP & Supervisor
Parent Support Training and Technical Assistance Tracking Form	On-going	PSP in consultation with their Supervisor
Individual Plan of Service (IPOS)	Case opening – (agencies may use different formats) Annually or more frequently as plan is amended	Referral Source
MDHHS Pre-Service PSP Survey	Within thirty (30) days of referral receipt or by the end of the third family visit	PSP
Progress Note	At all stages of the PSP's work, within twenty-four (24) hours of each contact in accordance with Community Mental Health Service Provider (CMHSP) policy.	PSP
MDHHS During Service PSP Survey	Roughly six (6) months after the beginning of service and at six (6) month intervals	PSP
Critical Incident Report	By end of shift, no later than twenty-four (24) hours after incident in accordance with CMHSP policy.	PSP & Supervisor
MDHHS 3200	Seventy-two (72) hours after calling MDHHS to report suspected abuse/neglect in accordance with CMHSP policy.	PSP & Supervisor
Elder Abuse Written Report	Seventy-two (72) hours after oral report to police and MDHHS in accordance with CMHSP policy.	PSP & Supervisor
MDHHS Post Service PSP Survey	When PSP services end	PSP

1.2 Parent Support Partner Skills and Guiding Principles

Providing successful PSP services to families with children that may be experiencing one or more mental, emotional, developmental, behavioral challenges and substance use disorders depends not only on your own life experience but having certain skills. Your primary goal as a PSP is to increase family voice and engagement in mental health treatment within a family-driven and youth guided system of care (SOC). To do this in the most effective way requires PSPs be proficient in activities that result in achievement of MDHHS outcomes for families. PSPs should also adhere to FAFC's guiding principles. The FAFC PSP Handbook provides tips to help you develop needed the skills for working as a PSP. FAFC has developed a Knowledge and Skills Assessment for PSPs to reflect on their practice and rate their proficiency in PSP skills.

Knowledge and Skills

1. Ethics and Confidentiality
2. Alliance Building and Empowering Families
3. Bridging and Collaboration
4. Developing Direction for the Future
5. Access and Documentation
6. Family Satisfaction

PSPs are helping professionals and like other professionals (i.e., social workers, psychologists, educators, medical doctors) should adhere to a code of ethics. Listed below are three ethical principles for PSPs that align with FAFC's Guiding Principles.

PSP Ethical Principles

1. Integrity
2. Safety
3. Professional Responsibility

FAFC Guiding Principles

1. We work to create an environment where questions are valued - and independence and change are essential.
2. We empower families by working as partners and peers with families as well as building parents' skills to locate resources to meet their needs and navigate systems.
3. We act with respect, honesty, and transparency to build true partnerships that will create change.
4. We work to keep families involved in treatment by providing encouragement and support.
5. We connect and unify parents to reinforce that they are not alone.
6. We demonstrate collaboration between systems and families.
7. Decrease isolation by sharing PSP's lived experience.

1.3 Parent Support Partner Certification

Prior to working as a PSP in Wayne County, certification by the MDHHS and ACMH is required. The MDHHS/ACMH offers a series of trainings for PSPs. To achieve certification, PSP candidates must attend and fully participate in part one (1) and part two (2) of MDHHS/ACMH classroom training and participate in three (3) ACMH quarterly professional development/technical assistance meetings. Additional MDHHS/ACMH certification requirements are to participate in ten (10) monthly group coaching calls offered by ACMH and individual coaching from the ACMH PSP statewide coordinator for targeted technical assistance. The final step in the initial certification process is to demonstrate proficiency in PSP skills by completion of the state requirements. The PSP Initial Certification Checklist lets you keep track of your participation in the requisite activities for certification.

The PSP Knowledge and Skills Assessment Checklist can help you review your proficiency with PSP skills. It is also useful in helping identify areas that you would like targeted technical assistance with or to seek additional training. PSPs can track their training needs the receipt of training, and/or technical assistance by using the Parent Support Partner Training and Technical Assistance Tracking Form.

Attending FAFC's monthly Peer-to-Peer Networking meetings can be valuable. Allowing new PSPs to learn from other more seasoned professionals about how to become more proficient in specific skills or become more confident in completing PSP activities. Other PSPS and the FAFC staff can advise you on beneficial trainings that will further develop your skills and enable you to meet MDHHS/ACMH's annual recertification requirements.

1.4 Annual Recertification

To continue working as a PSP in Wayne County providing Medicaid billable services, PSPs are required to be recertified annually by the MDHHS/ACMH on the anniversary of their original certification. The MDHHS/ACMH Annual Recertification Application must be completed and signed by the PSP and the PSP's Supervisor prior to submittal to ACMH for approval. All documents must be sent to FAFC prior to submittal to ACMH.

Meeting recertification requirements entails attending a minimum of one (1) MDHHS/ACMH Professional Development meeting and participating in a minimum of three (3) coaching calls over the course of the year. To be recertified PSPs must complete twenty four (24) hours of agency determined mental health training and document any technical assistance received. Trainings provided by MDHH/ACMH can deducted from the twenty-four (24) hours of agency trainings. The Parent Support Training and Technical Assistance Tracking Form can be useful in documenting any identified training and technical assistance needs and the date and type of activity you participated in. It documents the number of hours spent attending training, ACMH technical assistance sessions and coaching calls and FAFC Peer-to-Peer Networking meetings. The PSP Training and Technical Assistance Tracking Form also has space for the PSP to make notes about any tips or techniques they learned.

"I cannot imagine doing this work without a PSP."

1.5 FAFC's Role

The FAFC's role is to support your work as a PSP and promote quality PSP services to families with complex needs in Wayne County. FAFC provides an orientation to new PSPs to make them aware of expectations for PSPs. They offer training on topics PSPs request and convenes monthly Peer-to Peer Networking meetings which creates a local forum for PSPs to learn from one another. They created this field handbook to provide guidance on the PSPs role. Additionally, FAFC produced a quality assurance plan for PSPs that conforms with the Detroit Wayne Integrated Health Network's (DWIHN) requirements to ensure quality services to families served through its network of behavioral health providers.

FAFC streamlines and centralizes records and reporting to DWIHN and MDHHS which reduces the burden on individual agencies for these functions. Charged by DWIHN, FAFC maintains an ongoing record of the number of successfully certified PSPs through ACMH. To enable FAFC to track and report the number of certified PSPs working in Wayne County, individual PSPs are expected to provide the FAFC's Parent Involvement Manager with a copy of the initial MDHHS/ACMH accreditation certificate upon receipt. Annually, PSPs are also expected to provide a copy of their completed PSP Training and Technical Assistance Tracking Form along with a copy of their MDHHS/ACMH Certificate for obtaining recertification.

SECTION 2: PROFESSIONAL AND PERSONAL SAFETY

PSPs are a critical part of the family's treatment team and may also participate in Wraparound team meetings to ensure the family's voice is heard by other team members per parent invitation. As part of the treatment team, you are responsible for complying with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This is a federal law that regulates the privacy and security of healthcare information. It's major purpose is to protect the rights of people by providing them access to their protected personal health information and controlling the use of their personal health information by others. For more information see Unit 18: HIPAA Section of the current edition of MDHHS/ACMH Cohort Curriculum.

2.1 Keeping Protected Information Safe

HIPPA enacted federal privacy and security rules for health information. Protected health information is any information that can be used to identify the person such as their name, birthdate, address, social security number and demographic information (age, gender, race). Protecting the privacy of information about a person's medical status is central to HIPAA which includes but is not limited to:

- information about their current or past physical or mental health conditions.
- information about current or past treatment and treatment plans; and
- information about insurance payments or self-payment for treatment of any kind in the past, now and in the future.

A PSPs role is to protect the privacy of all families. For more information see Unit 17: Confidentiality Section of the current edition of MDHHS/ACMH Cohort Curriculum. Below are some examples of actions that are a HIPAA violation.

Example: Sharing privileged information about one family with another family, even if the families know each other or are related.

Example: Talking with your friends, family members, or other PSPs not on the case about a family you are working with as a PSP.

Example: Never talk about a family you are working with as a PSP in a public setting such as bathrooms, hallways, parking lots or elevators.

 *A good consideration:* Only discuss the families you are helping with your supervisor and the other members of the treatment team, and only during team or supervision meetings.

HIPAA rules also require you protect documentation about the family from others who are not involved with the family's IPOS. Make sure you follow the policies your agency has in place about HIPAA rules and protecting confidentiality.

Example: Files and forms should never leave the office once completed and reviewed only by the PSP's supervisor or the family's provider.

Example: Never take forms with you on an initial home visit, or any other session with the family.

Example: If you are seeing more than one family while you are in the field, lock any forms not needed for that family in the trunk of the car before you leave the office. If you are going to do family visits before you come into the office, lock these items up in your trunk before you leave home.

2.2 Maintaining Professional Boundaries

Always maintain professional boundaries with the families you are working with as a PSP. The same applies to your fellow PSPs and treatment team members. Remember there are many kinds of boundaries. Samples of different types of boundaries are listed on the following page. For more information about boundaries see Unit 6: Building the Parent Support Partner Relationship Section of the current edition of MDHHS/ACMH Cohort Curriculum.

- *Physical Boundaries:* Respect the other person's space, not standing to close or hugging them. Not everyone is a hugger. Ask if it is okay to give them a hug, or if they would like a hug if the parent/primary caregiver is sad.
- *Emotional Boundaries:* Keep a strong sense of self and avoid taking on the emotions of others or transferring your own emotions onto the people you are helping.
- *Cultural Boundaries*: Respect the families cultural background and boundaries. This may include avoiding direct eye contact, men not willing to shake hands with women, offering and eating food at a home visit. Learn about the family's culture in advance if you can and ask open ended questions to learn from them directly about their cultural preferences and rituals.

Maintaining professional boundaries also includes respecting the other professionals on the treatment team. It is important not to express a negative opinion through verbal or non-verbal communication about another professional (e.g., provider, judge, teacher) with the family. Use your active listening skills to stay neutral when they are upset by the provider, teacher or another professional involved with the family. Support the parent/primary caregiver in finding their voice.

Example: Never share information about the family with the family. Maybe you overheard a comment made by the provider such as they might call Protective Services if the family does or does not do something.
Example: Avoid eye rolling or nodding in agreement when the parent/primary caregiver vents about another person on their team.
Example: Validate their feelings by saying something like, "I hear you sound pretty frustrated. "How may I help you address the concerns you have."

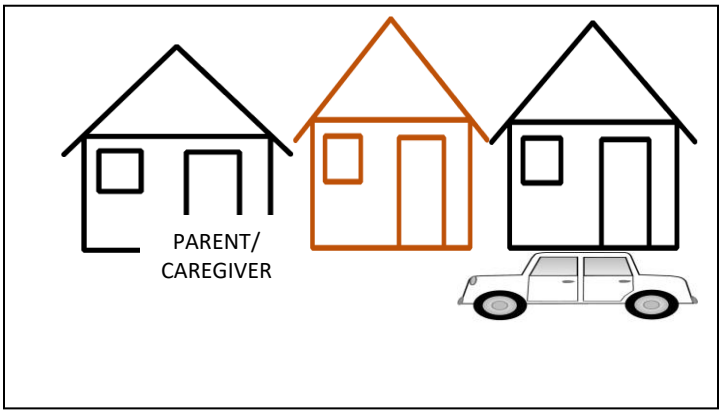
A good consideration: Use supervision to process these difficult situations with your supervisor to determine ways to help the parent/caregiver move forward on their goals and resolve any feelings that stand in the way of their progress.

2.3 Personal Safety - Staying Safe in the Field

In addition to protecting the family's privacy and confidentiality, you want to protect your personal safety and valuables while in the field. It is important to dress comfortably, and professionally with minimal jewelry, expensive clothing/footwear or other items that draw attention. Over dressing or wearing expensive clothing or jewelry may make families uncomfortable.

Always wear your employee badge in a clearly visible place. Say hello and be friendly to people on the street in the community you are visiting. To keep you and your belongings safe while in the field use the information and techniques you learned in the required outreach and safety training.

A good consideration: Park your car diagonal from the house or one door down – never park in the driveway or other places where the car can be blocked in.



Be aware of your surroundings and be in-tune with your feelings. If you feel unsafe, think about why you feel that way. Reflect on the lessons you learned during the required outreach and safety training. Always call your supervisor and let them know your concerns. If you decide not to stop at the house at the appointed time because you feel unsafe, call the parent/primary caregiver to let them know you will be late or plan for a different time or location.

Once inside the house say hello to anyone in the room with you. If someone passes through the room where you are talking with the parent/primary caregiver say hello to that individual and introduce yourself. This will put them at ease and give you a sense of who is in the household. Reach out to FAFC if you would like addition training beyond the outreach and safety training

A good consideration: If people in the house begin to fight with one another or engage in behaviors that make you feel unsafe, excuse yourself and tell the parent/caregiver you will see them at the next appointment when there will be fewer distractions.

SECTION 3: BEGINNING PSP SERVICES

Begin by reviewing information about the family with the provider or Wraparound facilitator referring the family to you for PSP services. The goals the PSP will be working on with parent/primary caregiver is in the IPOS for the youth. Review the specific goals the family has identified as the goals they want to achieve with the support of the PSP. Check to make sure the parent/primary caregiver's goals are clear and specific, not open-ended, or vague. Unit 9: Turning Hopes and Dreams into Action Section of the current edition of MDHHS/ACMH Cohort Curriculum provides useful guidance on writing Specific, Measurable, Attainable, Realistic and Timely (SMART) Goals. Also, see section 4.4.1 for writing SMART goals. However, SMART goals are only one (1) tool that can be used to support parent voice and goal setting. It is important to consider parent voice and choice and individualize the approach based on the parent/caregiver's needs and preferences.

Goal 1:

UNCLEAR Example: I want my child to receive special education services.

CLEAR Example: I will work with my child's school social worker to schedule an Individualized Education Plan (IEP) meeting by the end of this month to determine what special education services my daughter may need.

Goal 2:

UNCLEAR Example: I want my son to stop being late for school.

CLEAR Example: Next week I will obtain an alarm clock for my son and teach him how to set the alarm early enough for him to be ready to leave when the bus comes to pick him up for school.

3.1 Contacting the Family

After you review the IPOS, contact the family using the guidelines below to ensure they receive prompt PSP services.

Standard of Promptness: Contact the parent/primary caregiver by phone to schedule the first face-to-face visit. Three (3) attempts should be made to contact the family within seventy-two (72) hours of receiving the referral form. There are three (3) recommended methods of contact with the family that the PSP can use. They are as follows:

1. Introductory telephone call to the family.
2. Have the referring provider/Wraparound facilitator send a letter to the family introducing the PSP to the family.
3. Stationing yourself at the provider's office at a time you know the family will be there with the referral source.

If thirty (30) days pass with no contact or progress with the family, consult with your supervisor about closing the PSP services file. The steps you will need to follow to end PSP services are established by your employer.

Examples of No Action Requiring Closure:

- Outreach attempts to connect with the family were unsuccessful.
- The parent/primary caregiver was a no show at a planned visit and did not respond to further calls.

A good consideration: Before using the third strategy, it is best to discuss the difficulties you are having with the referral source to seek their ideas or suggestions on how to connect with the family.

3.2 Initial Outreach: Phone Call to Parent/Primary Caregiver

When you telephone the parent/primary caregiver the first step is to introduce yourself to them and explain how you obtained their contact information, along with your role. While talking with them, schedule a convenient time for the family to make the initial home visit. An example of how to describe the role of the PSP is below. However, for more information about PSP roles see Unit 2: Purpose of Parent Support Partners Section of the current edition of MDHHS/ACMH Cohort Curriculum.

Example: As a PSP, I have a child with special needs and can relate to your concerns. I am here to provide you with information and support to help you meet your family's goals.

3.3 No Response to PSP Contact Attempts

If you are unable to reach family because the family's telephone number is not valid or not in service, immediately contact the referring provider/Wraparound facilitator to confirm you have the correct telephone number for the parent/primary caregiver. Make three (3) attempts to contact the family within seventy-two (72) hours of receiving the referral. You may leave a voice mail message introducing yourself to the family, but do not leave confidential information.

After confirming you have the correct telephone number and your contact attempts have not been successful, send a letter to the parent/primary caregiver's known address explaining you have been unable to contact them. Let them know if they are still interested in receiving PSP services to contact you.

 *A good consideration*: Your supervisor will consult with you about alternative methods of connecting with the family, which could include having you be at the agency at a time when the family is scheduled to meet with the PROVIDER.

SECTION 4: INITIAL FAMILY VISIT

The primary purpose of the initial family visit is to introduce yourself and to begin building a relationship with the family. This section of the FAFC Handbook will describe how to prepare for the initial family visit and how to engage the family. However, for more information on the initial family visit see Unit 4: Family Engagement of the current edition of MDHHS/ACMH Cohort Curriculum.

To prepare for the initial family visit, you will need to collect the necessary materials for the Family Information Packet. Family Information Packet Contents include:

- Parent Support Partner Brochure,
- PSP Business card & cell phone number,
- List of goals from the IPOS,
- Legal Self-Help Resource Center flyer provided by FAFC.

4.1 Explaining Parent Support Partner Services

Begin by telling the parent/primary caregiver more than you did in the outreach phone call about what PSPs do and the PSP program model. For more information about the role of PSPs see Unit 2: Purpose of Parent Support Partners Section of the current edition of MDHHS/ACMH Cohort Curriculum. Make sure the parent/primary caregiver understands PSP services are voluntary. Discuss with the family that PSPs are not a financial resource, housing provider, or provider of other basic needs; but the PSP can help them link to resources to provide these services. PSPs are peers with similar experiences that can help the parent/primary caregiver with resources and information they can use to achieve their IPOS goals. If necessary, disclose your life experiences to build rapport. However, be mindful of boundaries - only disclose what you feel is needed to build trust. For more information, see Unit 3: Sharing Your Story Section of the current edition of MDHHS/ACMH Cohort Curriculum.

 *A good consideration:* Provide clear descriptions of your role and the roles that other team members play in helping them achieve their goals.

4.2 Techniques for Engaging Parents/Primary Caregivers

The PSPs ability to engage and empower the parent/primary caregiver is critical to the family's success in achieving their IPOS goals. The best way to engage parents/primary caregivers is to be genuine and sincere. Focus on the parent/primary caregiver LISTEN - Maintain eye contact and check your body language to ensure it shows you are being open. Listening and empowering the parent/primary caregiver to believe they can succeed with their goals is critical. Helping them identify concrete tasks and action steps to move them toward achieving identified goals is also important. For more information, see Unit 2: Purpose of Parent Support Partners Section of the current edition of MDHHS/ACMH Cohort Curriculum. Some examples of what to do and what not to do to engage parents/primary caregivers are listed below.
Examples of What Not to Do:

- Sitting with your arms crossed and pulling your body away from the parent/primary caregiver.
- Fumbling with paperwork or cell phone while the parent/primary caregiver is talking.
- Prioritizing the paperwork over building trust and a relationship with the parent.

Examples of What to Do:

- Ask the parent/primary caregiver open-ended questions about their family to show you are interested in their viewpoint and opinions.
- Use humor to lighten the mood.
- Use your listening skills to acknowledge their fears, anger or other feelings.
- Treat them with respect – parents/primary caregivers are the true experts on their child and their family needs.
- Involve them in making decisions about how to approach accomplishing their goals. Have them describe the specific tasks, or action steps they think need to be tackled to accomplish each IPOS goal for their family.

 *A good consideration:* Let the parent/primary caregiver tell their story in their own way and at their own pace.

4.3 Strength-based Solution Focused

An individualized, strengths-based approach uses practice strategies that identify and draw upon the strengths of children, their families, and the communities they live in. Strengths-based practices forge positive partnerships with the family. A strengths-based solution focused approach assesses each child and family's unique set of strengths and needs, while engaging families as partners in designing and implementing their own IPOS. An individualized, strengths-based assessment focuses on the complex interplay of risks and strengths among individual family members, the family as a unit, and the broader neighborhood.

Individualized, strengths-based approaches that utilize informal services/supports and are family driven and youth guided ensure the IPOS is culturally competent. Cultural competency is a prerequisite for implementing an individualized, strengths-based approach. Their values may vary from yours, and they may define strengths, and the types of interactions that communicate respect differently. Issues of culture, gender, age, religious background, and class are addressed in individualized, strengths-based case IPOS. For more information on cultural competence see Unit 16: Cultural Competence Section of the current edition of MDHHS/ACMH Cohort Curriculum.

Culturally informed and strengths based IPOS emphasize goals the family can implement or say "yes" to for a healthier and happier life, instead of focusing on what they should not do. Ask the parent/primary caregiver what their child and/or they are good at, take your cues from these answers on forming goals and action steps, not from what is wrong or what others think they need to work on or improve. The strength-based approach gives parents/primary caregivers the ability to grow and develop by encouraging skill building over time. It acknowledges parents/primary caregivers are the true experts on their family. The PSP takes an active role in building parents/primary caregivers' knowledge and encouraging them while providing ideas on how to integrate new opportunities for using their abilities into a family's daily life.

4.4 Completing the Paperwork

A priority for the initial meeting is obtaining information on the family's perspectives, needs and IPOS goals. During the initial meeting, the family might mention additional concerns. This can be included in the progress notes for the family and shared with other team members. See Unit 8: Collecting Information Section of the current edition of MDHHS/ACMH Cohort Curriculum for more tips on collecting information from the parent/primary caregiver. This is a good time to lay the groundwork for helping the parent/primary caregiver understand the concepts of family driven and youth guided services they receive. It also opens the door to a conversation about self-determination within the mandates of the various public systems they will interface with on behalf of their family. Begin explaining how important their satisfaction with the services they receive is, and that the MDHHS has hired Michigan State University to evaluate PSP services in Michigan. This allows you to introduce the MDHHS PSP Pre-Survey content, administration methods and schedule, and to explain confidentiality. Do not rush the parent/primary caregiver into completing the PSP Pre-Survey at the initial meeting, just introduce the concept. However, it should be completed by the parent/primary caregiver who then places it into a sealed envelope and returns it to the PSP within thirty (30) days of the initial PSP and parent/primary caregiver meeting.

4.4.1. SMART Goals

Get started on identifying activities that you can engage in with the parent/primary caregiver to enable them to achieve their IPOS goals. Work with the them to write **SMART** Goals that can be accomplished by being **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**imely. Have them tell you the measurable actions to achieve these goals with your support. If the parent/primary caregiver is vague, try to guide them to restate the strategies or tasks needed to meet the goal in action verbs. The MDHHS' Parent Support Partner (PSP) Sample Goals, Strategies, Interventions or Objectives in Appendix A. provides useful guidance on writing SMART Goals. Also refer to Unit 9: Turning Hopes and Dreams into Action Section of the current edition of MDHHS/ACMH Cohort Curriculum for more information and examples of SMART goals. However, SMART goals are only one (1) tool that can be used to support parent/caregiver's voice and goal setting. It is important to consider their voice and choice and individualize the approach based on their needs and preferences.

Sometimes the parent/primary caregiver may get off track during the conversation and talk about things other than strategies to accomplish their goals. Examples of ways to talk with the parent/primary caregiver about their goals are:

Example: Your IPOS outlines goals that you selected, let's talk about how we can achieve these goals.

Example: A goal might be getting their child an Individualized Education Plan (IEP). The action steps are:

1. helping the parent order the Michigan Protection and Advocacy book and reading the chapter on IEPs,
2. reviewing with parent what state and federal laws require for IEPs,
3. discussing what happens in IEP with parent so they are clear on what to expect,
4. processing the IEP meeting afterward with parent, and
5. clarifying next steps for implementing the IEP.

Example: If the parent/primary caregiver gets off track, tell them you hear they have additional concerns and ask if something can be changed in the IPOS to establish a goal relative to their concern.

4.4.2 MDHHS PSP Surveys

Within the first (1st) two (2) sessions or within thirty (30) days of starting to work with the parent/primary caregiver have them complete a MDHHS PSP Pre-survey. The state requires you to collaborate with the parent/primary caregiver to complete another PSP survey around the sixth (6th) month of their receiving PSP services, and every six (6) months thereafter. You can return the form in a sealed envelope that you bring to the session and provide to the parent/primary caregiver. The parent/primary caregiver places the completed survey in the envelope, seals it and gives it to you to bring back to your office.

4.5 Scheduling the Follow up Family Visit

In collaboration with parent/primary caregiver, establish and maintain a schedule of ongoing face-to-face meetings with parent/caregiver.

If the parent/primary caregiver is not available for a standing appointment on a specific day and time, ask if another day and time works for them to meet with you on a consistent basis. Let them know you will be as flexible as possible but are constrained by your commitments to already scheduled sessions with other families you work with. Some examples of how to handle scheduling family visits are below. Always consult your supervisor to work together on how you can meet the family if the family can only meet outside of regular business hours.

Example: I am sorry that I cannot meet with you on Wednesdays. That is the day I see all the families I work with on the Eastside. Is there another day we can meet?

 *A good consideration*: Pick a meeting location that is safe and convenient.

Scheduling tips to make the best use of your time are listed below.

1. Establish an on-going consistent time and day of week to meet with family.
2. Try to schedule your families by location so you can see more families in one day.
3. Try to fill down time in your schedule between family sessions with other meetings you might have to attend in that same geographic area.
4. Fill down time in your schedule between family sessions by visiting with agency staff to discuss PSP services and recruit referrals.

Example: Try to see all the families on your caseload that live in Western Wayne County on Tuesdays and all those who reside in Southwest Detroit on Wednesdays.

Example: You have a 10:00 A.M. session with Ms. Doe on the eastside of Detroit and a gap in your schedule until 2:00 P.M. when you meet Mrs. Jones. Do your paperwork, schedule outreach sessions to recruit new families or call other parents to schedule visits during the gap in the schedule.

SECTION 5: ON-GOING FAMILY VISITS

Always complete a Progress Note for each session you have with the family using your employer's required format for documentation.

5.1 Updating Goals

The focus of your on-going meetings with the parent/primary caregiver is addressing the family's goals and implementing the action steps necessary to complete the goals. DO NOT change or add goals until they are discussed with family's provider. If something comes up while you are meeting with the parent/primary caregiver, the PSP should empower the parent/caregiver to contact the provider to discuss the new or revised goal. The PSP may offer to be present during the contact with the provider for support and encouragement.

5.2 Group Setting:

The PSP service is a billable Medicaid service only in a one-on-one setting. Facilitating or co-facilitating a group is outside the role of a PSP, and the PSP cannot bill Medicaid for a group service. It is also important for the PSP to make sure the family clearly understands if a PSP is facilitating or co-facilitating a group, the PSP is not acting in the PSP role.

5.3 School Involvement:

The PSP may be asked to participate in school meetings such as the IEP for the child. Your role is to empower the parent/primary caregiver to prepare for such meetings. You want to support them to speak for themselves and encourage them to ask questions so they can make informed decisions on what is best for their child. Refer to your agency's policy for further guidance. See Unit 21: Education System Section of the current edition of MDHHS/ACMH Cohort Curriculum.

SECTION 6: CRISIS INTERVENTION

6.1 Awareness of a Crisis

PSPs work with families who have experienced trauma and can often find themselves in crisis due to health situations, finances and other environmental stresses, bio-chemical imbalances for persons on medication or a combination of all these things. Sudden changes in behaviors or thoughts may indicate the person is in crisis. They may exhibit strong feelings of anger, confused thinking, delusions, excessive fear or anxiety, changes in eating or sleeping habits, unexplained physical ailments, or suicidal thoughts. Symptoms will vary by age group. For example, among young children frequent temper tantrums and hyperactivity might be symptoms. Whereas school-age children may exhibit changes in school behaviors or persistent nightmares. Remember crisis awareness is for PSP staff to be prepared for a crisis but not to act outside the PSP role.

6.2. Responding to a Crisis Within the PSP Role

Stay calm and assess your own safety situation. If you feel you are in a safe situation, provide support and empathy to the family. Allow the family to choose the course of action.

 *A good consideration*: Meet with your supervisor to process the situation to relieve your own stress and trauma from handling the situation.

SECTION 7: SUICIDAL IDEATION

7.1 Awareness of Suicidal Ideation

PSPs may work individuals who are at risk of suicide due to clinical depression, alcohol or substance use problems, or other risk factors. Traumatic events and crises in combination with risk factors may lead to suicide. Risk factors for suicide include but are not limited to:

- One or more prior suicide attempts.
- Family history of mental disorder or substance abuse.
- Family history of suicide.
- Family violence.
- Physical or sexual abuse.
- Keeping firearms in the home.
- Chronic physical illness, including chronic pain.
- Incarceration.
- Exposure to the suicidal behavior of others.

In addition to the above risk factors. there are warning signs that someone may be thinking about or planning to commit suicide such as:

- Always talking or thinking about death or having a death wish.
- Taking risks that could lead to death (e.g., playing with firearms, running red lights).
- Losing interest in things they used to care about.
- Talking about being hopeless, helpless, or worthless (e.g., comments such as "I want out" "I cannot take this anymore," "my family would be better off without me").
- Putting their affairs in order, tying up loose ends, calling people to say goodbye.
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy; and
- Talking about suicide.

7.2 Responding to Suicidal Ideation Within the PSP Role

Anybody who expresses suicidal thoughts or intentions should be taken very seriously. Do not hesitate to call the local suicide hotline which is the DWHIN Crisis Helpline 800-241-4949 or call 800-SUICIDE (800-784-2433) or 800-273-TALK (800-273-8255) or the deaf hotline at 800-799-4889. Call 911 if the Crisis Helpline cannot send a team to the location to ensure the person receives emergency hospitalization services. Please refer to your agency's policy for further guidance.

 *A good consideration*: Meet with your supervisor to ensure the incident is reported properly and to process the situation to relieve your own stress from handling the situation.

SECTION 8: COURT INVOLVEMENT

8.1 Types of Court Proceedings

The families' PSPs work with may have court involvement for two different reasons. One reason is due to youth being charged for delinquency offenses or engaging in behavior that places them at risk of being determined to be a delinquent. The second reason is a child has been found to be abused and/or neglected, or at-risk of being abused and neglected.

8.2 The Players

Depending on the type of case and judicial work load your family may appear in front of a judge or a referee. Judges are elected officials who have law degrees. Most have worked in the court system for some length of time. Referees in child welfare cases are attorneys employed by the Circuit Court and are appointed by the Chief Judge of the Circuit Court to serve as referee. Probation officers who are not attorneys may conduct hearings for youth charged with traffic or ordinance violations.

In both abuse/neglect and delinquency court proceedings the state of Michigan and Wayne County are represented by the Prosecuting Attorney's Office. They will be presenting the case against the family or youth. For delinquency proceedings, the youth should have defense counsel which may be hired by the family or appointed by the court. For neglect/abuse cases both the parent and child each have their own court appointed attorney called a Guardian Ad Litem. For more information about the procedures and the participants in court procedures, see Unit 20: Juvenile Justice System current edition of MDHHS/ACMH Cohort Curriculum MDHHS.

8.3 Delinquency Proceedings

All delinquency court proceedings follow the same set of procedures, and the flow of hearings are like the adult criminal court. For more information about the juvenile delinquency process and the participants involved in juvenile justice court procedures, see Unit 20: Juvenile Justice System Section of the current edition of MDHHS/ACMH Cohort Curriculum MDHHS.

1. Arraignment or detention hearing if the youth is being held in the detention facility. At the arraignment, the Prosecutor will present the allegations/charges against the youth.
2. The preliminary hearing at which the Prosecutor and Defense Attorney will present their version of the key aspects of the case. The judge may dismiss the case or decide to go forward with a trial.
3. The disposition hearing (trial) is where all the evidence is presented by both sides and the judge will determine if the minor will be under the court's jurisdiction. Disposition outcomes could be probation, placement in a juvenile facility or dismissal of the case.

Example: A youth could be found guilty and placed on probation with services to be provided such as drug treatment and the youth may also be ordered to do some form of community service.

8.4 Abuse/Neglect Proceedings

The child welfare court process is more complex than the delinquency court process. The process begins when a family is reported for child maltreatment which is defined as:

> serious harm (neglect, physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters. Child maltreatment also can include harm that a primary caregiver allows to happen or does not prevent from happening to a child.[1.]

Once a report is received by MDHHS, Child Protective Services will screen/investigate the matter and decide if the report of child maltreatment is substantiated (true) or unsubstantiated (no facts to support the report). In Michigan there are five (5) levels of severity within which a report may be substantiated. Even if the report is not substantiated, the family may be offered voluntary services. If the report is substantiated, MDHHS will initiate a court action. Table two (2) on page seventeen (17) and eighteen (18) presents the types of child welfare court hearings and timelines for these hearings is

from the Child Protection Handbook. Published by the State Court Administrator's Office, the Handbook is written for parents. It not only describes the process and parent's rights, but it also includes pages for parents to record names and phone numbers of attorneys and other parties in their case. It can be downloaded for free at https://www.courts.michigan.gov/4a6202/siteassets/court-administration/standardsguidelines/childprotectionjuvdel/for-parents/child-protection-handbook.pdf

Example: The goal of the child welfare system is to have the child be in a safe permanent home. Thus, permanency planning may have two goals: keep the family together and/or termination of parental rights. Discussions of possibly terminating a parent/primary caregiver right may begin at the initial stages of the court process, but that does not mean termination will be the outcome.

8.4.1 Baby Court

The process of hearings for the Baby Court are the same as in the child welfare court hearings table above. There are two (2) major differences. First, an Infant Mental Health (IMH) Specialist will be involved with the family to provide services to the parent/primary caregiver. Second, the time between each stage or hearing will be much shorter. These shorter time frames are based on child development. The first two (2) years of life are critical for an infant to bond or attach to a loving caring adult. This initial relationship will shape the baby's other relationships through-out their life.

8.4.2 Mandatory Reporting of Child Abuse and Neglect

PSPs are required by state law to report suspected child abuse and/or neglect to MDHHS. Reports are made by calling the state's Mandatory Reporting Line 855-444-3911. You will not have to identify yourself when you make the report. Within seventy-two (72) hours of calling the Mandatory Reporting Line, you will need to complete a MDHHS Form 3200 Report of Actual or Suspected Child Abuse or Neglect. The 3200 Form may be emailed, faxed, or mailed to the MDHHS in accordance with your agency's policy. The form itself provides the fax number, mailing address or email address for MDHSs' Centralized Intake for Abuse and Neglect. For more information on how to identify abuse and/or neglect and how to file a report of suspected abuse and neglect see Unit 17: Confidentiality Section of the current edition of MDHHS/ACMH Cohort Curriculum.

There are physical and behavior indicators for abuse and neglect that you can use to help you decide if a child is in an unsafe situation. Know and follow your agency's protocol. However, MDHHS's Resource Guide is available in Unit 17: Confidentiality Section of the current edition of MDHHS/ACMH Cohort Curriculum if you are unsure if a child is being maltreated. The Resource Guide also provides information on how to make a report, and the possible outcomes of child protective services (CPS) investigations. It is a good idea to be familiar with the possible outcomes of a Child Protective Service (CPS) investigation, so you can discuss these outcomes with the parent/primary caregiver.

 *A good consideration:* consult with your supervisor before calling the Mandatory Reporting Line.

8.5 Preparing the Family for Going to Court

If a parent/primary caregiver chooses to share they have a court hearing and/or has received court documentation, encourage and empower them to seek additional guidance from appropriate court staff for any questions.

Let them know when they get to the Lincoln Hall of Justice, they will go through a security clearance which includes being screened with a metal detector and their purse will be x-rayed and examined. Check the Court website to comply with regulations about what items are allowed in the courthouse. After the security check point, there is a booth to the right. Inside the booth, there is a list posted of the cases being heard that day. They should look for their child's name, the court room the hearing will be in, the building floor of the courtroom and the name of the judge or referee hearing the case.

Upon arriving at the courtroom, the parent/primary caregiver should approach the clerk's desk, introduce themselves and sign in. If the parent/primary caregiver has not already met the attorneys in the case and other parties who may be involved (e.g. provider) they should go to the tables at the front of the court room and introduce themselves. They will then take their place at the front table next to their attorney.

In delinquency proceedings, the parent/caregiver should sign in and have their child/youth sign in at the clerk's desk. The parent/primary caregiver and child should themselves to the clerk and attorneys. The child/youth will sit at the front table with their attorney, while the parent/primary caregiver will sit in the front row behind their child/youth.

Table 2: Child Welfare Court Timeline

Hearing Type	Timing	Purpose
Preliminary Hearing	Within twenty-four (24) hours (excluding Sundays and holidays) of a petition being submitted to the court that alleges your child is at a substantial risk of harm and removal is necessary to keep your child safe.	The court determines if there is enough evidence for the case to go forward, and if the child can safely remain in your home or if your child should temporarily live somewhere else during your case.
Pretrial Hearing	After the preliminary hearing but it must occur before the adjudicatory hearing. Not all courts hold this type of hearing because it is not required.	This hearing provides an opportunity for the parties and the lawyers to gather more information prior to the trial and become more familiar with the issues in the case that need to be resolved. This hearing is a chance for everyone to touch base and discuss issues.
Adjudicatory Hearing (Trial or Plea)	Within two (2) months of the preliminary hearing if the child is removed from your home or within six (6) months of the preliminary hearing if the child remains at home.	The judge or jury will listen to the evidence and decide if your child has been abused or neglected. If the judge or jury finds your child was abused or neglected the judge will decide where your child will live until the next hearing.
Initial Dispositional Hearing	Within one (1) month of the adjudication hearing if the child is in foster care. However, if the child remains at home, it is up to the court when this hearing will be held.	Before this hearing, you have a chance to meet with the foster care worker and develop a case-service plan that includes various actions and services you must complete. The court can adopt the case service plan and order you to comply with it.
Dispositional Review Hearing	*First Year that Child is in Foster Care* Within six (6) months of removal and every three (3) months thereafter. *Second Year or More that Child is in Foster Care* Within every six (6) months.	The court will review the child's placement and the case-service plan. The court will make sure you and the caseworker are doing what is required in the plan. The court will assess whether you have made progress in addressing the barriers to having your children in your care and making your home safe.
Permanency Planning Hearing	Within one (1) year after the original petition has been filed in your case and once a year thereafter unless the court holds the hearing sooner.	This hearing is to determine an appropriate permanent home for the child. The court will review your progress in completing the case service plan. If there is not enough progress, the court may consider long-term plans that may not include returning your child home.
Termination of Parental Rights	May be requested at any time. The state must request termination of your parental rights if your child has been in foster care for fifteen (15) of the most recent twenty-two (22) months. *Some exceptions apply.*	The judge will determine whether the parental rights should end, such as the right to make decisions about your child, the right to visit, and more. If the judge finds that termination of your parental rights is in the child's best interests, the child will become a ward of the state and may be adopted by another family.

If the parent/primary caregiver you are working with needs a translator for the court hearings, the parent can request the court supply one. The PSP **should not** provide translation services to the family in court proceedings. The service will be provided by the court when requested in advance.

8.6 The Role of the PSP in Court

If the parent/primary caregiver requests the PSP to attend a court hearing, your role is to support the family and empower them to share their voice. If it is possible, meet the family in the lobby and go with them to the courtroom. Sign in at the clerk's desk and introduce yourself. Then describe your role as a PSP to the clerk and the attorneys.

Example: My name is Sally Sue. I am with the (name of your employer), and I am Mrs. Jones Parent Support Partner.

Sometimes the parent/primary caregiver's attorney will want to meet with the parent/primary caregiver in the hallway or in another room of the courthouse. Please refer to your agency's policy if requested to accompany them to an outside meeting.

8.6.1 Testifying in Court

Please refer to your agency's policy for guidance.

SECTION 9: ADULT/ELDER ABUSE

9.1 Awareness of Child/Adult/Elder Abuse

PSPs are also mandated reporters for abuse of children, adults, elderly persons or other vulnerable adults. Individuals who are unable to protect themselves from abuse, neglect, or exploitation due to their age, or because of a mental or physical impairment are considered vulnerable adults.

MDHHS definition of Adult Abuse: Harm or threatened harm to an adult's health or welfare caused by another person. Abuse may be physical, sexual or emotional.[2]

MDHHS definition of Exploitation: Misuse of an adult's funds, property, or personal dignity by another person. [3]

MDHHS's definition of Child Abuse: Harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy[4].

The DWIHN's Abuse and Neglect Policy/Procedure Statement (2017), contains definitions of abuse and neglect specific to service recipients that incorporate the above MDHHS' definitions. Abuse includes any non-accidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient of DWIHN services as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a. It also speaks to exploitation of a service recipient. Additionally, the use of language or other means of communication to degrade, threaten, or sexually harass a recipient.[5]

9.2 Reporting Child/Adult/Elder Abuse

Whenever a DWIHN employee, subcontractor, or volunteer "witnesses, discovers or otherwise becomes aware of criminal abuse/neglect/exploitation of a service recipient they are to immediately report this to their immediate supervisor and to the Office of Recipient Rights verbally and/or in writing." (V. Standards, C. 1 – 5 Policy/Procedure Statement) Mandated reporters should also call and make an oral report to the law enforcement authority for the community in which the recipient was subjected to exploitation, abuse, and/or neglect. Within seventy-two (72) hours of the oral report a written report should be submitted to the law enforcement authority, the Executive Director of the agency that is your employer and/or others in accordance with your agency's policy, and the DWIHN's Compliance Officer. The written report must contain a description of the criminal abuse in keeping with MCL 750.145m and the name of the recipient subjected to the abuse.

MDHHS definition of Adult Neglect**:** Harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation (self-neglect) or the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. [6]

MDHHS definition of Child Neglect: Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk. [7]

 *A good consideration*: If you suspect an elderly or otherwise vulnerable adult is being abused/neglected or exploited, call your supervisor immediately to discuss your concerns and observations. The supervisor will guide you on calling the appropriate state and local authorities.

SECTION 10: CRITICAL INCIDENT REPORTING WITHIN THE PSP ROLE

10.1 Critical Incident Definitions

Critical Incident reporting involves all unexpected incidents involving the health and safety of consumers within the DWIHN service delivery area and network of providers. These include but are not limited to "consumer deaths, medication errors, behavioral episodes, arrests, convictions, physical illness and injuries."[3] The MDHHS Medicaid Manual also considers the following to constitute critical incidents or events that must be reported to MDHHS.[4]

- Death
- Serious injury
- Serious illness
- Suspected abuse (physical, verbal, or sexual) or neglect
- Exploitation
- Any explained or unexplained injury
- Theft
- Illegal activity including drug use
- Attempts at self-inflicted harm or harm to others (suicide, attempted suicide, homicide)
- Medication errors and any unusual medication related issues
- Restraints, seclusion, or restrictive interventions
- Environmental incidents that place consumer at risk

10.2 Critical Incident Reporting Procedure

All staff who witness, participate in, or discover a critical incident are required to report the incident as soon as possible to their program manager and within an hour after the incident occurred. If the incident involves physical injury, seeking and providing emergency care is the priority. Within twenty-four (24) hours of the incident a Critical Incident Report is to be completed and submitted to the Program Manager and/or others in accordance with your agency's policy. Incident reports are considered legal documents and are to be retained and never destroyed.

Each agency has its own Critical Incident Report and reporting procedure. Generally, the Critical Incident Report is to be completed in its entirety and must be typed. A separate form is required for each incident or occurrence and for each service recipient. If more than one consumer is involved, the incident report must have the full name of the primary service recipient and the initials of other consumers involved in the incident. If more than one staff person was involved or witnessed the incident each staff person is to complete an incident report.

SECTION 11: CESSATION OF PSP SERVICES

There are three (3) situations that result in the cessation of PSP services.

1. The family has achieved the goals in their Individualized Plan of Service (IPOS).
2. The provider can no longer provide service to the family.
3. The family discontinues their participation in PSP or other mental health services.

The first two (2) situations are planned closures. When there is a planned closure have the parent /primary caregiver complete the MDHHS post-PSP Survey at the last session.

If the family moves without letting the PSP or provider know where they are moving to or decides to discontinue service, it will not be possible to administer the MDHHS post-PSP Survey or other case closing paperwork. Surveys must be closed in the REDCap system. PSPs should alert their agency data person to close the REDCap file. The family's decision to not continue service is not a reflection on the PSP or the quality of services provided to the family by the PSP. About fifty percent (50%) of all behavioral health parent/caregiver do not complete their service program.

 *A good consideration*: If the PSP is unable to connect with the family to provide on-going services, contact the provider or Wraparound facilitator to see if they are still seeing the family and can suggest ways to connect with the family.

11.1 Preparing the Family for the end of PSP Services

For a planned closure when the family has achieved their goals begin to prepare them for this at the second to last visit. Thirty days prior to closure review the IPOS goals with the family and the progress they have made. Discuss accessing community and informal supports and any planned next steps with them. Prior to the final visit with prepare the family to complete the MDHHS Post PSP Survey. Discuss with them how they can continue to participate in activities such as parent support groups, trainings, back to school event, and other community celebrations through the Connection's System of Care.

A good consideration: Always encourage the parent/primary caregiver to complete the MDHHS Post PSP Survey and mail it to FAFC.

11.2 Re-initiating PSP Services

If the parent/primary caregiver calls for assistance after services are completed explain that their provider must request authorization for you to provide services to the family. Instruct the parent/primary caregiver to call the provider. If they no longer have that person's contact information give them that information. If the original referring provider no longer works at the agency consult your supervisor.

A good consideration: Discuss with your supervisor, how and why the parent /primary caregiver contacted you. Together you can decide how to proceed with request.

SECTION 12: SUPERVISION

Supervision provides an opportunity for you to get support, decrease barriers for your families, explain unforeseen barriers that prevent you from doing your job to your supervisor's attention and learn about resources or strategies for working with families. The PSP should prepare an agenda of what supports they or their families need. Supervision allows you to gain insights on how to produce the best outcomes for the families you serve as a PSP by sharing your diagnostic impressions and discussing intervention strategies. It is also a mechanism to ensure you are on-track with your paperwork requirements and prioritize your work tasks. The frequency of supervision is established within the requirements of the PSP model and your employer's policies and procedures. You and your supervisor will want to keep notes of important matters discussed during supervision.

Annually you should collaborate with your supervisor to conduct a performance review of your work, the role of your supervisor and the organization in supporting your work. Each agency has forms and processes for annual employee performance evaluations. This annual review process is part of your ongoing review of the services you provide to ensure the quality standards for PSP services are met.

SECTION 13: PSP QUALITY ASSURANCE PLAN

An important way to promote your professional growth and build confidence as a PSP is to use the PSP Skills and Knowledge Assessment to review and rate your proficiency in skills and activities. Reviewing how proficient you are in PSP specific knowledge and skill areas enables you to identify areas that you would like additional training or technical assistance with. Improving your skills not only makes your job easier but ensures the services you provide result in parents/primary caregivers achieving the goals and objectives they want for their families. Engaging in an ongoing quality improvement process as established in the FAFC PSP Quality Assurance Plan (QAP) is a requirement of the DWIHN for all service providers in Wayne County.

The FAFC will provide training for you and your supervisor on implementing the QAP and using the tools that accompany it. These tools will also help you document trainings and other activities to meet MDHHS/ACMH re-certification requirements.

REFERENCES

1. Child Welfare Information Gateway, https://www.childwelfare.gov/pubs/factsheets/cpswork.cfm
2. Michigan Medicaid Provider Manual, Abuse and Neglect Section, January 1, 2022, Lansing, MI:
3. Michigan Medicaid Provider Manual, Abuse and Neglect Section, January 1, 2022, Lansing, MI:
4. Michigan Medicaid Provider Manual, Abuse and Neglect Section, January 1, 2022, Lansing, MI:
5. Detroit Wayne Integrated Health Network, (2017). *Abuse and Neglect Policy*, Policy Statement ID: 8678469, Policy Area Recipient Rights. Detroit Wayne Integrated Health Network, Detroit, MI:
6. Michigan Medicaid Provider Manual, Abuse and Neglect Section, January 1, 2022, Lansing, MI:
7. Michigan Medicaid Provider Manual, Abuse and Neglect Section, January 1, 2022, Lansing, MI:

Handbook Topic Index Cross Referencing
MDHHS/ACMH Current Edition of MDHHS/ACMH Cohort Curriculum

FAFC Handbook Topics	MDHHS PSP Curriculum Units
Definitions	Definitions and System Descriptions Units 14, 19, 20 and 21
Keeping Protected Information Safe	Unit 17 – Confidentiality Unit 18 – HIPAA
Maintaining Professional Boundaries	Unit 6 – Building the Parent Support Partner Relationship Unit 12 – Parent-Professional Partnerships
Personal Safety - Staying Safe in the Field	Unit 16 – Cultural Competence
Contacting the Family	Unit 2 – Purpose of Parent Support Partners
Initial Family Visit	Unit 4 – Family Engagement
Explaining Parent Support Partner Services	Unit 2 – Purpose of Parent Support Partners Unit 3 – Sharing Your Story
Techniques for Engaging Parents/Primary Caregivers	Unit 2 – Focused Listening
Completing the Paperwork	Unit 7 – Clarifying Family Needs Unit 8 – Collecting Information Unit 9 – Turning Hopes and Dreams into Action
On-going Family Visits	Unit 10 – Problem Solving and Checking for Progress
Court Proceedings/Mandatory Reporting	Unit 19 – Child Welfare and the Department of Health and Human Services Unit 20 – Juvenile Justice System
Joint Supervision	Unit 12 – Parent-Professional Partnerships

APPENDIX A: FORMS & DOCUMENTATION

FORM/DOCUMENT	WHEN COMPLETED	WHO COMPLETES
PSP Knowledge and Skills Assessment Checklist	Six (6) months after ACMH initial certification and annually thereafter	PSP
PSP Initial Certification Checklist	While participating in PSP training and ACMH certification activities	PSP
PSP Annual Recertification Application	Annually	PSP & Supervisor
Parent Support Training and Technical Assistance Tracking Form	On-going	PSP in consultation with their Supervisor
Individual Plan of Service (IPOS)	Case opening – (agencies may use different formats) Annually or more frequently as plan is amended	Referral Source
MDHHS Pre-Service PSP Survey	Within thirty (30) days of referral receipt or by the end of the third family visit	PSP
Progress Note	At all stages of the PSP's work, within twenty-four (24) hours of each contact in accordance with CMHSP policy	PSP
MDHHS During Service PSP Survey	Roughly six-months after the beginning of service and at six (6) month intervals in accordance with CMHSP policy	PSP
Critical Incident Report	By end of shift, no later than twenty-four (24) hours after incident in accordance with CMHSP policy	PSP & Supervisor
MDHHS 3200	Seventy-two (72) hours after calling MDHHS to report suspected abuse/neglect in accordance with CMHSP policy	PSP & Supervisor
Elder Abuse Written Report	Seventy-two (72) hours after oral report to police and MDHHS in accordance with CMHSP policy	PSP & Supervisor
MDHHS Post Service PSP Survey	When PSP services end	PSP

Parent Support Partner Initial Certification Checklist

Parent Support Partners (PSP) can use this checklist to track their activities for certification by the Association for Children's Mental Health (ACMH). As a PSP goes through the certification process, they can enter the dates that they participated in the listed required activities and check off whether the requirement was met. The fourth column provides a space to write in comments and the action plan to meet requirements if they were not met. For example, if a training date was missed due to illness the PSP can note that circumstance and how they plan to receive the needed training that was missed. This checklist is used in conjunction with two other quality assurance review tools: 1) the PSP Skills and Knowledge Assessment Checklist and 2) the PSP Training and Technical Assistance Form.

Name: _____

Year: _____

Agency: _____

MDHHS/ACMH Cohort: _____

Certification Requirements	Participation Dates	Requirements Met	Comments/Action Plan
1. Attend part one (1) and part two (2) of MDHHS/ACMH training			
2. Participate in ten (10) months of group coaching calls			
3. Individual coaching from statewide coordinator if needed for targeted technical assistance			
4. Attended three (3) quarterly MDHHS/ACMH professional development/technical assistance meetings			
5. Proficiency in PSP Skills and Knowledge as indicated by completion of one (1) through four (4) above.			

Parent Support Partner — Annual Recertification Application

Name — *as it should appear on certificate*	
CMH Agency	
Contract Agency or Family Organization	
Address — *certificate will be mailed here*	
Date of Original Certification	New Recertification Date (ACMH use)

Complete the following Annual Checklist			
Completed			Annual Recertification Requirements
Date	PSP Initial	Supervisor Initial	
			1. Attended a minimum of one Professional Development meeting
			2. Participated in a minimum of three (3) coaching calls
			3. Completed fifteen (15) hours of agency determined mental health training

TECHNICAL ASSISTANCE			
Purpose of Technical Assistance is to provide education, support, and consultation for PSPs/supervisors/Agency staff. Technical Assistance is available via conference call or site visit.			
Date(s)	PSP Initial	Supervisor Initial	
			Did you request/receive Technical Assistance?

I certify that I have completed the requirements stated above for Parent Support Partner recertification. I further certify the information provided on this application and supporting documentation is accurate.

_____ _____
PSP Signature Date

_____ _____
PSP Supervisor Signature Date

_____ _____
Approved by Statewide PSP Coordinator Date (upon review)

MDHHS Parent Support Partner (PSP) Sample Goals, Strategies, Interventions or Objectives

The PSP Medicaid service must be identified in the plan using a Family Driven Youth Guided process with amount, scope and duration defined as appropriate by shared decision making with PSP, parent and clinician.

The PSP service may be defined in the child/youth/family plan as a broader goal or as a strategy, intervention or objectives under another goal.

Each CMHSP may approach plan development differently but must ensure a family driven youth guided process.

Best Practice considerations:

- Ideally developed with parent and PSP (parent voice);
- PSP will actively collaborate with treatment team and parent to support parent voice in setting goals related to the child's mental health journey;
- Must be individualized for the unique parent/family need;
- Incorporate the role of lived experience of the PSP;
- Meeting frequency will be determined jointly by PSP, clinician, and parent with strong consideration for family needs and preferences.

Starter samples:

- PSP will empower the parent to _____.
- Through guidance and support of the PSP, parent will gain confidence in their skill and ability to drive their child's mental health journey .
- PSP will empower and support parents in finding their voice at family team meetings (Wraparound, IEP, etc.), and attend as invited by parent.
- PSP will work with parent in gaining confidence in expressing their needs when seeking information, resources and natural supports as determined by the family.
- By sharing their lived experience, the PSP will partner with parents to identify, and problem solve how to build natural supports.
- PSP will support the parent/primary caregiver in preparing for meetings, so they are confident in determining and voicing the needs of their child.
- PSP will encourage parents as they work to build relationships and partnerships with Mental Health providers, CPS, Foster Care, Juvenile Justice, schools, and other providers within their child's treatment team.
- Parent would like to the utilize Parent Support Partner to offer hope and encouragement as he or she copes with the unique challenges of raising a child with mental health challenges.
- PSP will use their story to provide hope and encouragement to parent.

Parent Support Partner (PSP) Training and Technical Assistance Tracking Form

Name: _____ Year: _____

Agency: _____

Supervisor: _____

The PSP Training and Technical Assistance Tracking Form is used to track the hours of approved mental health training/technical assistance required for re-certification along with tips and techniques the PSP learns from participating in training/technical assistance from ACMH coaching calls, and FAFC Peer-to-Peer Networking meetings. There are two (2) sections to this tracking form. The first (1st) is for formal trainings you attend, and the second (2nd) is for technical assistance meetings and ACMH coaching calls.

1. Training Topic	Hours	Training Date	Tips and Techniques Learned

1. Training Topic	Hours	Training Date	Tips and Techniques Learned

2. Technical Assistance Meetings and Coaching Call Topic	Hours	Call/Meeting Date	Tips and Techniques Learned

2. Technical Assistance Meetings and Coaching Call Topic	Hours	Call/Meeting Date	Tips and Techniques Learned

Parent Support Partner Skills and Knowledge Assessment

Name: _____ Date: _____

Agency: _____ ACMH Cohort: _____

Instructions: Six (6) months after Parent Support Partners (PSP) who have completed the required training for certification as a PSP use this Skills and Knowledge Assessment tool to assess their level of proficiency in PSP skills and knowledge areas. PSPs will then complete the PSP Skills and Knowledge Assessment on an annual basis as part of their employer's annual performance review. This review tool is designed for you to reflect on your level of proficiency as a PSP. PSPs should reflect on their performance annually using the Skills and Knowledge-Assessment to review areas that they may want to seek training and technical assistance or discuss in supervision.

The first (1st) column lists each aspect of PSP work and describes key knowledge, skills and activities that constitute proficiency. Use the second (2nd) column for assessing your level of proficiency, enter the number that corresponds to your assessment of how proficient you feel you are with this skill or activity. There are four levels of proficiency defined below:

1. Beginning - No knowledge of a skill or activity.
2. Learning – still learning a skill or activity while implementing it with parents.
3. Intermediate – you can utilize this skill, or activity with the parent/primary caregiver and can explain the concept or material to the parent/primary caregiver or other PSPs, but do not feel totally confident in your abilities to use this skill.
4. Proficient – you are comfortable using this information, skill, or activity effectively with the parent/primary caregiver.

In the third (3rd) column give an example of how you demonstrated this skill at your self-rating of your proficiency level for this skill and activity. The final column provides a space for comments or plans to seek additional training or technical assistance on this skill and/or knowledge area to increase your confidence and proficiency.

Family Alliance for Change

Detroit Wayne Integrated Health Network DWIHN Your Link to Holistic Healthcare

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Ethics and Confidentiality			
Understands and complies with federal and state laws protecting confidentiality and can help family members understand their rights and responsibilities.			
Understands the when, why and how to report child abuse and neglect, elder abuse and other forms of domestic violence.			
Understands the importance to establish and maintain personal and professional boundaries with families and colleagues.			
Obtain required signatures on Consent Forms that allow PSPs to collaborate with other systems working with the family.			
Understands your skill level and knows when to seek your supervisor's assistance and/or make referrals.			
Uses Skills and Knowledge Assessment to promote self-awareness and improve performance.			
Alliance Building and Empowering Families			
Treats family members with respect and dignity, reinforcing their use of individual choice and voice.			

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Knows and uses peer-to-peer principles of family driven, youth guided, and strengths-based approaches to service planning and delivery.			
Knows how to use their personal story to build credibility, trust and instill hope which increases families' engagement in services, so they can achieve their IPOS goals.			
Works with parents/primary caregivers to develop goals that are meaningful to the parents/primary caregivers.			
"Able to impart skills related to the utilization of and communication with resources on their own. Families are able to effectively express their needs when seeking help."[1]			
Bridging and Collaboration			
Works collaboratively with parent/primary caregivers and others to bring perspectives together.			
Works collaboratively with parent/primary caregivers and others to bring perspectives together. "Helps coach and prepare parents/primary caregivers with skills to identify barriers, support collaboration and improve communication specific to the needs of the child."[2]			

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Able to describe to family members and team members peer support services role as distinct from clinical services as part of the array of available services.			
"Helps to empower the parent/primary caregiver to articulate their priorities when working with system partners. The parent/primary caregiver can effectively communicate their strengths and needs within the IPOS for their family."[3]			
At the parent's/primary caregiver's request and as identified in the IPOS goals assist parent/primary caregiver during an IEP and report encounter.			
Ask parent/caregiver if they understand the IEP process and what to expect. If they have questions/concerns, encourage them to seek appropriate school staff for clarity. This connection supports parents/primary caregivers with resources, materials and people within the school who can be ongoing resources for them.			
Understands the importance of promoting cooperation between and among family members.			
Able to help "system partners recognize and respect family voice.[4]			
Developing Direction for the Future			
"Assure the parent/primary caregiver can develop, implement and manage their own array of supports."[5]			

Skills and Knowledge Areas	Proficiency Level	Example	Comments
"Families are able to report they have a sense of positive, forward direction. Families feel ready to transition out of PSP services."[6]			
Celebrate successes accomplished by the parent/primary caregiver's hard-work, new skills and strengths.			
Encourage parent/primary caregiver's ability to recognize their family's needs, to find and actively engage in services that meet these needs.			
Access and Documentation			
Review referrals within seventy-two (72) hours of receipt or as indicated in CMHSP policy and make initial contact with parent/primary caregiver within time frames for PSP services.			
Have first face-to-face meeting with parent/primary caregiver at the parent/primary caregiver's earliest convenience or as indicated in CMHSP policy.			
Administer MDHHS Pre-Parent Support Partner Surveys to parent/primary caregivers within thirty (30) days of case opening and the Progress-Post Parent Support Survey every six (6) months and upon case closure.			
Family Satisfaction			
Increase family involvement, voice, and engagement with their goals and objectives.			

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Parents/primary caregivers felt respected and listened to by the PSP.			
Parents/primary caregivers found PSP services to be helpful and would recommend PSP services to other parents/caregivers.			
Parents/primary caregivers' express confidence working with services providers.			
Parents/primary caregivers are better prepared to meet their family's needs and to cope with life stressors.			