

Parent Support Partner Quality Assurance Plan



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1. Introduction

The Detroit Wayne Integrated Health Network's (DWIHN) Parent Support Partners (PSP) Quality Assurance Plan (QAP) describes the quality objectives and scope of review activities to facilitate high quality PSP services in Wayne County. It covers the quality standards and guidelines established by the Michigan Department of Health and Human Services (MDHHS) and DWIHN, along with the tools and timeframes for measuring achievement of these quality standards.

1.1 Purpose

The purpose of the PSP QAP is to assure parents of Wayne County children and youth receive effective PSP services by maintaining PSP Medicaid Manual service fidelity. This QAP aligns with standards for PSPs to receive training and support that impart "the tools and concepts necessary to provide Medicaid billable Parent Support Partner services to parents and primary caregivers in the public mental health system in Michigan"¹ whose children are experiencing serious emotional disturbance (SED) and those with intellectual developmental disabilities including autism (I/DD).

The PSP QAP conveys to PSPs, their supervisors and the CONNECTIONS³ Children's Cross System Management (CSM) Committee, the quality objectives, standards, documentation review processes and timeframes for continuous quality improvement of PSP services.

1.2 Scope

The PSP QAP reinforces the Intervention skills and activities outlined in the MDHHS' PSP job description that speak to partnering "with families to support, educate and empower them to use their voice, develop positive relationships with service providers and develop skills to navigate the systems their child and family are involved with."⁴ Supporting families' connections with community resources, natural supports and service providers. Participating in activities that facilitate skill development including trainings, coaching, supervision and related meetings. Additionally, the QAP speaks to completing and maintaining records and essential documentation in a timely manner.

The PSP QAP focuses on the individual PSP using self-assessment tools based on ACMH's PSP certification requirements, fidelity to MDHHS' Medicaid Manual [MedicaidProviderManual.pdf \(state.mi.us\)](#) and ACMH PSP certification training.

When PSPs review and assess their knowledge and skills, they often gain insights into skill areas that may require additional training or coaching. Use of self-reflection allows the PSP to identify skills or issues that they wish to seek guidance from their supervisor, ACMH statewide coaching calls and technical assistance meetings. These meetings provide additional opportunities to learn new ways of completing PSP activities that support families with complex needs.

Outside of the scope of this PSP QAP is the Community Mental Health (CMH) supervisor's role and activities as well as the type of CMH agency supports provided to PSPs within the CONNECTIONS Systems of Care (SOC).

2. Parent Support Partner Quality Objectives

2.1 Training and Professional Development Objectives

- 2.1.a.** Attend parts one (1) and two (2) of MDHHS/ACMH classroom trainings for initial certification.
- 2.1.b.** Complete twenty-four (24) hours of agency directed and approved mental health specific training annually for recertification. Trainings provided by MDHHS/ACMH can deducted from the twenty-four (24) hours of agency trainings.
- 2.1.c.** Use the PSP Skills and Knowledge Assessment Checklist and annual performance review processes to identify training topics that will increase PSP skills resulting in improved outcomes for families and children.
- 2.1.d** Participate in the MDHHS/ACMH quarterly Professional Development meetings.
- 2.1.e.** Prepare an agenda in consultation with your supervisor of items you both wish to discuss prior to supervision meetings.
- 2.1.f.** Use the PSP Initial Certification Checklist to track participation in required certification activities.
- 2.1.g.** Provide FAFC with a copy of your MDHHS/ACMH Accreditation as a PSP Certificate.
- 2.1.h.** Request technical assistance or coaching as appropriate from the ACMH Statewide Coordinator for skills or techniques that you would like to further develop.
- 2.1.i.** Participate in the monthly FAFC Peer-to-Peer Networking meetings to learn from other PSPs.

2.2. MDHHS/ACMH Certification and Recertification Objectives

- 2.2.a.** Attend MDHHS/ACMH classroom training for Certification.
- 2.2.b.** Participate in one (1) hour group coaching calls for ten (10) months with ACMH training and coaching team for Certification.
- 2.2.c.** Participate in individual coaching as requested by yourself, your supervisor, or the ACMH PSP Statewide Coordinator or Project Manager to refine specific skills or receive targeted technical assistance for Certification.
- 2.2.d.** Attend a minimum of three (3) quarterly ACMH Professional Development/Technical Assistance meetings for Certification.
- 2.2.e.** Demonstrate proficiency of PSP skills as measured on the Skills and Knowledge Assessment.
- 2.2.f.** Meet annual requirements for Recertification by MDHHS/ACMH.
 - 2.2.f.1.** Participate in three (3) of the one (1) hour coaching calls with ACMH training and coaching team.
 - 2.2.f.2.** Attend at least one (1) quarterly ACMH Professional Development/Technical Assistance meeting.
 - 2.2.f.3.** Participate in the Annual Site Visit to your agency by ACMH's Statewide Coordinator.
 - 2.2.f.4.** Complete fifteen (15) hours of agency directed, and approved child and family focused mental health specific training annually.
 - 2.2.f.5.** Use the PSP Skills and Knowledge Assessment and annual performance review processes to identify training topics that will increase PSP skills resulting in improved outcomes for families.
- 2.2.g.** Use the PSP Training and Technical Assistance Tracking Form to monitor your participation in necessary training and technical assistance activities.
- 2.2.h.** Complete and submit the ACMH Annual Recertification Application to the Parent Involvement Manager via email.
- 2.1.i.** Provide FAFC with a copy of your ACHM recertification as a PSP Certificate.

2.3. Parent Support Partner Practice Objectives

- 2.3.a.** Use the PSP Skills and Knowledge Assessment Checklist to determine your level of proficiency within each practice area.
- 2.3.b.** Review the PSP Skills Assessment results with your supervisor to ascertain areas where additional technical assistance or training are needed.
- 2.3.c.** Obtain training and/or technical assistance in the area(s) identified.
- 2.3.d.** The next iteration of the PSP Skills and Knowledge Assessment Checklist shows increased proficiency from the prior iterations.

2.4. Medicaid Model Fidelity Objectives

- 2.4.a.** 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.
- 2.4.b.** Engage families in service and keep them engaged in service until their goals as identified by the family are obtained.
- 2.4.c.** Demonstrate active listening skills.
- 2.4.d.** Facilitates parent/primary caregiver's ability to articulate their priorities to service providers.
- 2.4.e.** Help parent/primary caregiver strengthen their informal support network. Families are able to effectively express their needs when seeking help⁵ from Michigan Alliance for Families or 2-1-1.
- 2.4.f.** The parent/primary caregiver can effectively communicate their strengths and needs within the plan of service for their family."⁶
- 2.4.g.** Celebrate parent/primary caregiver's sense of confidence and ability to recognize their short-term successes.
- 2.4.h.** "Families are able to report they have a sense of positive, forward direction. Families feel ready to transition out of PSP services."⁷
- 2.4.i.** Support parent/primary caregivers' ability to identify the strengths, abilities and challenges of the family unit and family members.
- 2.4.j.** Able to help "system partners recognize and respect family voice."⁸

2.5 Access to Care Quality Objectives

- 2.5.a.** Contact parent/primary caregiver within twenty-four (24) hours of receiving the referral to schedule a face-to-face meeting in accordance with CMHSP policy.
- 2.5.b.** Make three (3) attempts to contact the parent/primary caregiver within seventy-two (72) hours of receiving a referral to schedule the first face-to-face meeting in accordance with CMHSP policy.
- 2.5.c.** After confirming you have the correct telephone number and your attempts to contact them have not been responded to by the parent/primary caregiver, send a letter to the parent/caregiver's known address explaining you have been unable to contact them. If they are still interested in receiving PSP services explain that they may request PSP services.
- 2.5.d.** Meet parent/primary caregiver face-to-face within two (2) weeks of initial contact by telephone.
- 2.5.e.** In collaboration with parent/caregiver, establish and maintain a schedule of ongoing face-to-face meetings with parent/caregiver.

2.6 Documentation Objectives

- 2.6.a.** Review all referrals within twelve (12) to twenty-four (24) hours of receiving the referral.
- 2.6.b.** Prepare all paperwork needed for your initial face-to-face meeting the day before the scheduled meeting: PSP Brochure, PSP business card with cell phone number, list of goals from the Individual Plan of Service (IPOS) or Wraparound plan of care (POC) and Legal Self-Help Resource Center Flyer.
- 2.6.c.** By the end of the second (2nd) session with the parent/primary caregiver, complete the opening documentation and establish PSP activities within IPOS to achieve plan goals (considering parent/caregiver availability).
- 2.6.d.** Document all interactions with the parent/primary caregiver and other family members in your agency's designated format for PSP Progress Notes within twenty-four (24) hours of contact.
- 2.6.e.** Administer MDHHS Pre-PSP Surveys to parent/primary caregivers within thirty (30) days of initial face-to-face meeting with the parent/primary caregiver.
- 2.6.f.** Administer the MDHHS Progress-Post PSP Survey every six (6) months and upon completing your work with a family.
- 2.6.g.** Complete your agency's critical incident reports at the end of your shift and no-later than twenty-four (24) hours after any incident.
- 2.6.h.** Complete MDHHS 3200 or Elder Abuse Report in consultation with your agency supervisor and submit to MDHHS within seventy-two (72) hours of the initial call reporting suspected abuse/neglect to MDHHS.

2.7 Family Satisfaction with Service Objectives

- 2.7.a. Most parents/primary caregivers felt respected and listened to by their PSP as measured on the MDHHS PSP Survey.
- 2.7.b. Most parents/primary caregivers report they found PSP services to be helpful and would recommend PSP services to other parents/primary caregivers as measured on the MDHHS PSP Survey.
- 2.7.c. Most parents/primary caregivers express new confidence in their parent skills as measured on the MDHHS PSP Survey.
- 2.7.d. Most parents/primary caregivers' express confidence in working with services providers as measured on the MDHHS PSP Survey.
- 2.7.e. Most parents/primary caregivers feel they are treated with respect by formal service providers and persons in their informal support networks as measured on the MDHHS PSP Survey.
- 2.7.f. Most parents/primary caregiver report being better prepared to meet their family's needs and to cope with life stressors after receiving PSP services as measured on the MDHHS PSP Survey.

3. Management

3.1 Organization

The FAFC Resource Center for PSPs in Wayne County is responsible for developing the PSP QAP with input from PSPs and supervisors and ACMH. FAFC will provide training for PSPs on the purpose of the QAP, quality review tools and methods, along with the time frames for conducting quality reviews. Training will be conducted when the QAP is implemented county-wide with additional training provided bi-annually for new PSPs. The PSP QAP will be reviewed annually. If changes are made to the QAP, PSPs will receive a copy of the revised QAP and training on the revised plan will be conducted. FAFC will work with PSP supervisors to facilitate awareness and use of the PSP QAP review tools in working with PSPs.

PSP supervisors and PSPs are responsible for implementing the PSP QAP in their agency as part of that agency's overall quality assurance program.

3.2 Review Levels

- 3.2.a. **Self-Assessment Reviews** - The PSP will use the PSP Skills and Knowledge-Assessment Checklist to determine their performance and proficiency level for each PSP practice competency and fidelity to the PSP model.
- 3.2.b. **Formal Review** - The PSP and their supervisor use the Skills and Knowledge Assessment Checklist to review the level of congruence with their perceptions about the PSPs performance. Together they will use the PSP Training and Technical Assistance Tracking Form to meet the PSPs training and technical assistance needs to increase the PSPs level of proficiency relative to PSP skills and Medicaid Manual fidelity.
- 3.2.c. **Peer Review** - The PSP will seek input from their peers on techniques, training/technical assistance and other vehicles for increasing the PSP's proficiency level relative to PSP skills and Medicaid Manual fidelity.
- 3.2.d. **Annual Performance Review** -The PSP and their supervisor will conduct an annual performance review for the PSP that uses the MDHHS/ACMH Annual Recertification Application enabling the PSP to meet MDHHS/ACMH recertification criteria using the PSP Training and Technical Assistance Tracking Form to monitor participation in required training and technical assistance/coaching calls. The PSP and their supervisor will use the organization's annual performance review documents to assess the PSP, the supervisor's and the organization's performance in delivering PSP services. A random case file review will be conducted as part of the annual performance review.
- 3.2.e. **Family Satisfaction Review** - FAFC will compile the results from completed MDHHS PSP Surveys for each PSP in relationship to Family Satisfaction with Service Quality Objectives. This compilation of PSP Surveys will be provided to each PSP and their supervisor for review.

4. Documentation Produced by Quality Reviews

The PSP QAP process will produce documentation of the PSP meeting MDHHS/ACMH certification and recertification criteria. Additional documentation is found in the annual Training and Technical Assistance Tracking Form which specifies training or technical assistance topics and the name, date, hours spent and types of training or technical assistance activities the PSP participated in to meet recertification requirements. PSPs' self-assessments, along with peer and supervisor review meeting notes provide supplementary records. Agency supervisors can work with their data entry staff person and the Michigan State University evaluation staff to generate reports that allow supervisors to monitor completion of MDHHS' PSP Surveys by PSPs and compiled results of the PSP Surveys for the parents/primary caregivers each PSP has worked with in the past year. The reports can then be reviewed with the PSP as part of their Annual Performance Review. Random case file reviews will be conducted by their supervisor to affirm all PSP required forms are completed in a timely manner and access timeline standards are met. Written findings from the case file review will be shared with the PSP and be incorporated into the agency's QAP report to the DWIHN.

5. Standards and Guidelines

The standards and guidelines that the PSP QAP is designed to meet are the MDHHS/ACMH Certification and Recertification guidelines and the DWIHN most current Quality Assurance Performance Improvement Program (QAPIP) Access and Consumer Engagement standards established for service providers.

6. PSP Quality Assurance Review Tools

Form	Source
6.1 PSP Initial Certification Checklist	FAFC
6.2 Annual PSP Recertification Application	MDHHS/ACMH
6.3 PSP Skills and Knowledge Assessment Checklist	FAFC
6.4 PSP Training and Technical Assistance Tracking Form	FAFC
6.5 PSP Supervision Notes	Format in use at each Agency
6.6 Annual Performance Review	Format in use at each Agency
6.7 Random Case File Review	Format in use at each Agency
6.8 PSP Surveys	MDHHS
6.9 Aggregate Reports of PSP Parent Survey Results	MDHHS

7. PSP Quality Assurance Review Plan and Schedule

7.1 PSP Review Schedule

The PSP QAP provides information to increase the self-confidence and competencies of PSPs in their role of supporting, educating, and empowering parents/primary caregivers of children/youth experiencing serious emotional disturbance (SED) and/or intellectual development disability (I/DD). Additionally, it enables the agency employing the PSP to report appropriate quality outcomes to the DWIHN. Table one (1) presents the plan and schedule for using PSP quality assurance review tools to facilitate PSP quality objectives are measured and achieved.

Table 1: Parent Support Partner Quality Assurance Review Schedule

Tools	Responsible Parties	Time Frame
PSP Initial Certification Checklist	Completed by PSP	While going through certification
ACMH/MDHHS Initial PSP Certificate	Submitted by PSP to FAFC	Upon receipt of certificate
PSP ACMH Annual Recertification Application	Completed by PSP, signed by supervisor, approved by ACMH	Submitted annually to ACHM
ACMH Recertification Certificate	Submitted by PSP to FAFC	Upon receipt of Certificate
PSP Skills and Knowledge Assessment	Completed by PSP, reviewed with supervisor and submitted by PSP to FAFC	Within six (6) months of certification, then annually
PSP Training and Technical Assistance Tracking Form	Created by PSP in consultation with supervisor. Both are responsible for its implementation	Completed Annually
PSP Supervision Notes	Completed by supervisor	Annually
Annual Performance Review	Initiated by supervisor and conducted with PSP	Annually
Random Case File Review	Completed by supervisor as part of annual performance review	Annually
Aggregate Reports of MDHHS PSP Surveys	MDHHS Evaluation Team	Annually

7.2 Problem Resolution

Whenever any aspect of the review process identifies lack of fidelity to the service delivery model, incomplete/missing service documentation, unprofessional behavior or failure to meet quality objectives, the supervisor and PSP will develop and implement an action plan to address these matters. The action plan will take the form of a work plan which details training and other activities including seeking technical assistance from ACMH, milestones and responsible parties for implementing the plan. Ongoing monitoring of the plan’s implementation and progress reviews are the joint responsibility of the PSP and the supervisor.

8. Endnotes

1. Michigan Department of Health and Human Services & Association for Children’s Mental Health, (January 2021) *Parent Support Partner (PSP) Supervisor/Administrator Manual*. Michigan Department of Health and Human Services & Association for Children’s Mental Health. Lansing, MI: p. 24
2. Ibid. p. 13
3. CONNECTIONS is the name of Wayne County’s System of Care for children and youth involved in multiple public systems (e.g., special education, mental health, child welfare and/or juvenile justice).
4. Op Cite. MDHHS & ACMH, January 2021.
5. Ibid. p. 12
6. Ibid. p. 13
7. Ibid. p. 13
8. Ibid. p. 12
9. Detroit Wayne Integrated Health Network, (2017). *Detroit Wayne County Integrated Health Network 2016 – 2018 Quality Assurance Performance Improvement Program*. Quality Improvement Department, Detroit Wayne Integrated Health Network, Detroit, MI:
10. Michigan Department of Health and Human Services, *Parent Support Partner Logic Model*. Michigan Department of Health and Human Services, Lansing, MI:

11. Michigan Department of Health and Human Services & Association for Children’s Mental Health, *MDHHS/ACMH Certification Model*. (PPT) Michigan Department of Health and Human Services & Association for Children’s Mental Health. Lansing, MI:
12. Michigan Department of Health and Human Services. (January 1, 2022). *Medicaid Provider Manual*. Lansing, MI:
13. Michigan State University, (2017). *Parent Support Partner Evaluation Project*. (Webinar), Michigan State University. Lansing, MI:
14. Goode, T.W., *Self-Assessment Checklist for Personnel Providing Services and Supports to Children and Youth with Special Health Needs and Their Families*. Georgetown University Center for Child and Human Development. Adapted from *Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings* (1989). National Center for Cultural Competence. Washington, DC:
15. Substance Abuse and Mental Health Services Administration, (June 2011). *National Framework for Quality Improvement in Behavioral Health Care*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Washington DC:

**APPENDIX A
FORMS**

(Please refer to the ACMH link below for most recent forms:

<http://www.acmh-mi.org/get-information/acmh-projects/parent-support-partner-project/cmhs-interested-bringing-parent-support-partners-community/>)

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 is 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: _____

ACMH Cohort: _____

Certification Requirements	Participation Dates	Requirements Met	Comments/Action Plan
1. Attend five (5) full days of classroom training by ACMH.			
2. Participate in ten (10) months of group coaching calls.			
3. Individual coaching from ACMH’s Statewide Coordinator if needed for targeted technical assistance.			
4. Attended three (3) quarterly 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 — <i>as it should appear on certificate</i>			
CMH Agency			
Contract Agency or Family Organization			
Address — <i>certificate will be mailed here</i>			
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 (1) 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 and 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)

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 (4) 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 parent/primary caregiver.
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.



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 of establishing and maintaining 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.			
Knows and uses peer-to-peer principles of family driven, youth guided and strengths-based approaches to service planning and delivery.			
Support parent/primary caregiver in setting goals that are meaningful to them.			
“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 from Michigan Alliance for Families or 2-1-1.			

¹ Parent Support Partner Supervisor/Administrator Manual (January 2021) p. 13

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Bridging and Collaboration			
Works collaboratively with parent/primary caregiver and others to bring perspectives together.			
“Helps coach and prepare parent/primary caregiver with skills to identify barriers, support collaboration and improve communication specific to the needs of their child.” ²			
Able to describe to family members and team members PSP service 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 plan of service for their family.” ³			
At the parent’s/primary caregiver’s request and as identified in the IPOS goals assist parent/primary caregiver during the Individual Education Planning (IEP) and report encounter.			
Encourage parent/caregiver as they connect with resources, materials, and people within the school who can be ongoing resources for them.			
Support parent voice and offer empathy as parent/caregiver navigates family dynamics.			

² Ibid. p. 13

³ Ibid. p. 12

Skills and Knowledge Areas	Proficiency Level	Example	Comments
Developing Direction for the Future			
“Families are able to report they have a sense of positive, forward direction. Families feel ready to transition out of PSP services.” ⁴			
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 (1 st) face-to-face meetings with parent/primary caregiver within two (2) weeks of initial contact or as indicated in CMHSP policy pending parent/primary caregiver choice and availability.			
Administer MDHHS Pre-PSP Surveys to parent/primary caregiver within thirty (30) days of case opening and the Progress-Post PSP Survey every six (6) months and upon case closure.			
Family Satisfaction			
Increase family involvement, voice and engagement with their goals and objectives.			
Parent/primary caregiver felt respected and listened to by the PSP.			

⁴ Ibid. p. 13

Parents/primary caregiver found PSP services to be helpful and would recommend PSP services to other parents/caregiver.			
Parents/primary caregivers' express confidence working with services providers.			
Parent/primary caregiver are better prepared to meet their family's needs and to cope with life stressors.			

APPENDIX B

Michigan Medicaid Manual for Parent Support Partner

Please refer to the following link for most recent updates [MedicaidProviderManual.pdf \(state.mi.us\)](#)

17.3.E. FAMILY SUPPORT AND TRAINING [CHANGE MADE 4/1/18]

NOTE: This service is a State Plan EPSDT service when delivered to children birth-21 years. "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. (Revised 4/1/18)"

Parent Support Partner Code:

- Under Family Training Service - S5111 WP - Parent-to-parent support provided by a trained PSP using the MDHHS-endorsed curriculum (can report encounter after completion of initial core training but must continue certification process). Must be face to face.
- S5111 WP - PSP can also report S5111WP if they are face-to-face with the parent while another provider is working separately with the child. ** Please note, this is not allowed for Wraparound services.
- Community Mental Health Service Providers (CMHSPs) cannot report encounters for services such as home-based, mental health therapy, case management that are provided at the same time the consumer is attending Individualized Educational Plan (IEP). PSPs can report encounters during an IEP if it is identified in the IPOS.

When/how to report encounter:

- Face-to-face encounters with family (report one encounter per family no matter how many family members are present).

****Identified Child**

****PSPs cannot utilize Medicaid during a Wraparound meeting. They can before a meeting or after the meeting but not during the meeting. In the Code chart under Wraparound, it states that: "When other clinicians, other service providers attend Wraparound meetings, they do not report the activity separately."**

APPENDIX C

Sample Interview Questions⁵

- Tell us about you and your family.
- What about this position was appealing to you?
- What skills and strengths do you feel you would bring to this position?
- Describe what you think the role of a Parent Support Partner (PSP) is.
- What is your experience working with diverse families?
- This position requires an ability to work independently with families as well as with community partners. How does this match up with your work style?
- Describe a time when you experienced conflict and how you handled it.
- Part of this position requires you to support families to access needed community resources and navigate the systems their family may be involved in. What about your skills or connections will help you to be successful at supporting families in this area?
- What about your background, personal experience makes you a good candidate for this position?
- Tell us a little about yourself and your family that led you to be interested in this position.
- Good communication is an essential skill for PSPs. What do you think creates good communication and what are your communication strengths?
- Another important part of this job is creating opportunities for family involvement. What does family involvement mean to you and how might you help to facilitate family involvement?
- How might you go about establishing a trusting supportive relationship with the families you come into contact with?
- Tell us about one skill you have learned from past experience (work related or life experience) that would help you to be successful in this role?
- How might you support a family who was experiencing conflict with a community agency?
- Part of this position requires you to support families to build connections and strong working relationships with the agencies who serve their child and family. What about your skills or connections will help you in this area?
- A component of this role is using your own story. Please give us an example of how/ when you would share a piece of your story.
- Please finish this statement: Being a PSP would be a great position for me because...: (What about your strengths, skills, experience make you the best candidate)?

⁵ Ibid. p. 21