



Wisconsin Office of Children's Mental Health Parent Partner Agreement

Name (please print): _____

I primarily self-identify as a parent of a child with a trauma, mental health and/or substance use issue for the purpose of participating in this initiative: Yes ____ No ____

I agree to following requirements to be an Office Children's Mental Health (OCMH) Collective Impact Parent Partner (please place your initials next to each statement):

___ I understand that this project requires me to work in partnership with many people who may or may not come to this topic with the lived experience of trauma, mental health, and/or substance use issues.

___ I understand that in being chosen to participate, there will be a re-evaluation of my involvement every 6 months to determine the goodness of fit for me and for the OCMH Collective Impact team.

___ I understand that I will be expected to participate in the orientation process and ongoing trainings. Lodging (if necessary), meals and materials will be provided during the training. I will also be provided a stipend for my participation.

___ I understand that I will be expected to participate in one ongoing collective impact workgroup (monthly meeting times and locations to be determined). Lodging (if necessary), meals and materials will be provided for the meetings.

___ I have independent means of transportation, regular access to an e-mail account, and am committed to full participation in the OCMH collective impact process and continued service as an OCMH parent partner.

___ I understand that there may be a two to four hour time commitment (e.g., reading material, making phone calls, etc.) outside of the regularly scheduled monthly meeting.

___ I will inform the OCMH Family Relations Coordinator if I am unable to perform my duties as an OCMH Collective Impact Parent Partner for the short term or permanently.

___ I acknowledge that I will be provided a stipend for my expert consultation to the OCMH.

___ Finally, I will honor the overall mission of the OCMH as described during the orientation process.

(over)

Please check one option:

_____ I have reviewed the OCMH legislative charge, collective impact approach and expectations of my involvement. I will commit to filling my duties as an OCMH Collective Impact Parent Partner.

_____ I would be interested in learning more about co-leading an OCMH Collective Impact Workgroup

_____ I have reviewed the OCMH legislative charge, collective impact approach and expectations of my involvement. At this time, I have decided that I cannot make this level of commitment to the OCMH Collective Impact process. I wish to withdraw my application.

_____ I wish to participate in an OCMH Collective Impact workgroup.

_____ Please add me to your distribution list to receive future correspondence and notifications of other opportunities for involvement with the OCMH.

Signed: _____ Date: _____

Additional Comments:

Please return this to Joann Stephens
1 West Wilson St, Ste. 656
Madison, WI 53703

Via Fax: 608-267-8798
Or via e-mail: Joann.Stephens@wisconsin.gov