

## **Oregon Mental Health First Aid Memorandum of Understanding**

The Association of Oregon Community Mental Health Programs (AOCMHP), through the National Council for Behavioral Health, and with funding support from the Division of Addictions and Mental Health, intends to train 60 instructors to conduct MHFA courses in their communities in order to certify 5,000 Oregonians in Youth Mental Health First Aid (MHFA) over a two-year period. The purpose of this MHFA project is to significantly increase the number of people who are prepared to help youth with behavioral health challenges. This initiative is also designed to reduce stigma so that people who face behavioral health challenges have community support and feel comfortable seeking help.

Experience has shown that a memorandum of understanding, clarifying the expectations of the project coordination entity, the instructors, and the agencies that employ or contract with the instructors helps to ensure that the purpose of the project is understood and the key objectives of the initiative are fulfilled. This includes allowing instructors to prepare for and conduct MHFA trainings as part of their position responsibilities in their organizations and supervisors' support of instructors' participation in occasional MHFA related meetings, learning collaboratives, and outreach to MHFA course participants. To this end, AOCMHP asks all individuals seeking to become MHFA Instructors to review this memorandum of understanding (MOU) with their supervisors, if instructors are employed or otherwise supported by a community organization, and to sign and return to AOCMHP after the scheduled Oregon youth certification trainings and the instructor has been certified to teach youth MHFA.

### **AOCMHP agrees to provide:**

- The youth full training, youth expedited training and the adult expedited training at no cost to instructor trainees, with the exception of travel, hotel and evening meals during the trainings.
- Quarterly Learning Collaborative to allow instructors to obtain assistance from each other for future community courses, to share successes and lessons learned, to be updated on any procedural or curriculum changes, and to receive information about local and national resources, opportunities and events.
- Marketing assistance to promote MHFA courses to schools and other youth-serving organizations, including outreach, presentations, marketing materials, and other publicity.
- A MHFA Instructors webpage on the AOCMHP website to contain statewide instructor contacts, publicity materials, and other MHFA information.
- Support for 5 youth or adult MHFA courses per instructor dyad of up to \$500 per course to cover books and other course materials through June 30, 2015.
- Administrative and logistical support in reporting to the State Division of Addictions and Mental Health, and in reports and correspondence to the National Council for Behavioral Health.

**Instructor agrees to:**

- Provide a minimum of three Mental Health First Aid courses per year, and five Mental Health First Aid courses total, for the grant period ending on June 30, 2015 in order to maintain MHFA Instructor certification. These can be a combination of adult and youth MHFA courses.
- Provide MHFA courses at minimal or no cost during the grant period: July 1, 2013 – June 30, 2015. \*
- Register all MHFA courses with the National Council for Behavioral Health MHFA TA website.
- Provide dates, locations and intended audience for scheduled MHFA trainings to AOCMHP every quarter, beginning in January 2014.
- Report number of individuals who completed the course and the group they represent (e.g., school administrators, teachers, parents, students, after-school organizations, etc.) to AOCMHP after each completed course between December 2013 and June 30, 2015.

\* If it is necessary for the instructor to charge for the course in order to earn compensation, AOCMHP may not provide additional financial support for the course.

Having read the MHFA MOU in its entirety, I am in agreement with the above expectations.

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*Instructor Name – Please Print*                      *Instructor Signature*                      *Date*

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*Supervisor Name – Please Print*                      *Supervisor Signature*                      *Date*

*(If applicable)*

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*AOCMHP Director*                      *Signature*                      *Date*