This Memorandum of Agreement is made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by and between Erie County System (SOC) of

Care Initiative and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Youth Mental Health First Aid Trainer/ PA SOC Partnership)

The Erie County System of Care whenever, and however, strives to improve the systems, services and staff for the community’s success by facilitating the voices of youth and families in the child serving system.

As a trainer I am committed to working with the System of Care to accomplish this goal. Furthermore, I agree to work in partnership with System of Care Erie, youth and family members toward creating a holistic and barrier-free community for youth and families to succeed and be heard by adhering to the following conditions:

**Goals and Objectives:**

This Memorandum of Agreement affirming that Erie County System of Care Initiative and the Youth Mental Health First Aid trainer will collaboratively work on creating a holistic and barrier-free community for youth and families through mental health awareness training/ education.

**Roles and Responsibilities:**

Trainer:

* Trainer will provide two (2) Youth Mental Health First Aid full-day trainings
* Trainer will provide materials, handouts/ books for the training
  + Approved costs associated with the materials will be invoiced to:

Erie County Department of Human Services

ATTN: Melissa Bible

154 West 9th Street #4

Erie, PA 16501

* Trainer will provide Certificates of Completion for the courses

SYSTEM OF CARE:

* SOC Project Director will secure the dates, times and locations as follows:

Family Services of Northwest PA

240 West 11th Street, Suite 402

Erie, PA

8:00 am – 4:00 pm

* SOC Project Director will market the trainings event throughout Erie County and track registration of participants

**Term:**

The term of this Agreement will end upon the completion of the 2/27/18 and 2/28/18 trainings. It is renewable upon mutual consent.

**Statement of Understanding:**

As a trainer for the Erie community, I understand that my voice, expertise and experience are valued and respected as I work in partnership with others. I understand that open discussion by training participants is crucial to the learning process, and I will treat all participants with respect. I understand that any information (personal or professional) acquired from open discussions will be kept confidential.

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| **Trainer** | **Date** |
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|  |  |
| **System of Care Erie,**  **Project Director** | **Date** |
|  |  |
|  |  |
| **PA SOC Partnership,**  **Project Director** | **Date** |