

Appendix B (TPII Collaboration Agreement)

The Training and Practice Implementation Institute (TPII) has developed a comprehensive model that incorporates both training and technical assistance, designed to enhance effective implementation of MI and CBT practices in your program. Please review the project requirements below and indicate (with a check mark in the box on the left hand column) that you understand these requirements and agree to engage in each of these specific activities.

<input type="checkbox"/>	Our program will designate both clinical supervisors (CS) and direct line staff (DLS) to participate
<input type="checkbox"/>	All staff (CS and DLS) will complete the 4-hour self-paced online tour of MI in the time frame specified
<input type="checkbox"/>	CS will be made available to participate in a 2-day MIA-STEP training focused on MI supervision
<input type="checkbox"/>	DLS will be made available to participate in a 2-day MI skill-building workshops
<input type="checkbox"/>	DLS will provide audio recordings of counseling sessions to be rated for MI proficiency
<input type="checkbox"/>	CS will conduct fidelity ratings of audio recordings provided by DLS to assess MI proficiency
<input type="checkbox"/>	CS will participate in coaching sessions with DLS to provide feedback on the application of MI skills
<input type="checkbox"/>	CS will be made available to participate in a 2-day CBT workshop focused on CBT supervision
<input type="checkbox"/>	DLS will be made available to participate in a 2-day CBT skill-building working
<input type="checkbox"/>	DLS will provide audio recordings of counseling sessions to be rated for CBT fidelity
<input type="checkbox"/>	CS will conduct fidelity ratings of audio recordings provided by DLS to assess CBT fidelity
<input type="checkbox"/>	CS will participate in coaching sessions with DLS to provide feedback on the application of CBT skills
<input type="checkbox"/>	CS will co-host Project ECHO virtual clinics as subject matter experts to enhance MI & CBT skills
<input type="checkbox"/>	DLS will participate in Project ECHO virtual clinics and provide case presentations

Please also indicate that you understand the following conditions/terms of your participation in this project:

<input type="checkbox"/>	The intended benefit of this program is to provide training and technical assistance support to programs in order to enhance staff capacity to deliver both MI and CBT interventions effectively.
<input type="checkbox"/>	Clinical supervisors who participate in this program will receive training and technical assistance support that will equip them to with the skills necessary to enhance MI and CBT skills among counseling staff.
<input type="checkbox"/>	The inability of a program and its designated staff to participate in any of the aforementioned training, technical assistance, or assessment activities will result in removal from the program.
<input type="checkbox"/>	Upon review of my submitted application, a training and TA specialist from the Training & Practice Implementation Institute (TPII) will schedule a site visit to discuss our participation in this program.

Staff Participants. The target population for this program consists of: (a) clinical supervisors (i.e. those providing formal supervision for one or more staff); and (b) direct line staff (i.e. those providing counseling services). In order to effect program-wide change, it is recommended that programs designate all clinical supervisors and direct line staff for participation. However, for those organizations or programs that have a significant number of staff in these roles, it may be useful to isolate participation initially to a particular program location or unit of service.

Please provide the required information for each staff member you intend to participate.

CLINICAL SUPERVISORS

Name (Last, First)	Official Job Title	Degree(s)	Licensure/Certifications

DIRECT LINE (COUNSELING) STAFF

Name (Last, First)	Official Job Title	Degree(s)	Licensure/Certifications

Authorization. Participation in this project requires the authorization of a lead programmatic official (e.g., Executive Director, Chief Executive Officer, etc), which may or may not be the individual completing this form.

 Print full name

 Official Title

 Signature

 Email Address

 Telephone Number

 Date (mm/dd/yyyy)