

## COMPEER YOUTH REFERRAL PACKET

### What Is the Compeer Program?

The Mental Health Association of Cleveland County's Compeer Youth program matches screened and trained volunteer mentors with youth (ages 6 -17) who have a behavioral health concern. Mentorship provides youth with connection, support, and an opportunity to practice social skills. Compeer is an evidence-based and community-based model that complements clinical interventions.

### Who Are Compeer Volunteer Mentors?

Mentors are individuals, eighteen and over, from all walks of life. Mentors are thoroughly screened through background checks, references, and an in-person interview. They are then trained and matched by the Compeer Coordinator with the approval of the referring agency and parent/guardian. Mentors understand that they are supportive friends, not therapists or social workers. Mentors submit monthly reports to help monitor the Compeer friendship.

### What Do Mentors and Mentees Do Together?

***One-to-One Friendship*** - Mentors and mentees agree to meet weekly for an hour, or every other week for two hours. The relationship is expected to last at least one year. The choice of activities varies and depends upon mutual agreement between the mentor, mentee, parent, and Compeer Coordinator. Matches sometimes meet at predetermined sites such as schools and afterschool programs. They may also meet in the community at MHA sponsored monthly events.

***Group Mentoring*** - Youth participants engage in groups consisting of 3 - 5 mentees per one mentor based on their unique interests. For example, if a youth participant is interested in gardening, Compeer coordinators will match them in a group whose activities relate to gardening. Some participants prefer group mentoring. Others begin in our group mentoring while they are on the waitlist to be matched in a one-to-one friendship.

### How Are Compeer Matches Made?

Agencies make referrals to Compeer on behalf of their client(s) by submitting the attached referral form. If the client meets the admission criteria (overviewed below), the application then goes into a pool of referrals. Compeer will only make same sex matches for one-to-one friendships. However, we can accommodate unique circumstances based on gender identity. Group mentoring can take place with mixed genders when both male and female facilitators are onsite. Compeer **does not** match on a first come first serve basis. Instead, it is our goal to make compatible matches so that friends will enjoy their time together. For this reason, there may be a waiting period before a one-to-one match is actually made. Those on the waiting list will be invited to participate in MHA sponsored events and mentoring groups.

## **ADMISSION PROCEDURES**

### Admission Criteria for Youth

1. Youth referrals must be between 6 - 17 years old and reside in Cleveland County.
2. Referrals must have a behavioral health concern. Developmental disorders must not be the primary diagnosis.
3. Referrals must have a desire to participate in a one-to-one or group mentoring friendship.
4. Parents/Guardians of the referral must be aware and supportive of the youth's referral to Compeer.
5. Referrals must have consistent respect and tolerance for others. Violent, destructive, or antisocial behaviors are outside of the scope of Compeer's non-clinical model.
6. Referrals must not be acutely suicidal or homicidal.
7. Referrals must have a willingness to participate in the therapeutic recommendations made by their referring agency.
8. The Compeer Coordinator will work with the referring agency to address escalation of behavioral health symptoms on an individual basis. Ongoing concerns lasting more than 90 days may result in pausing participation in the Compeer program while a higher level of care is needed.
9. Any prior criminal history will be reviewed by the Compeer Coordinator to determine appropriateness for participation in the program.
10. Referring agencies must approve their client's participation in the program and be willing to remain in contact with the Compeer Coordinator.
11. Referring agencies must provide a current crisis plan to the Compeer Coordinator.

### Referral Procedures

1. Discuss and explain the Compeer program to your client(s) and their parent/guardian. Review the "About Compeer" & "Admission Procedures", as well as the attached Referral Form.
2. Fax the completed Referral Form to 704-448-2016. You may also request an electronic referral packet to be completed securely online. All forms must be received to initiate the referral process.
3. Once the referral packet is received, the Compeer Coordinator will meet briefly with the referral and their parent/guardian to get a better sense of the referral's interests, personality, etc. in order to make a compatible match. We will also discuss group mentoring opportunities at this time.
4. The Compeer Coordinator will notify the referring agency when an appropriate mentor is identified so that they can be introduced to the referring agency (by phone or in person) prior to a match being made. It is best not to inform your client about the mentor until the match is confirmed to avoid disappointment.
5. During this meeting the referring agency can ask questions and/or share information with the mentor that may facilitate a healthy relationship with their client.
6. After the referring agency approves the mentor, the Compeer Coordinator will arrange a meeting to introduce the Compeer mentor, youth referral, and parent/guardian to one another.
7. The referring agency is expected to monitor their client and parent/guardian's satisfaction with the match and communicate with the volunteer and/or Compeer Coordinator as needed.
8. The Compeer Coordinator will review monthly reports submitted by the mentor. If any concerns arise, they will be presented to the referring agency.
9. The referring agency will keep the Compeer Coordinator updated on any changes in client status, address change, concerns, etc.
10. The referring agency and client are asked to complete an annual survey to monitor success of the program.

# Compeer Youth Referral

## REFERRING AGENCY INFORMATION

Agency Name:	Contact Name & Title:
Phone:	Email:
Today's Date:	Best time to call:
Duration of relationship with client:	

## CLIENT INFORMATION

Client name:	Date of birth:	Age:
Ethnicity:	Gender:	
School:	Grade:	
Current Address:	Zip:	
Indicate program of interest (check all that apply): _____ One-to-one-friendship _____ Group Mentoring		

## PARENT/GUARDIAN INFORMATION

Name:	Relationship to youth:
Home Phone:	Mobile phone:
Address:	Email:
Is the legal guardian aware and supportive of youth's referral to Compeer? _____yes _____no	

**CLIENT'S HOUSEHOLD MEMBERS**  
(not required for group homes or site based matches)

Name	Relationship to youth	Age

**CLINICAL INFORMATION**

<b>PRIMARY BEHAVIORAL HEALTH PROVIDER (if applicable)</b>	
Name:	Agency:
Phone Number	Email:
Behavioral Health Diagnoses (please list primary & secondary):	
<b>PRIMARY PHYSICAL HEALTH PROVIDER (if applicable)</b>	
Name:	Agency:
Phone number:	Email:
Physical Health Diagnoses:	

Medications (please list any side effects volunteers should know about):
Please list any hospitalization in the past year:
Please list symptomatic behaviors for both behavioral health and physical health concerns:
Please include an overview of your client's current crisis plan: (Attach additional documentation if needed)

**PSYCHOSOCIAL INFORMATION**

**Please describe your client's social interaction skills in the following realms:**

Group:	One-to-one:
Structured:	Unstructured:
Ability to adhere to limits:	Ability to tolerate frustration:
Interaction with peers:	Interaction with other ages:
Interaction with authority figures (parent, physician, teacher, etc):	

History of self harm? ____ yes ____ no Please describe:
History of aggressive behavior? ____ yes ____ no Please describe:
Charge or conviction of crime? ____ yes ____ no Please describe:
History of illicit drug use among youth or caregivers? ____ yes ____ no Please describe:
Are immediate caregivers or family members incarcerated? ____ yes ____ no Please describe:
Has there been a Child Protective Services case open with the family in the past year? ____ yes ____ no Please describe:
Does youth have access to transportation? ____ yes ____ no
Please indicate youth's availability to meet with Compeer volunteer (check all that apply): ____ weekdays _____ weekends _____ daytime _____ evening
Is it important that a volunteer match be of a specific age, gender, religion, ethnic background, or have a special quality? ____ yes ____ no Please describe:
Goals for the Compeer relationship (be specific): 1. 2. 3.

### **REMINDERS**

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Please have your client's parent/guardian review and sign the attached: Compeer Friend Agreement, Participation Waiver, and Release of Information.</li> <li>2. You may submit your referral packet by Fax: 704-448-2016 or Mail: Mental Health Association of Cleveland County PO Box 623 Shelby, NC 28151. You may also request an electronic form.</li> <li>3. Please update Compeer on changes to info provided and/or referral status. You may reach Lizz Grimsley - Compeer Youth Coordinator - at 704-286-6018, <a href="mailto:egrimsley@clevelandcountymha.org">egrimsley@clevelandcountymha.org</a>.</li> </ol> |
|---|

**COMPEER MENTEE AGREEMENT**

*I understand that Compeer is a program of the Mental Health Association, and*

I have received information about Compeer, its goals, and procedures.

I have the right to have my privacy and confidentiality protected and respected by the Compeer volunteer and staff.

I will spend at least one hour each week or two hours every other week with my Compeer mentor.

I am willing to participate in the Compeer Program for at least one year.

I will comply with the Compeer Program guidelines, which prohibit the use of alcohol or other non-prescription drugs when I am with my mentor.

I understand that out of county trips with my mentor must be approved by my referring agency and the Compeer Coordinator.

I will report any concerns about the mentor to my referring agency and the Compeer Coordinator.

I understand that mentors are required to inform Compeer and my referring agency about any serious concerns regarding my welfare.

I understand that my involvement with my Compeer mentor may be terminated if deemed necessary by Compeer staff.

I agree to the release of any information between Compeer staff, my referring agency, and Compeer mentors.

Compeer mentee signature	Printed name	Date
--------------------------	--------------	------

Parent/Guardian signature	Printed name	Date
---------------------------	--------------	------



## **Participation Waiver**

In consideration for participating in any Compeer Event, I assume responsibility for all my actions while at the Mental Health Association of Cleveland County, traveling to and/or from any such facility, or engaged in any activity under the supervision of the Mental Health Association of Cleveland County and/or Compeer program staff and volunteers. Furthermore, I will not hold the Mental Health Association of Cleveland County, the Compeer program, the Board of Directors and their officers, employees, agents, or volunteers responsible for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date





**CONSENT FOR RELEASE/EXCHANGE OF INFORMATION**

I, \_\_\_\_\_ (CLIENT’S NAME), hereby authorize the **Mental Health Association of Cleveland County** and \_\_\_\_\_ (REFERRING AGENCY) to exchange information or records, verbally or in writing, pertaining to services or treatment received by me. This information can also be shared with \_\_\_\_\_, (COMPEER VOLUNTEER) my Compeer Volunteer, who will be named at a later date.

Information and records covered by this authorization include details of my admission, discharge, course of medical & psychiatric treatment, and all other services with which I have been involved.

The purpose of this consent is to assure continuity of my care and the timely communication between these agencies of information & events, including my hospitalizations, that may be pertinent to each agency in offering services to me.

I certify that I am at least 18 years old and have given my consent voluntarily. I understand that I may revoke this consent at any time except to the extent that the agency which is to release information has already taken action in reliance on it. If not revoked sooner, this consent will terminate upon \_\_\_\_\_ (mm/dd/yy) (not to exceed one year from date of signature).

Signature of participant	Printed Name	Date
--------------------------	--------------	------

Parent Guardian Signature	Printed Name	Date
---------------------------	--------------	------