



Mental Wellness Starts With Friendship

Please return to:

Kathy Burns

Email: burnsk@mharockland.org

Mental Health Professional Introductory Letter with Enclosures: Compeer Referral Packet

Dear Mental Health Professional-

Thank you for your interest in the Compeer Program. Enclosed is the Compeer Referral Packet: Mental Health Professional Letter, Compeer Client Criteria, Matching Procedures, Compeer Referral Procedures and Responsibilities, Mental Health Professional Client Referral Form and Client Self-report Form.

Compeer staff recruit, interview, screen and train volunteers in agency policies and procedures, program requirements and goals. Each Compeer friendship is monitored and supported by staff for its duration.

It is the referring therapist's responsibility to meet in person with the potential volunteer to determine whether the volunteer is appropriate for the client. The therapist also needs to be willing to be available by phone to the volunteer if concerns or questions arise as long as the match continues. Compeer also depends upon therapists' annual survey responses to better serve referred clients.

It is difficult to predict at the time of referral the length of time it will take to find the appropriate volunteer for your client. Volunteers usually select clients based on several factors: age, similar interests, geographic location, and degree of challenge willing to be met. The Compeer staff, in guiding the volunteer, will also consider the volunteer's personality, past volunteer experience and skill level in dealing with persons who have mental health problems.

We hope this information about our processes will be helpful to you in making a referral to Compeer. Compeer services facilitate social integration to individuals progressing along their personal recovery model continuum. We look forward to working with you in the achievement of mutually agreed upon goals.

Sincerely,

Kathy Burns

Compeer Coordinator

Phone: 845-825-9536

Compeer Client Criteria**

	Yes	No
Client has an AXIS I. diagnosis and is receiving ongoing mental health treatment. All information related to diagnosis must be completed on referral and updated information (i.e. psychosocial assessments/progress notes) must also be attached.	<input type="checkbox"/>	<input type="checkbox"/>
Client is at a point in their recovery where they will benefit from and engage in the Compeer relationship.	<input type="checkbox"/>	<input type="checkbox"/>
The support of a Compeer volunteer will decrease their isolation and loneliness.	<input type="checkbox"/>	<input type="checkbox"/>
Any history of behaviors that would be of concern for our volunteer's safety? If yes, this needs to be disclosed and written documentation is required (admission, discharge, psychosocial assessments). This information will be reviewed by the team and a decision will be made in the best interest of your client and our volunteers at Compeer.	<input type="checkbox"/>	<input type="checkbox"/>

Compeer Mentoring Friends with Intellectual Challenges

In addition to the criteria listed above, the client must be able to meet the following criteria:

	Yes	No
Client has AXIS I. and AXIS II. Diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
Young adult active in a treatment program and in the process of developing coping/communication skills.	<input type="checkbox"/>	<input type="checkbox"/>
Client is independent with personal care or will he/she be accompanied by family or staff	<input type="checkbox"/>	<input type="checkbox"/>
Client, utilizes a wheelchair, he/she is independent with transfers or will be accompanied by family or staff.	<input type="checkbox"/>	<input type="checkbox"/>

***All clients must be at a point in their recovery where they can actively participate in a reciprocal Compeer relationship in the community. All cases are reviewed on an individual basis. Compeer does not discriminate against race, gender, religion, or sexual orientation.*

Compeer Matching Procedures

- Mental health consumer is referred by mental health professionals e.g. psychiatrists, psychologist, social worker, psychiatric nurse, intensive case manager.
- Compeer recruits volunteers from the local community, businesses, faith communities, college's health fairs; through informational programs and presentations, and media, e.g., newspaper ads.
- Potential volunteers contact Compeer and complete applications, supply references, and are interviewed and screened. Each volunteer is required to complete a form granting permission for a background check.
- After being interviewed, volunteers are trained.
- The Volunteer Coordinator assists volunteers in selecting a Compeer client – friend. It is Compeer policy to make same gender matches - males with males, females with females. Exceptions to gender match are made based on the recommendation of the referring mental health professional. The client's name, address and phone number are not disclosed at this time.
- Extended interviews are mandatory for volunteers interested in being matched with a youth.
- The Volunteer Coordinator contacts the referring therapist to advise him/her that a potential volunteer has been found and discusses the potential match.
- If the therapist confirms the client's interest and need for a Compeer friend, the volunteer will call the therapist to set up an in-person meeting.
- The volunteer coordinator will prepare the potential volunteer for this meeting with the mental health professional by providing possible questions to ask the therapist and what to expect in the meeting.
- The therapist will have the final screening responsibility in deciding the volunteer's appropriateness to be matched with this particular client.
- If all—the mental health professional, client, volunteer and Compeer Volunteer Coordinator—agree to proceed with the match, the Volunteer Coordinator assists the volunteer to prepare for the first meeting. In some programs the Volunteer Coordinator attends the first match meeting.

Compeer Referral Procedures and Responsibilities for Professional Mental Health Staff

Referral Procedures/Guidelines

- Client's willingness to be matched with a Compeer volunteer. A referred individual should be informed about Compeer program guidelines before meeting a volunteer.
- Client's treatment plan indicates the need for the kind of social interaction a volunteer friendship can provide.
- Referrals of "challenging cases" should first be discussed with Compeer staff to ascertain appropriateness for program and to determine the type of volunteer best suited for client.
- Referral forms should be filled out carefully and completely.
- All information requested is essential to facilitate the matching process and is confidential.
- Pertinent information, both psychiatric and medical, should always be disclosed on the referral form or in conversation with a Compeer Coordinator.

Mental Health Professional's Responsibilities

- Mental health professional should meet face to face with the volunteer selected for the match.
- Compeer interviews, screens and trains all volunteers. The health professional is regarded as the final screening process for volunteer appropriateness. If the health professional has any questions about a volunteer, they should call a Compeer Coordinator to discuss concerns.
- To avoid disappointment, the referred individual is not told about the potential volunteer until after the volunteer/health professional meeting.
- If the match is considered appropriate, the referring mental health professional is responsible for providing specific instructions and guidelines to the volunteer regarding the Compeer match relationship.
- For youth matches, (18 or younger), an additional meeting between the parent(s)/guardian(s) and referring professional should take place prior to the volunteer meeting the youth. Expectations should be shared to make sure they are realistic and appropriate.
- Parent(s)/guardian(s) should be encouraged to share any concerns with the health professional, Compeer Program staff or volunteer, depending upon the situation. Open communication between the volunteers and parent(s)/guardian(s) is essential.
- Referring health professionals are asked to monitor the Compeer relationship and report any concerns to the Compeer office. In youth matches, careful monitoring is particularly recommended through periodic questioning of the youth regarding the type of activities engaged in with the volunteer. Concerns about inappropriate activities should be reported immediately to the Compeer office.
- The volunteer, client and/or Compeer staff and referring health professional should communicate periodically to discuss and evaluate the progress of the relationship.
- Volunteers need and respect advice, guidance and counseling that will help them act as an adjunct to treatment.

- Any change in information – e.g., change in client’s status, health professional change, address, contact information changes, should be communicated to the Compeer office and volunteer.
- Any questions concerning procedures, specific issues, etc.: please contact Compeer Coordinator.
- To determine Compeer Program efficacy and ensure relevant services for clients, a Compeer Annual Survey must be completed and returned to Compeer.

Compeer Program Responsibilities

- Compeer staff will interview, screen and train the volunteer prior to the volunteer/referring mental health professional’s meeting.
- Compeer staff will monitor the Compeer relationship and will advise the referring mental health professional of questions and/or concerns that may arise.
- Monthly reports submitted by the volunteer to the Compeer office will be sent to the referring mental health professional unless otherwise indicated by the health professional.
- The Compeer Program will offer ongoing support and training for volunteers and monthly group enrichment activities for matches.

Referring Mental Health Professional Signature

Date

Information Sheet for Compeer Clients – Rights and Responsibilities

- I have the right to have my privacy and confidentiality protected and respected and to be treated with dignity by the Compeer volunteer and staff.
- I have the responsibility to treat the volunteer with respect and in a courteous manner.
- I understand that the volunteer is a friend, role model and, if needed, an advocate. The volunteer is not a mental health professional.
- I understand that a friendship takes time to develop and sometimes people are not compatible, however, I will give the friendship time to develop and discuss the friendship with the Compeer Coordinator and/or my mental health professional before deciding to terminate the relationship.
- I understand that activities undertaken should be affordable and mutually agreed upon by the volunteer and me.
- I will not attend any activities with the volunteer that include drugs or dangerous situations. I will not engage in irresponsible use of alcohol.
- I understand that activities should take place in public places until both the volunteer and I feel comfortable.
- I understand that the volunteer has agreed to volunteer for a minimum of four hours a month for at least one year. This does not necessarily mean the friendship will end after twelve months but it may.
- I understand that for the first twelve months, the volunteer is required to submit a monthly report to Compeer and my health professional, which will describe the amount and type of contact we have had. If I prefer, we can complete this report form together.
- I understand that if I make any threats to harm myself or somebody else that the volunteer has a duty of care to contact my mental health professional, Compeer staff or other appropriate person to ensure my safety.
- I am responsible for completing a Compeer Annual Survey and informing Compeer if my address, phone number or mental health professional changes.
- I will not attend any overnight or out-of-town trips with my Compeer volunteer until it has been cleared with my mental health professional and the Compeer Coordinator.
- I understand that the Compeer friendship is made up of the volunteer, the Compeer staff and my mental health professional, who all support me.
- I understand that I will be financially responsible for my portion of any trips/activities which I will be involved in each month with my volunteer (i.e. going to the movies, out for coffee, etc.). If I have monetary restrictions, I need to communicate that with my volunteer, so free activities can be researched.

Compeer Mental Health Professional Client Referral Form

Compeer Office Use Only:

Email: _____

Date Received: _____

Program: _____

Date Matched: _____

CLIENT INFORMATION

Client Name:		Date of Birth (mm/dd/yyyy):	
Current Address:	City:	State:	Zip Code:
Phone:		Email Address:	

LIVING SITUATION

Lives with (self, spouse, parents, foster parents, relatives, friends, group home, inpatient, etc.):

EMERGENCY CONTACT

Name:		Relationship to Client:	
Phone (Day):		Address:	
Phone (Evening):	City:	State:	Zip Code:

PSYCHOSOCIAL INFORMATION

Does the client have access to transportation? <input type="radio"/> Yes <input type="radio"/> No		
If yes, what type? <input type="radio"/> Car <input type="radio"/> Bus <input type="radio"/> Other		
Are there any special needs for transportation? If yes, please explain (i.e., wheelchair access, etc.)		
Current involvement in programs (e.g. Day treatment, work, volunteering, community recreation) – please check interests, hobbies, activities.		
<i>Interests/Hobbies/Activities:</i>		
Arts:	Sports:	Movies:
Crafts:	Outdoor Activities:	Drama:
Sewing:	Gardening:	Games:
Reading:	Fitness Activities:	Music:
Animals:	Dancing:	Shopping:
Dining Out:	Volunteering:	Church/Temple:
Collecting:	Cooking:	Other (list):
Describe client's strengths and positive attributes:		
<i>Please describe the client's interaction skills in the following settings:</i>		
Group:		1:1:
Structured:		Unstructured:
Ability to adhere to limits?		Ability to tolerate frustration?
How does client interact with those with authority? (i.e., physicians, mental health professionals?)		
How does client interact with peers?		
How does client interact with those of different ages?		
Describe general personality traits (e.g., engaging, verbal defensive, anxious)		

DSM V Diagnosis (Please Include Code with Diagnosis)	
Mental Health Diagnosis(es):	Severity of Disability Seriously and Persistently Mental Ill (ADULT) ___Y(1)___N(o)
Does client have a history of physically aggressive behavior? If yes, please describe:	<input type="radio"/> Yes <input type="radio"/> No
Has the client ever been convicted of a felony or any criminal activity? If yes, please describe:	<input type="radio"/> Yes <input type="radio"/> No
What was the nature of the offenses?	When? Where?
Does client have any other medical conditions? If yes, please describe:	<input type="radio"/> Yes <input type="radio"/> No
Relevant Medication(s):	
Any symptoms or side effects/interactions the volunteer should be aware of?	
Does client have history of illicit drug use? If yes, please describe:	<input type="radio"/> Yes <input type="radio"/> No

GOALS FOR COMPEER RELATIONSHIP

1.
2.
3.

TYPE OF SERVICE CLIENT MAY BENEFIT FROM (CHECK ALL THAT APPLY)

Check all that apply:

- 1:1 Individual long-term match** (1 year+)
- Skill building** Short-term match to learn skills *related to an identified goal to help in recovery*
- Supportive phone contact while on waiting list (**Compeer Calling**) *(Adults only)*

COMMENTS

Is it important that the volunteer be a specific age, gender, religion, ethnic background or have a specific quality?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please specify:		
Please add any comments or information that will help Compeer in finding an appropriate match:		
Client Availability:	<input type="radio"/> Daytime	<input type="radio"/> Evenings
	<input type="radio"/> Weekdays (specify):	<input type="radio"/> Sat
		<input type="radio"/> Sun
Does client smoke?	<input type="radio"/> Yes	<input type="radio"/> No
Does it matter to client if volunteer smokes?	<input type="radio"/> Yes	<input type="radio"/> No

REFERRING INFORMATION

Referring Mental Health Professional Name:		Title:	
Agency:			
Address:	City:	State:	Zip Code:
Phone:	Fax:	Email:	
Best time to call:	Relationship/role with client:	Type of treatment (individual, family, group, group home, medication):	
Frequency of contact with client:	Primary Contact for Compeer Program?	<input type="radio"/> Yes	<input type="radio"/> No

If NO, please list information for primary contact:

Primary Mental Health Professional Contact:		Title:	
Agency:			
Address:	City:	State:	Zip Code:
Phone:	Fax:	Email:	
Best time to call:	Relationship/role with client:	Type of treatment (individual, family, group, group home, medication):	
Frequency of contact with client:			



Disclosure of Personal Health Information (PHI)

Greater Mental Health of New York, Inc. is responsible for ensuring that the provider-client relationship is confidential. HIPAA allows MHA to use their professional judgment in disclosing certain Protected Health Information (PHI) to family, friends, and legal guardians without authorization. This form provides clear directions to MHA for the release of such information. Greater Mental Health wants you to be able to name an individual(s) with whom you want the staff to speak regarding your treatment. Therefore, we ask that you complete the following form which will become a part of your medical record and be annually updated.

Please consider the following:

- If you designate no one, Greater Mental Health will not release information to any family member, friend, or legal representative;
- This designation is valid until rescinded in writing by you;
- You are authorizing verbal communications only.

Designation Statement

I, _____, designate the following person(s) to be able to speak to a staff member at Greater Mental Health, should it be necessary, on my behalf. The release includes discussions regarding my behavioral health and/or substance abuse condition and needs, and/or my account status. I hereby release Greater Mental Health from any claim of breach of confidentiality in connection with the release of this information.

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Client's name: _____

Client's Signature: _____

Date: _____

Greater Mental Health Witness: _____

I decline to designate another person to speak with the staff of Greater Mental Health.

Client's name: _____

Client's Signature: _____

Date: _____

Greater Mental Health Witness: _____