



COMPEER REFERRAL PACKET

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ABOUT COMPEER

What Is The Compeer Program?

The Mental Health Association in Cleveland County's Compeer program matches community volunteers with adults in mental health recovery programs. The volunteers provide one-to-one supportive friendship and mentoring relationships to offset the loneliness and social isolation that often accompanies mental illness. Compeer is guided by a simple premise validated by research - that the support of friends is healing. MHA's Compeer volunteers coordinate regular social activities to enjoy with their friend. The power of friendship is demonstrated as individuals matched with a Compeer volunteer often experience fewer hospitalizations, have increased self-esteem, and are more likely to adhere to their medication and treatment programs.

Who Are Compeer Volunteers?

Volunteers are individuals, eighteen and over, from all walks of life. Volunteers are screened through background checks and in-person interviews. They are then trained and matched by the Compeer Coordinator and referring mental health provider. Volunteers understand that they are supportive friends and mentors, not counselors or therapists. Volunteers submit monthly reports to help monitor the Compeer friendship.

What Do Volunteers And Friends Do Together?

One-to-One Friendship

Volunteers and friends 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. Both friends are expected to pay for their own expenses. Examples of activities include: going for a walk, having a picnic, playing cards, gardening, etc. Compeer also sponsors socials for matches to attend together.

Compeer Calling

Some volunteers who are not able to commit to a one-to-one friendship, participate in Compeer Calling. Compeer Callers make weekly phone calls to individuals who are waiting to be matched in a one-to-one Compeer friendship.

How Are Compeer Matches Made?

Mental health providers make referrals to Compeer on behalf of their client(s) by submitting the attached referral packet. If the client meets the admission criteria, the application then goes into a pool of referrals. Compeer will only make same sex matches. Compeer **does not** match on a first come first serve basis. Instead, it is our goal to make compatible matches so that volunteers and friends will be likely to enjoy their time together. For this reason there may be a waiting period before a match is actually made.

Compeer will make every effort to match as quickly as possible. Those on the waiting list will be invited to participate in Compeer socials in the meantime.

ADMISSION PROCEDURES

Admission Criteria

1. Referrals must be at least 18 years of age, have a diagnosed severe and persistent mental illness, and be at a point in their recovery where they can actively participate in a reciprocal Compeer relationship in the community.
2. Referrals must have a desire and ability to participate in a full range of activities and have consistent respect and tolerance for others.
3. Referrals must not exhibit any violent, destructive, or antisocial behaviors.
4. Referrals must not currently be abusing alcohol or other substances.
5. Referrals must have a willingness to participate in the treatment plan of their mental health providers. Psychotic and behavioral symptoms must be managed.
6. Referrals must not be currently utilizing enhanced mental health services. However, Compeer may be an appropriate part of a discharge plan from enhanced services.
7. The Compeer Coordinator will work with the referring provider to address inappropriate behaviors on an individual basis. Any concerns outlined in items 2 through 6 may result in being discharged from the Compeer program until issues can be resolved.
8. Any prior criminal history will be reviewed by the Compeer Coordinator to determine appropriateness for participation in the program.
9. Referring providers must approve their client's participation in the program and provide a current crisis plan to the Compeer Coordinator.

Provider Referral Procedures

1. Discuss and explain the Compeer program to the client(s) being referred. Review the About Compeer, Admission Procedures, and Friend Agreement with the client. Also complete the attached Referral Form. Please include as much information as possible to ensure that an appropriate match is made.
2. Make only appropriate referrals to Compeer (see admission criteria).
3. Fax or mail the Referral Packet to MHA. All forms must be received to initiate the referral process.
4. Once the referral packet is received, the Compeer Coordinator will meet briefly with the referral to get a better sense of how to make a compatible match.
5. The Compeer Coordinator will notify the referring provider when an appropriate volunteer is identified. The volunteer will be introduced to the referring provider (by phone or in person) prior to a match being made. It is best not to inform the client about the volunteer until the match is confirmed to avoid disappointment.
6. During this meeting the referring provider can ask questions and/or share information with the volunteer that may facilitate a healthy relationship with their client.
7. After the referring provider approves the volunteer, the Compeer Coordinator will arrange a meeting to introduce the Compeer volunteer and referral to one another.
8. The referring provider will continue to monitor their client's satisfaction with the match and be open to talking with the volunteer and/or Compeer Coordinator as necessary to support the friendship.
9. The Compeer Coordinator will review monthly reports submitted by the volunteer. If any concerns arise they will be presented to the referring provider.
10. The referring provider will keep Compeer updated on any changes in client status, address change, concerns, etc.

11. The referring provider and their client are asked to complete an annual survey to monitor the success of the Compeer program.

COMPEER REFERRAL FORM

Referral Date: _____

Demographic Information

Client Name: _____ Date of Birth: _____

Age: _____ Race: _____ Gender: _____ Marital Status: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Place of employment: _____

Ages of children: _____ Does client smoke? _____

Educational Background: _____

Does the client have use of a car? _____ Military service? _____

With whom does client live? _____

Clinical Information

Diagnosis:

Medications:

How long has the client received treatment from your agency?

Clinical Information (Continued)

Symptomatic Behaviors (what does the volunteer need to know?):

Please list any hospitalizations within the past year:

Physical limitations/Medical conditions:

Has your client ever been convicted of a crime (except minor traffic violations)? Yes No

Describe nature of crime, date of charge, and disposition:

Are there any misdemeanor/felony charges pending against your client currently? Yes No

Describe nature of charge:

Referral Personality Description

Please give a description of your client. Include his/her strengths, unique personality traits, behavioral patterns, ways of interacting with others, communication style, challenges, history of substance abuse, etc. Be as specific as possible. Please feel free to include additional pages if necessary.

Referral Interests

Please check any of your client's skills, interests, activities, or hobbies:

<i>Interests, Activities, Hobbies</i>		
<input type="checkbox"/> Arts:	<input type="checkbox"/> Sports:	<input type="checkbox"/> Movies:
<input type="checkbox"/> Crafts:	<input type="checkbox"/> Outdoor Activities:	<input type="checkbox"/> Drama:
<input type="checkbox"/> Sewing:	<input type="checkbox"/> Gardening:	<input type="checkbox"/> Games:
<input type="checkbox"/> Reading:	<input type="checkbox"/> Fitness Activities:	<input type="checkbox"/> Music:
<input type="checkbox"/> Animals:	<input type="checkbox"/> Dancing:	<input type="checkbox"/> Shopping:
<input type="checkbox"/> Church:	<input type="checkbox"/> Volunteering:	<input type="checkbox"/> Computers
<input type="checkbox"/> Collecting:	<input type="checkbox"/> Cooking/nutrition	<input type="checkbox"/> Budgeting

Other _____

Match Preferences

Compeer will only make **same sex** matches, however please indicate any preference your client has for his/her match regarding:

Age _____ Race _____ Religion _____

Other preferences _____

When is your client available?

Daytime _____ Evenings _____ Weekdays _____ Weekends _____

Does Compeer have your client's permission to send newsletters, event notices, and other correspondence to their home address? Yes _____ No _____

Emergency Contact

Name: _____ Relationship to client: _____

Phone (day): _____ Phone (evening): _____

Address:

Goals for the Relationship

1. _____

2. _____

3. _____

Crisis Plan

Please include an overview of your client's current crisis plan. Attach additional documentation if needed.

Referring Provider Information

Submitted by: _____

Agency: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Referral Reminders

1. Please have your client review and sign the attached Compeer Friend Agreement, Friend's Rights, & MHA Participation Waiver.
2. Please have your client sign the attached Release of Information. ***Client will not be matched without a release.***
3. Send referral packet and release of information to: Fax: 704-448-2016 or Mail: Mental Health Association in Cleveland County PO Box 623 Shelby, NC 28151.
4. Please keep Compeer updated on any changes in information and/or referral status.

COMPEER FRIEND AGREEMENT

I understand that Compeer is a program of the Mental Health Association in Cleveland County, 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 volunteer.

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 the volunteer.

I understand that overnight or out of town trips with my volunteer must be approved by my mental health provider and the Compeer Coordinator.

I will report any concerns about the volunteer to my mental health provider and the Compeer Coordinator.

I understand that volunteers are required to inform Compeer and my mental health provider about any serious concerns regarding my welfare.

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

I agree to the release of any information between Compeer staff, my referring mental health provider, and Compeer volunteers.

Compeer friend signature

Date

Referring Provider signature

Date

COMPEER FRIENDS RIGHTS AND EXPECTATIONS

RIGHTS

You have the right...

- to privacy and confidentiality.
- to be treated with dignity and respect.
- to be treated fairly and not taken advantage of.
- to ask questions and receive answers from Compeer staff and volunteers.
- to be told when and why services will end.
- to accept or refuse services.
- to honest and open communication at all times.
- to suggest, choose, or refuse activities.
- to say no and to make complaints without the fear of reprisal.

EXPECTATIONS

You should expect from your Compeer experience....

- friendship!!!
- properly screened and trained Compeer volunteers and staff.
- regular contact from your Compeer volunteer.
- meetings scheduled in advance.
- timely and consistent contact from your Compeer volunteer.
- socials organized by Compeer staff.

Compeer Friend Signature_____



Participation Waiver

In consideration for participating in any Compeer Event, I assume responsibility for all my actions while at the Mental Health Association in Cleveland County, traveling to and/or from any such facility, or engaged in any activity under the supervision of the Mental Health Association in Cleveland County and/or Compeer program staff and volunteers. Furthermore, I will not hold the Mental Health Association in 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



CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

I, _____ (CLIENT'S NAME), hereby authorize the **Mental Health Association in 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).

Name

Date

Witness (when required)

Date