



Compeer of Suburban Philadelphia
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**Enclosed: The Compeer Process
 Compeer Guidelines
 Compeer Referral & Release**

Dear Referring Mental Health Professional,

Thank you for your interest in the Compeer Program. For your information, I am enclosing an explanation of the Compeer Process, Compeer Guidelines, and one copy of the Compeer Referral and Release. **PLEASE NOTE: It will be helpful for you to create a Compeer Referral file and make additional blank copies of this form for future use by you and your colleagues.**

Compeer volunteers are carefully recruited, interviewed, screened and trained before matching with your client, **who must be in treatment for a primary mental health diagnosis to be eligible for the Compeer program**. The program provides comprehensive training, which orients the volunteer to procedures, requirements, and goals while honing their communication skills. Compeer monitors Compeer friendship matches on an ongoing basis via monthly reports and telephone contact.

The primary goal of Compeer is to pair the best possible volunteer with each client referred to the program. Volunteers select clients they wish to be matched with on the basis of mutual interests/hobbies and similarities to themselves; on the age of the client, on the travel distance, and on the needs of the individual and the volunteer's experience. Given these factors, an appropriate volunteer may not be immediately available at the time you make a referral. Therefore, **you may expect a delay in matching your client.** Please let your client know we are doing our best to recruit volunteers, but it may take some time. Feel free to contact us to check on our progress. If you ever have any ideas about where we can recruit additional volunteers, please contact us! Once a potential match for your client is found, a staff person from Compeer will call you to set up a personal interview with your client to ensure that s/he is appropriate for the program. We know that you will support our thorough efforts to make sure that both volunteers and clients are better served.

I hope this information about Compeer will be helpful to you. The volunteers and I view ourselves as an adjunct to your therapy relationship and look forward to working together in a shared partnership with you. Please call me with any questions.

Sincerely yours,

Olga Antonyuk

Olga Antonyuk
Program Director
Compeer of Suburban Philadelphia

The Compeer Process

1. Compeer recruits volunteer applicants through media, speaking engagements, colleges, churches, informational events and other means.
2. A potential volunteer contacts Compeer office to inquire about the program.
3. A Compeer Volunteer Application is sent out with a brochure and a Volunteer Job Description.
4. Volunteer applicants return their completed Application with references. Some individuals may opt not to pursue Compeer Volunteering and do not return their Application. This is seen as a natural screening process.
5. Compeer checks the potential volunteer's criminal background checks and references, including one from an employer.
6. Compeer calls the applicant to schedule an interview. Compeer conducts an interview to further orient the person to Compeer. The volunteer makes a reservation for the next Compeer Training.
7. The volunteer attends the initial Compeer Training, held monthly for all new volunteers. If someone cannot attend this regularly scheduled training session, a one-to-one session is held instead.
8. Compeer staff contacts the client and the mental health professional to go over the program and assess the client's needs. After that meeting, the Compeer staff calls the volunteer and advises him/her that a meeting will be scheduled with the professional and Compeer staff.
9. The Compeer staff sets up an introduction meeting between volunteer, client, and mental health professional.
10. After the two new friends have met and decided to continue, the Volunteer calls the Compeer office to confirm activation of the match. Compeer sends the Volunteer a confirmation letter, Monthly Report Forms, and information about the Compeer Activity Fund (helps clients pay their own way on outings).
11. Volunteers submit Monthly Reports to Compeer, sharing activities, hours and observations. As needed, Compeer will share concerns from these reports, requesting discussion between the volunteer and referrer. Volunteer monitoring also includes periodic phone calls to and from the Compeer office.
12. The best matches are those in which the Volunteer feels supported by Compeer staff and other volunteers who make themselves available to answer questions or help with problem-solving.

Compeer Guidelines

Referral Procedures/Guidelines

PLEASE consider these guidelines when determining appropriateness for referral to Compeer:

- ❖ Your client is in treatment for a mental health diagnosis.
- ❖ Your client's interest and willingness to be matched with a Compeer Volunteer. Your client should sign your agency's release form and **MUST** sign the Compeer release.
- ❖ Client's need for the kind of social interaction a volunteer friendship provides.
- ❖ Any question if Compeer is the appropriate, best service to support your client may be discussed with Compeer Staff prior to submitting a referral.

Completing the Referral Form

- ❖ The two-page referral must be filled out by YOU. We ask that you be honest and clear so that Compeer staff can match your client with an appropriate volunteer.
- ❖ A COMPEER RELEASE FORM must be signed in order for Compeer to furnish the potential volunteer with information from your referral.
- ❖ Please print all information clearly.
- ❖ Any confidential information requested is essential to facilitate the Compeer Matching Process. Pertinent information, including psychiatric and medical, should always be disclosed – either on the Compeer referral Form or in conversation with staff.

Referring Therapist Responsibilities

- ❖ When a potential volunteer is found for your client, a staff person from Compeer will call you to set up a time for a phone interview with your client. This will enable Compeer to ensure that your client is still appropriate for a match and hopefully this step will make the Compeer process more efficient. We know that you will help us in this effort so that your clients are better served.
- ❖ The first meeting between a Compeer volunteer and your client will take place at the Compeer office with the referring mental health professional and a Compeer staff.
- ❖ During Volunteer Training, it is stressed to our volunteer that they need to utilize you as a resource. Therapists are asked to monitor the Compeer relationship in their regular contact with their client and report any concerns to the Compeer Office. Volunteers need and respect guidance that will help them act as an adjunct to therapy. However, keep in mind that it is important that the client not see their volunteer as talking to the therapist behind their back, as this can destroy trust and undermine friendship. **Please report pertinent information, such as changes in the referred individual's status – change of address, change in assigned therapist, hospitalization – to the volunteer and the compeer office, as soon as possible!**

Compeer Program Responsibilities

- ❖ The Compeer staff will recruit, screen, and train the volunteers prior to the volunteer/therapist meeting.
- ❖ Compeer staff will monitor the Compeer Relationship and will advise the therapist of questions or concerns that may arise.
- ❖ Monthly Reports submitted by the volunteer to the Compeer Office will be reviewed, and where concerns warrant, a copy will be sent to the therapist, or a phone call made.
- ❖ Compeer will offer ongoing support and training for volunteers; occasional group activities for volunteers and their matched friends will be planned.



Referral Form

PLEASE fill in every blank & include AREA CODE & ZIP CODE for you & your client!

Referral Date _____

Client Name _____ Phone Number (____) _____

Current Address _____

City _____ ZIP Code _____

Age: _____ Sex: _____ Religion: _____ Race: _____ Smoker? ____yes ____no

Birth date: _____ Email address: _____

Client Contact with Family: _____ Frequent _____ Occasionally _____ Never _____

If contact, family member name(s) _____

Address _____ Phone (____) _____

Is client married? _____ Spouse's Name _____ If children, ages _____

Social behavior/Personality _____

Positive Attributes _____

Current Treatment/Programs (PHP, clubhouse, etc.) _____

Hobbies, Special Interests, Skills _____

Physical Limitations/Medical Conditions _____

IMPORTANT: Symptomatic Behaviors (why is this person in treatment? **AXIS I Diagnosis?**) _____

Reasons for Referral (Please be specific)

1. _____
2. _____
3. _____

Therapy goals for Compeer relationship--Please list what you hope will be accomplished through a Compeer Relationship?

1. _____
2. _____
3. _____

Does your client have a definite preference regarding age and/or race of volunteer? If so, specify below:

Age _____ *Race _____ * Religion _____ *

Client Available: Daytime _____ Evenings _____ Weekends _____

Does your client have use of a car? _____

* Specifying any of these characteristics may result in a longer wait time for a volunteer.

Has applicant displayed violent behavior or threatening behavior in the past? If YES please comment:

Additional Comments, Suggestions, and Supplemental Information:

Compeer Calling volunteers make a supportive, friendly phone call each week to waiting clients. This does not affect your client's status on our one to one waiting list. May we include your client in Compeer Calling?

Yes _____ Please check this box if you would like us to send you more information on Compeer Calling:

No _____

Referral Submitted By: _____

Title: _____

Agency: _____

Address: _____

City _____ ZIP Code _____

Phone Number: (____) _____ Fax Number: (____) _____

**Email address: _____

**For more effective communication, email preferred.

Please return with signed Compeer release to:

**Compeer
411 Dartmouth Ave.
Swarthmore, PA 19081
Phone – 610-541-0790
FAX – 610-541-0792**

www.Compeerfriends.org

Revised 5/4/17



COMPEER PROGRAM REFERRAL RELEASE

AUTHORIZATION TO EXCHANGE CLINICAL INFORMATION

I, _____, hereby authorize the staff of the Compeer
(CLIENT'S NAME)
Program and _____ to exchange information or records,
(PROVIDER/PROVIDING AGENCY)
verbally or in writing, pertaining to services or treatment received by me. This information can also be shared
with _____, my Compeer Volunteer to be named at
(COMPEER VOLUNTEER)
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 authorization 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 in offering services to me.

I certify that I am at least 18 years old and have given this authorization voluntarily. I understand that this authorization and my Compeer Referral will expire in twelve (12) months from the date of my signature below, at which time I will need to have a new referral submitted to renew my interest in Compeer. I further understand that I may revoke this authorization at any time by written notice to the Program Director of Compeer, 411 Dartmouth Ave., Swarthmore, PA 19081.

X_____ Provider/Providing Agency please initial for AXIS I MH Diagnosis

Witness

My Signature*

Witness

Date of Authorization

* In the event that a person is physically unable to sign, but gives verbal or behavioral consent, the signature of two witnesses to the person's understanding and consent will suffice.