



36 Pine Street
Lockport, New York 14094
(716) 433-3780
Fax: (716) 433-3847

Dear Mental Health Professional,

Thank you for requesting Compeer Niagara referral forms. The minimum qualifications for individuals referred to Compeer are: they must be eighteen years of age or older and have a primary DSM-IV or 5 diagnosis other than alcohol disorders, organic brain syndromes or developmental disabilities. It is important the functional assessment worksheet and **all pages** of the Compeer referral forms be completed and the originals returned, including the Authorization for Release of Information (no faxes please). If you need to keep a copy, please do so. The functional assessment worksheet (page 4) must show that the individual is functionally disabled due to mental illness for at least the past twelve months in at least **three** of the areas. The client also needs to be receiving mental health services from a mental health professional. If you have any questions regarding the intake forms, please call me at 433-3780. Office hours are 8:30 A.M. to 4:00 P.M., Monday through Friday. Although we do not at this time have an unmatched volunteer, we are always recruiting new volunteers.

Although it may take some time to get matched with a volunteer, please make sure your client understands it is expected he/she will be matched. Your client's participation in a match, when available, is required.

I have enclosed a copy of the suggested guidelines for Compeer matches that we cover during training with the volunteer. Clients receive a copy when they are matched. We encourage you to go over them with clients you refer to us for matching. It is important to us that all referring service providers understand the guidelines and help us ensure the client also understands them. Please keep in mind we accept referrals from mental health professionals only. All paperwork needs to be completed by the appropriate mental health professional (professional providing counseling, medication monitoring, etc.).

As soon as the enclosed referral forms are completed by the mental health professional and returned, they will be reviewed for appropriateness to the Compeer program. When our intake procedure is completed, the person referred will receive a phone call from the program.

Sincerely,

Tara Porter
Director, Compeer Niagara

Please keep for your own reference.

Dear Mental Health Professional,

Compeer is a non-profit befriending program that matches caring, sensitive, and trained volunteers in one-to-one friendship relationships with same-gender adults who are living with or recovering from a mental health disorder (client, Compeer Friend). The client must be under the care of a health professional to apply to join the program. "Compeer" means a companion who is a peer or equal - a friend, not a caregiver or counsellor.

Compeer staff will contact you to discuss the application and suitability of your client for the program.

Our aim is to improve the quality of life and self-esteem of our clients through social inclusion, enjoyable activities, and the experience of mutual trust in a non-clinical setting. Volunteers spend around 4 hours per month in social activities with their matched friend for at least one year. In addition, Compeer offers other social activities throughout the year.

Compeer staff recruit, interview, screen, and train volunteers in agency policies and procedures, program requirements, and goals. Volunteers are instructed in relation to various mental health issues and disorders. Each Compeer friendship is monitored and supported by staff through monthly volunteer reports, check-ins, and peer support meetings.

The mental health professional must be willing to be available to the Compeer staff and volunteer by phone if concerns or questions arise at any time during the match. This ongoing phone support and guidance is a necessary part of having your client successfully participate in Compeer. Once your referred client is matched, you will also be asked to evaluate the Compeer program yearly.

It is difficult to predict at the time of referral how long it will take to find the appropriate volunteer for a client. In the matching process, volunteers usually select clients based on several factors: age, similarity of interests, and geographic location. Compeer staff, in guiding the volunteer, will also consider the volunteer's personality, experience, and skills in order to make a match that will meet the specific needs of the client. **In order to find a good match, both the mental health professional and client should talk about specific needs, activities, and goals.**

Compeer staff and volunteers view themselves as an adjunct to your treatment plan, and look forward to working with you and your client towards the achievement of mutually agreed upon activities and goals. I hope this information gives you a clear idea of how Compeer works and how a Compeer friendship might help your client. If you have any further questions about the program, please don't hesitate to contact Compeer staff at 433-3780.



Compeer Niagara
36 Pine Street
Lockport, New York 14094
433-3780

WHAT IS THE ADULT COMPEER NIAGARA PROGRAM?

The Adult Compeer Niagara Program matches trained volunteers in a one-to-one friendship relationship with men and women having a mental health diagnosis. Males are matched with males and females with females. Referrals must come from a therapist for a client to be accepted into the program.

WHAT DOES THE WORD “COMPEER” MEAN?

“Compeer” means a companion who is also a peer or equal. Those who live with a mental illness may also experience the loss of self-esteem, the fear of failure, loneliness, and the need to build support systems. The goal of Compeer is to provide a caring friend who can offer such support.

WHERE DID THE PROGRAM ORIGINATE?

The Compeer Program originated in 1973 in Rochester, New York and officially became known as COMPEER in 1977. Compeer was chosen as a model program by the National Institute of Mental Health (N.I.M.H.) in 1982. In 1983 N.I.M.H. received a grant to encourage the development of similar programs throughout the nation. COMPEER NIAGARA has been providing services since 1985. Currently, there are over 100 Compeer Programs operational across the United States, and more programs are in the developing stages.

HOW DOES THE COMPEER NIAGARA PROGRAM WORK?

After training, volunteers are asked to make a commitment to the program for one year. They will also be asked to spend at least one hour a week with their match. The program allows schedule flexibility in that there are also matches that meet once a month to attend a COMPEER activity. Once a relationship is established, matches may meet more or less than once a week by mutual agreement. Many volunteers extend their commitment beyond a year and spend more than an hour weekly with their friend.

Volunteers receive three hours of training from the staff of COMPEER NIAGARA. The volunteers speak with the referring therapist and receive continuing support from the staff of COMPEER NIAGARA. Volunteers are asked to send in brief monthly reports that are shared with the referring therapist. In addition, therapists also evaluate the program yearly. On-going education and support of volunteers is provided throughout the year. Therapists recommend clients 18 years of age and older for the program, provide initial consultation with the volunteer, and are available for back-up support. Therapists also evaluate the program yearly.

The COMPEER NIAGARA PROGRAM is regarded as an adjunct to therapy. The volunteer fills the gap that may occur between the treatment services provider and the absence of an adequate support system by family and friends.

The COMPEER NIAGARA staff provides community professionals with education about COMPEER NIAGARA, recruits/trains volunteers, and recruits client referrals. Staff also advocates for clients, provides continuing support for the volunteer/client relationship, and seeks funding for special projects.



**Mental Health Association
in Niagara County, Inc.**

36 Pine Street • Lockport, NY 14094-3632 • (716) 433-3780 • Fax: (716) 433-3847
www.mhanc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

PROGRAMS:

HELP-LINE

Community
Education
and Referral

Information
and Referral

Niagara Self-Help
Clearinghouse

Compeer Niagara

Client Advocacy

In Home
Respite Services

Support Groups

I, _____ hereby
(Please print client's name)

authorize : _____
(Name of **Mental Health Professional** releasing information)

(address of **mental health professional**)

To release the following information, documents or records to:

The Mental Health Association in Niagara County, Inc., and the Compeer Niagara Program, 36 Pine Street, Lockport, New York 14094.

Information to be disclosed/used: Any and all information necessary to obtain, maintain and coordinate services for a Compeer Niagara volunteer match. This information will be used to determine program eligibility and to make appropriate Compeer Niagara volunteer match and to advocate for services along with exchanging necessary information on an ongoing basis to coordinate and maintain services.

I understand my authorization will expire when I am no longer receiving services from the Mental Health Association in Niagara County, Inc., Compeer Niagara Program.

Signature of client _____
Date

Client's date of birth _____

Witness Signature _____
Date

The Mental Health Association in Niagara County, Inc. will offer programs and services promoting mental health, while advocating for individuals with mental illness and working towards dispelling commonly held misunderstandings regarding mental illness.

Funding provided by the NYS Office of Mental Health, Niagara County Department of Mental Health, the United Ways grants memberships and voluntary contributions.

Compeer Niagara
36 Pine Street
Lockport, NY 14094

The more completely this form is filled out the easier it is to make a successful match. The more details provided about personality and interests the better. Please print.

COMPEER CLIENT REFERRAL FORM

To be filled out by mental health professional only.

Person's Name _____ Male ___ Female ___ Today's Date ___/___/___

Date of Birth ___/___/___ Education (last grade completed) _____

Person's Current Address _____ Phone _____

Type of Residence _____
(private, supervised residential care, CMI scattered sites, or list other)

Age _____ Marital Status _____ Children _____ List Ages _____

Emergency Contact _____ Phone _____ Relationship _____

Person has contact with family? Yes ___ No ___ Family Member's Name _____

Relationship to person _____ Address _____ Phone _____

Briefly describe person's physical appearance: _____

Does this person: Read? _____ Write? _____ Smoke? _____ Have any of the following and explain...

Physical disabilities, chronic medical conditions, health problems, or special needs? _____

Substance abuse? _____ Dietary limitations? _____

Allergies? _____ Dual Diagnosis? _____

Is this person on Medicaid? _____ If yes, is it managed care? _____

List private or other health insurance _____

Briefly describe this person's personality/way of relating to others _____

Why do you feel this person needs a volunteer? Include goals and expectations of Compeer match.

Please turn this application over and complete.

Please return original papers.

Additional comments or specific concerns such as health, activities, etc. _____

Specific suggestions to guide volunteer in developing the friendship: _____

This person's preferences for a Compeer Volunteer:

Why does this person want to have a Compeer Volunteer? _____

Activities this person would enjoy doing with a volunteer (include hobbies and interests): _____

This person prefers a volunteer who is in what age range? _____

Race _____ Smoker _____ Non-Smoker _____ Doesn't Matter _____

Of a particular religion? If yes, which? _____

Prefers to go out: Mornings _____ Afternoons _____ Evenings _____

Does this person use public transportation? Yes _____ No _____ Drives own car? Yes _____ No _____

Ethnicity (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Not Hispanic | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Asian | |

Any other information you feel we need to make a good match:

COMPEER CLIENT REFERRAL FORM

CSS ELIGIBILITY INFORMATION

To be completed by mental health professional only.

Please return original papers.

To determine if the person is Community Support Services (CSS) eligible, the following information is needed. This part of the referral form must be completed. Please print.

Principle Diagnosis _____ DSM-IV or 5 Code _____

Other Diagnosis _____ DSM-IV or 5 Code _____

Income Source (due to mental illness) please circle: **SSI** **SSD**
Other income: _____

Social Security # _____

Is this person a veteran? If yes, when? _____

Prior mental health services: Stays at **inpatient** psychiatric units:
Date _____ to _____ Location _____
Date _____ to _____ Location _____
Date _____ to _____ Location _____

Contact or admission to an Office of Mental Health operated or certified mental health **outpatient** program:
Date _____ Program _____
Date _____ Program _____
Date _____ Program _____

Has this person ever been a resident of a supervised community home? Yes ___ No ___ Unknown ___
Initial date of residency ___/___/___ Date stay ended ___/___/___

Name of referring mental health professional _____ Service provided _____
Agency _____
Address _____ Phone _____

Person who will be working with Compeer on behalf of this client _____
Address _____ Phone _____

Have you ever made a visit to the client's home? Yes ___ No ___ If yes, after completing your visit, did you have any safety concerns? (vicious dog, aggressive family member, unsafe neighborhood, etc.)?
Please explain: _____

Does this client have a history of being dangerous to self or others? Please explain. _____

Is client receiving treatment or other services in addition to above: (counseling, case management, etc.)?
Name _____ Service Provided _____
Agency _____
Address _____ Phone _____

Please complete functional Assessment on back of this page. Thank you.

Client Name: _____

To be completed by mental health professional only.

Community Support Services Functional Assessment Worksheet

A. Self-Care

- ___ **Needs** assistance in maintaining personal hygiene
- ___ **Needs** assistance in gathering information regarding health care
- ___ **Puts** self at continual risk of injury
- ___ **Needs** assistance in securing proper health care or complying with prescriptions or other medical procedures
- ___ **Needs** assistance in learning about medication and its administration
- ___ **Needs** assistance in learning about maintaining proper nutrition

B. Social Functioning

- ___ **Lacks** the skills to effectively and appropriately communicate with family and friends
- ___ **Does not** respond appropriately to individuals in authority
- ___ **Repeatedly** violates rules at home, work, or school
- ___ **Is not** fully aware of the array of legal rights available, including constitutional and relevant resident/tenant rights and regulations
- ___ **Does not** organize group activities with friends
- ___ **Needs** assistance in forming contacts with potential friends or interacting with strangers
- ___ **Needs** assistance in confronting criticism or other stressful situations

C. Activities Of Daily Living

- ___ **Needs** assistance in utilizing public transportation on familiar or unfamiliar routes
- ___ **Needs** assistance with basic housekeeping chores
- ___ **Needs** assistance with day-to-day meal planning and preparation
- ___ **Needs** assistance with day-to-day money management
- ___ **Needs** assistance in fully accessing community resources, ie: senior citizen services, libraries, recreational facilities, etc.
- ___ **Needs** assistance in developing and maintaining social and recreational activities outside the home
- ___ **Needs** assistance in day-to-day self-administration of medication

D. Economic Self-Sufficiency

- ___ **Lacks** adequate literacy skills necessary to obtain economic self-sufficiency
- ___ **Needs** assistance from others to obtain or retain entitlements, ie: SSI, food stamps, etc.
- ___ **Is not** fully employed or is underemployed
- ___ **Needs** assistance in budgeting and paying for reoccurring monthly expenses; occasionally runs out of money before the end of the month
- ___ **Needs** assistance in finding appropriate and affordable housing
- ___ **Lacks** the vocational skills and/or education to obtain economic self-sufficiency

E. Self-Directions

- ___ **Needs** assistance in making own appointments for doctors, services, etc.
- ___ **Needs** assistance in advocating for one's own interest with landlords, home owners and/or service providers, doctors, etc.
- ___ **Needs** assistance in establishing and maintaining personal goals
- ___ **Needs** assistance in organizing and scheduling personal activities
- ___ **Needs** assistance in taking initiative/seeking others for assistance with problems
- ___ **Needs** assistance in using the phone for personal or business use

F. Ability to Concentrate

- ___ **Medication and/or mental illness** interferes with the person's ability to focus or concentrate
- ___ **Needs** assistance in completing tasks and following through on personal goals and social activities
- ___ **Lacks** stability and proper support groups in his/her environment which would otherwise enforce clear thinking and concentration
- ___ **Lacks** adequate literacy skills which subsequently interferes with his/her ability to concentrate

PERSONAL INTERESTS CHECKLIST

Name: _____

Please have the person being referred complete this checklist.

Please return the original copy.

SOME OF THE THINGS I LIKE TO DO:

ARTWORK

- ___ Drawing
- ___ Painting
- ___ Working with clay
- ___ Photography
- ___ Rubber stamps
- ___ Coloring
- ___ Other _____

CRAFTS

- ___ Woodworking
- ___ Stenciling
- ___ Embroidery
- ___ Sewing with a machine
- ___ Sewing by hand
- ___ Making clothes
- ___ Making doll clothes
- ___ Crocheting
- ___ Quilt making
- ___ Weaving
- ___ Latch hook
- ___ Macramé
- ___ Other _____

COMMUNITY OUTINGS

- ___ Movies
- ___ Mall shopping
- ___ Parks
- ___ Historical sites
- ___ Zoos
- ___ Museums
- ___ Concerts
- ___ Dance/ballet, etc.
- ___ Plays
- ___ Other _____

GARDENING

- ___ Outdoor
- ___ Indoor (house plants)
- ___ Other _____

COOKING

- ___ Casseroles, dinner
- ___ Quick breads
- ___ Desserts
- ___ Candy
- ___ Salads
- ___ Other _____

OVER →

GAMES

- ___ Nintendo
- ___ Trivial pursuit
- ___ Board games (checkers, Monopoly, etc.)
- ___ Word games (crosswords, puzzles, find-a-word, etc.)
- ___ Cards
- ___ Jigsaw puzzles
- ___ Other _____

HOBBIES/COLLECTING

- ___ Stamp collecting
- ___ Baseball card collecting
- ___ Doll collecting
- ___ Making models
- ___ Magic tricks
- ___ Reading
- ___ Writing stories, poems, plays, etc.
- ___ Singing
- ___ Listening to music
- ___ Playing musical instrument(s)
- ___ Other _____

SPORTS/OUTDOORS

- ___ Baseball
- ___ Football
- ___ Basketball
- ___ Volleyball
- ___ Golf
- ___ Track
- ___ Bowling
- ___ Swimming
- ___ Ice skating
- ___ Roller skating
- ___ Sledding
- ___ Horseback riding
- ___ Badminton
- ___ Skiing: Cross-country _____ Downhill _____
- ___ Fishing
- ___ Bike riding
- ___ Canoeing
- ___ Boating
- ___ Hiking
- ___ Camping
- ___ Picnics, cookouts
- ___ Other _____

List any other activities you enjoy doing: _____

Suggested Guidelines for Compeer Matches

One of the most important goals of the Compeer Program is to encourage members to become independent and enjoy social activities. With that in mind, we have drawn up the following guidelines for Compeer volunteers and their friends in order that matches can be as successful as possible.

1. Compeer volunteers and friends should get together once a week for one or two hours. We strongly recommend that visits be held to only once a week. If the Compeer friend feels the need for more frequent visits, he/she should speak to the case manager and Compeer staff about it. Volunteers have other obligations besides Compeer and their original commitment is for one hour per week. Please remember weekly visits are the ideal. Sometimes you may not be able to get together. If this should happen, try to be understanding. If either of you cannot meet as planned, you should let each other know. Between visits you should try to see other friends and take part in organized social activities. Case managers can suggest activities for you.

Compeer recommends that the volunteer not share his/her phone number for the first three months of the friendship. This helps to insure that the volunteer takes responsibility for maintaining the friendship and keeping in touch with the Compeer friend. The Compeer friend can always call the Compeer office and we'll get any messages to the volunteer.

2. Each person is to pay his/her own way. The Compeer newsletter may give suggestions to you for inexpensive activities you may both enjoy. The goal is to spend time together, not spend a lot of money. The borrowing and lending of money should not be part of a Compeer relationship.
3. Plan activities you both can enjoy together. It's more fun when activities are enjoyable for both people. When planning activities, keep in mind personal, physical and comfort limitations and preferences. Compeer Niagara volunteers are supportive friends, not counselors, case managers or therapists. Time spent together should be social, not spent doing housework or household tasks.

Try to keep your time together just the two of you. Keep outings that include other people to a minimum, if at all.

Alcohol and drugs should not be a part of any activity with Compeer.

Participation in the Compeer program is voluntary for both volunteers and Compeer friends.

4. Sometimes a Compeer volunteer or friend has been matched previously with someone else. If this is the case, you are reminded to keep the previous match confidential. This means that no names or particulars concerning the previous match may be discussed.

Compeer matches are not lifetime commitments, but are limited voluntary time spent together. People's schedules and life situations change and matches do come to an end eventually.

5. Let each other know how much you appreciate the Compeer friendship. A simple "thank you" or "I enjoyed that" will mean a lot to the person with whom you are matched.
6. Discuss any concerns with the case manager or Compeer staff at 433-3780. If you have any questions or suggestions regarding the Compeer program, please do not hesitate to call us.