WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 2/1/03	Reviewed: 9/20/10 By: PE Last Revision: 11/22/10	Section: ADMINISTRATION	Policy No: 039	Pages: 1 of 11 (9 Attachments)
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/11	Subject: MENTORING			

I. POLICY

It is the policy of Wraparound Milwaukee to promote quality one-to-one Mentoring services.

Table of Contents

A. Mentoring Definitions and Role Description 2
B. Mentor Eligibility and Application Procedure
1. Eligibility 3
2. Mentor Screening / Application Process 3
3. Mentor Training / Meetings 3
4. Confidentiality of Mentor Records 4

C. Network Procedures
1. Client Referrals – Care Coordinator & Mentor Agency Responsibilities 4
2. Client Records 4
3. Confidentiality Consents / Release of Information 4
4. Training 5
5. Care Coordinator Responsibilities
   a. Explain the Mentor's Role 5
   b. Monitoring and Support of Mentors 6
   c. Service Collaboration 6
6. Delivery of Mentoring Service
   a. Allowable Mentor Hours per Month / Allowable Matches 6
   b. Work Hours 6
   c. Billing 7
   d. Unauthorized Places and Activities 7
   e. Documentation 7
   f. Termination of the Match 8

D. Additional Mentoring Guidelines
1. Mentor / Youth Confidentiality 8
2. Mandatory Reporting of Abuse / Concerning Client Reported Information 9
3. Transportation Consents / Vehicle Requirements 9
4. Out-of-State Travel 9
5. Overnight Visits 9
6. Recreational Activity Guidelines 10
7. Premature Match Termination 10
8. Telephone Contact 10
9. Touching 11
10. Gift Giving 11
11. Grievance / Complaint and Investigation Procedure 11
12. Liability 11

E. Attachments 18
Attachment 1 - Mentor Job Description.
Attachment 2 – Mentor Code of Ethics and Mentor Agreement.

Attachment 3 – Wraparound Milwaukee Verification of 15 Hour Training Requirement Certificate
Attachment 4 – Sample Consent for Release of Information Form.
Attachment 5 – Mentor Progress Report Log.
Attachment 6 – Sample Mentor Progress Report Log.
Attachment 7 – Closure Agreement.
Attachment 8 – Out of County Travel Permission Form.
Attachment 9 – Training Topics and Sources of Information.

……

II. PROCEDURE

A. Mentoring Definitions and Role Description.

A mentoring match, or mentoring relationship, is defined as a one-to-one assignment of an individual to assist a youth through the human development process by providing support, guidance and concrete assistance. The mentoring relationship is focused on the needs of the youth.

The Mentor functions as both a positive role model and advocate for a youth in his/her family system and community. Youth should be matched with Mentors based on their strengths, needs and interests. A Mentor could be involved in a variety of activities with a youth. Some examples might be: recreational activities, school-related activities such as helping a youth with special assignments when the youth and family team believe it is appropriate, social skills and life skills development, peer/interpersonal relationship building, personal care/hygiene/exercise, increasing awareness of community resources, etc. A Mentor should be a valuable link in assisting a youth to develop needed skills and relationships as they grow.

A Mentor facilitates a youth's emotional and social growth though their interaction and selected activities designed to meet the youth's needs as they have been identified on a Referral Form and in the Care Plan. Goals/needs in the Care Plan should be developed based on input from the youth, his/her parent or guardian and the Care Coordinator and other Child and Family Team members.

Issues related to physical, mental health or educational needs that go beyond the Mentor's experience should be addressed by clinicians or experienced tutors.

Depending on the program the youth is affiliated with, direction, consultation and support are to be provided by the Mentor Supervisor or Mentor Program Director, Care Coordinator and Child & Family Team. The time commitment would vary dependent upon the youth's needs and program requirements/limitations. Authorized Mentor hours are determined by the Care Coordinator and family.

B. Mentor Eligibility and Application Procedure.

All Mentor Provider Agencies must adhere to the following recruitment, screening, training and documentation procedures for each individual who is matched with one or more youth.

1. Eligibility.

Individuals seeking employment as Mentors in the Wraparound Provider Network (WPN) must meet these basic program requirements prior to the provision of services:

- Must be 18 years of age.
- Must agree to provide a level of consistent weekly (or as otherwise indicated) interaction with the youth as identified by the Child & Family Team and/or Plan of Care.
- Must have their own transportation with proof of at least the Wisconsin minimum amount of insurance and a current/valid driver's license, if they will transport youth. A Department of Motor Vehicles Abstract must also be completed.
- Must agree to and provide information needed to conduct a thorough criminal background check.
- Must have completed the 15-hour training course provided by the Mentor Agency as required/approved by the WPN.
- Must have at least one-year experience working with youth.

- Cannot be a Care Coordinator and/or Supervisor of such.

2. Mentor Screening and Application Process.

Prospective Mentors will be supplied with a written Job Description (*see Attachment 1*) and should be asked to complete an Agency Employment Application.

The Mentor screening process must be applied consistently and equally to all applicants regardless of status in the community or familiarity with program staff.

The Application process includes:

- A completed written application with space to record hire and termination dates and reason for leaving (to be kept on file).
- A personal interview.
- Three Reference Checks to include two professional and one non-relative personal reference. A Criminal Background Check conducted through the Wisconsin Department of Justice that includes a Background Information & Disclosure Form (BID) completed and signed by the prospective Mentor, a statewide criminal history record review and a DHFS Caregiver History Check *(see Background Check Policy #057).*
- Satisfactory compliance with the Milwaukee County Board Resolution guidelines regarding misdemeanor and felony convictions.
- If an applicant has lived outside the State of Wisconsin in the last three years, a good faith effort must be made by the Provider Agency to get a Background Check from the previous State of residence (Wraparound Milwaukee reserves the right to require that any prospective Direct Service Provider obtain a FBI Criminal Records Check – national fingerprint-based criminal history check, if necessary).
- A driving record abstract with the Wisconsin Department of Transportation. If an applicant has not continually resided in Wisconsin for at least three years, it is at the Provider's discretion to request a driving record from the previous state of domicile.
- A photocopy of a current Driver's License and proof of insurance for all adult Mentors who will transport youth.
- Signed Code of Ethics and Mentor Agreement (*see Attachment 2*).

3. Mentor Training / Meetings/ Training Manual.

a. Prior to provision of services each Mentor must complete fifteen (15) hours of orientation/training provided by the Mentor Agency as approved by the Wraparound Provider Network. Resource information and suggestions for trainings are included in this policy under Section E – Training Topics and Sources of Information. The Training Manual that the Agency uses in the provision of the 15 hours of training must be available for review during an Agency audit.

b. All Agencies will be required to provide documentation of Mentor attendance and completion of training sessions (i.e., a certificate of training completion, attendance sheets at training sessions, etc.). The "WRAPAROUND MILWAUKEE VERIFICATION OF 15 HOUR TRAINING REQUIREMENT CERTIFICATE" (*see Attachment 3*) and the MENTOR JOB DESCRIPTION (*see Attachment 1*) that has been reviewed and signed off on by the Direct Service Provider must accompany the "Provider ADD Sheet" when an Agency is requesting that new providers be added to the Wraparound Provider Network.

c. Mentors may have ongoing supervision and support through monthly meetings with Mentor Agency program staff.

4. Confidentiality of Mentor Records.

a. Mentor personnel files are to be kept in a secure cabinet or room.

b. Vendors will retain background check information in a confidential manner for one year for applicants that were not approved for service. Thereafter, only the decision document will be retained and any remaining materials destroyed.

c. Records of mentors approved for service will be treated as confidential and maintained as employment records.

d. The right to confidentiality applies not only to written records, but also to video, film, pictures, or use of names in agency publications.

C. Network Procedures.

1. Client Referrals – Care Coordinator and Mentor Agency Responsibilities.

When a Care Coordinator refers a youth for mentoring services the following requirements apply:

a. Care Coordinator must obtain Consent forms signed by the family/client to speak with a prospective Mentor Agency regarding the youth/family. To help get the best match for a youth, find out what the family wants in a Mentor and convey that information to the prospective Mentor Agency.

b. Submit a PROVIDER REFERRAL FORM for the youth to the Mentor Agency.

d. When the Mentor Agency receives the referral they review the information and make every attempt at that time to "match" their best available Mentor with the youth/family. It is hopeful, as with any Provider beginning services with a family, that this match will work and that the relationship will be a productive one.

e. After the Mentor Agency identifies a potential Mentor to the Care Coordinator/family, the Care Coordinator should then be putting in a SAR for the proposed Mentor hours **PRIOR TO** the first visit with the family/youth believing that this match will work. As always, the Care Coordinator should be present at that initial visit to introduce the identified Mentor to the youth/family and to discuss expectations.

f. If during that first visit and/or any subsequent visit, the youth/family believe that this is not the best "match", then another Mentor should be sought (if needed), at which time the Care Coordinator would initiate this process all over again. **Even if the Mentor only has one contact with the family they should still be reimbursed for that contact, thus the rationale for the authorization in Synthesis prior to the initial meeting.**

2. Client Records.

Client's charts are to be kept in a secure cabinet or room and are to be maintained at the Agency until the client becomes 19 years of age or until 7 years after services have been completed, whichever is longer. The documents can then be appropriately disposed of/shredded. (*See Vendor Responsibilities & Guidelines Policy #054 regarding additional information related to the maintenance of client charts.)*

3. Confidentiality / Consents / Release of Information.

The Youth and Mentor records must be respected and kept confidential. The right to confidentiality applies not only to written and electronic records, but also to video, film, pictures, or use of names of clients, legal or custodial guardians, or Mentors in Agency publications.

A Consent for Service form that permits the Agency to serve a youth must be in each client's file. The Consent for Service must be signed and dated by the parent/legal guardian prior to the provision of services. The Agency is expected to create their own Consent for Service form.

Information about a youth may be released to other individuals or organizations only upon presentation of an authorized "AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION" form, appropriately signed by the youth's parent/legal guardian. Information about a Mentor will be released only with written consent of the Mentor. (*See Attachment 4 - Sample Authorization for Release of Health Information form*.)

For the purpose of program evaluation/Agency performance monitoring, County/State/Federal auditing or evaluation teams may have access to client records.

Information shall be provided to Milwaukee County in the event of litigation or potential litigation involving these entities. Such information is considered privileged information, and law protects its confidentiality.

4. Care Coordinator Responsibilities.

When a Mentor has been identified for a youth, it is the Care Coordinator's responsibility to explain the expectations and responsibilities to the Mentor and the Mentor Agency.

It is the Care Coordinator's responsibility to:

a. Explain the Mentor's role with the youth, youth's family and program.

1) Provide a written summary of the youth's needs and goals that a Mentor is expected to address (Plan of Care/Treatment Plan).
2) Provide a written anticipated work schedule for day/hours (*see #6.b. regarding Mentor work hours)*.
3) Provide a written list of dates of Child and Family Team/Plan of Care meetings that Mentors will be expected to attend (if available).
4) Reinforce the documentation requirements as outlined on page 6 - #6. e.
5) Explain that the Care Coordinator in conjunction with the Mentor and the Child & Family Team will discuss when and how the Mentor/youth relationship should come to closure. In the event that the Mentor suddenly needs to or is required to terminate the Mentor/youth relationship, it is preferable that the Mentor inform the youth/family. If this is not appropriate, then the Care Coordinator must inform the youth/family as soon as possible.
6) Ensure that the parents/legal guardian/custodian/caregiver, mentors and youth know that a responsible adult must be present when the Mentor drops off the youth at their place of residence after a session.

Note: The Care Coordinator must forward the Plan of Care / Treatment Plan to the <u>Mentor Agency Director</u> who will then copy the document for the client's record and distribute it to the Mentor. Sharing of the POC with a Mentor Agency can only be done with the "Signed Consent" of the parent/legal guardian.

(*Youth and their parent/legal guardian should be provided with a Mentor Agency pamphlet that describes the mentoring service, roles and expectations and contact information for the Mentor Agency. This is the responsibility of the Mentor/Mentor Agency.*)

b. Monitoring and Support of Mentors.

1) Monitoring of the Mentors is the responsibility of the Mentoring Agency and the Care Coordinator. The Care Coordinator <u>does not supervise</u> the Mentor. This is the responsibility of the Mentor Agency Director or his/her designee.
2) The Care Coordinator **<u>must</u>** accompany the Mentor on the first visit to meet the family and assist with any transitioning that needs to occur to assure all parties are comfortable with one another.
3) If there is a change in the Care Coordinator assigned to work with the family, the Care Coordination Agency must immediately inform the Mentor, the Mentoring Agency and other Child and Family Team members.
4) During the time a Mentor is matched with a youth, if there is any change in the youth's status, (i.e., living situation, family relocation, psychological or physical health, behavioral concerns/incidents, school concerns/incidents, court related issues, etc.), the Care Coordinator must make every effort to inform the Mentor and/or the Mentor Agency Director or designee. This must be done immediately or as soon as possible prior to the next scheduled visit the Mentor has with the youth.

c. Service Collaboration.

Mentors must be informed of and encouraged to be involved in all relevant meetings/sessions (i.e., Plan of Care/Child and Family Team meetings, etc.). Communication and collaboration with the Child and Family Team should be stressed.

If there are collaboration issues, the following protocol should be followed:
Address issues first worker to worker (i.e., Care Coordinator with Mentor). If no resolution

occurs, refer the issue to the Care Coordinator Supervisor and to the Mentor's Supervisor at the Agency. If the matter is not resolved at this level, then Wraparound Administration should be contacted.

5. Delivery of Mentoring Services.

Reminder – No Mentor services can be rendered, nor should a Mentor be assigned to work with any youth/family, until they have been authorized by the Wraparound Milwaukee Provider Network and a start date has been established in Synthesis. Wraparound Milwaukee reserves the right to recoup any monies that were paid to agencies in the event that an unauthorized Provider provided and billed the Agency for those services.

a. Allowable Mentor Hours Per Month/Allowable Matches.

Mentors are expected to meet one-on-one with the youth for up to the allotted time authorized on the Referral and Service Authorization Request and agreed upon by the Child and Family Team.

Wraparound has identified maximum mentoring units (caps) at 20 hours per month/per family.

It is preferable that a Mentor provide services to only **one** child in a home/family. Being a Mentor for two or more siblings tends to lead to concerns related to appropriate boundaries, client confidentiality and sibling rivalry related to the Mentors attention and time. If the Child and Family Team identify that having one Mentor for the family would be of benefit in meeting their needs, this must be clearly documented in the Plan of Care and separate authorizations/documentation must be kept on each child.

No Mentor shall be matched with more than five youth at any one time.

Units authorized above the cap need to be justified by the Care Coordinator or the Care Coordinator's Supervisor and requested through the Wraparound Milwaukee Quality Assurance override process.

b. Mentor Work Hours.

Work hours are determined by the needs of the youth, family and/or program and the availability of the Provider. **As a general guideline, the average youth/mentor session should last from 1-4 hours.** Documentation for time spent beyond 4 hours must be specific and thorough with reference to the need for a more lengthy session. **It is expected that mentoring sessions would occur between the hours of 8:00a.m. and 9:00p.m.** The reason for contact outside of these hours must be justified in the documentation.

c. Billing.

Mentors may only bill for face-to-face contact with one youth at a time. This includes Plan of Care / Child & Family Team meetings and/or any other meetings in which the youth / family is being discussed and in which they are present. The Mentor Agency should bill at the hourly 5524 rate when attending these meetings.

Agencies/Mentors may not bill for:

- No shows.
- Travel time.
- Phone contact.
- Written communications

Though not billable, phone, written & no show contacts must be documented.

If seeing two or more youth from the same family at the same time for the same activity, per the directive of the Child and Family Team/Plan of Care or the Treatment Plan, the Mentor may still only bill for one youth.

Billing for only one youth also applies to situations where there may be two or more siblings who are identified as separate enrollees within the Wraparound / REACH Program.

Refer to the section on Unauthorized Places and Activities for other non-billable items.

A Mentor Agency should not invoice/bill for services rendered prior to evidence of complete/accurate corresponding documentation.

d. Unauthorized Places and Activities.

1) A Mentor cannot take a youth to his/her home or the homes of relatives or significant others.
2) Mentoring is a youth-focused one-to-one activity. Mentors cannot engage in activities with friends, relatives or others during the time they are mentoring a youth.
3) A Mentor cannot take a youth to his/her place of employment and bill for this time. If a Mentor desires to take a youth to his/her place of employment to show the youth where whey work and what they do, this must be done on volunteer time and should be approved by the legal guardian.
4) A Mentor cannot take a youth to the Mentor's or youth's church/place of worship and bill for this time. If a Mentor desires to take a youth to the Mentor's or youth's church/place of worship, this must be done on volunteer time. As with all activities, if a Mentor/youth will be attending religious services, it is important that this is with the permission of the parent/legal guardian.
5) A Mentor may not involve youth in their personal activities, whether paid or voluntary (i.e., performing chores for Mentors, running personal errands), while with the youth.
6) A Mentor, who may be matched with more than one youth, may not meet with the youth simultaneously.

NOTE: If any of these activities are occurring and being billed for, with the exception of specially authorized activities or those documented in a Care Plan, Wraparound has the right to recoup monies for the hours spent in these activities.

e. Documentation.

Mentor-youth contact must be documented routinely in accordance with Wraparound Milwaukee requirements.
The Mentor must make a progress log entry in the required Mentor Progress Report Log **every time** a youth is seen, whether one-on-one or during a POC/Child & Family Team/other meeting.

Phone or written contact and no shows must also be documented and the Logs must be filled out in their entirety. (*See Attachment 5 - Mentor Progress Report Log and Attachment 6 - Sample Mentor Progress Report Log*)

Please note that the use of White-Out on the Logs is not permissible. Errors should be lined out and initialed/dated (example: ~~happy~~ – c.w. – 8/10/03).

The Care Coordinator is expected to sign off on and date the original or faxed copy of the Log. The Care Coordinator must then keep a copy of the Log for their Client file. If the Mentor Agency is faxing over the Log to the Care Coordinator for a signature, the Mentor Agency must attach the signed faxed copy to their original copy. This is necessary for when Auditors are viewing the Logs for all three signatures. The parent/legal guardian must also sign and date the original Log. Logs must be signed and dated after the last date of service for the month is recorded.

The **original** Log should be kept in the client's Mentor Agency file under the Progress Report Log section.

Logs should be turned in at the end of every month to the Mentor Agency Director or designee. The Mentor Agency administration is responsible for assuring that the Logs are correctly filled out and all required items are included.

If Logs are not submitted on time, have been pre-signed by any party, or confirmed fraudulent information is present on the Log, the Family, Mentor Agency or Wraparound Milwaukee has the right to terminate any employee without notification. Wraparound Milwaukee has the right to recoup monies if deemed appropriate.

f. Termination of the Match.

Each Mentor will be asked to give Mentor Agency Directors a minimum of four weeks notice before terminating service in order to close the match in a positive way for the youth. The Program Director and/or Care Coordinator will assist the Mentor and youth, if necessary, in concluding the relationship.

It is suggested that an Agency Exit Interview be conducted with each Mentor upon termination of service. This should be part of the ongoing Agency program and performance evaluation. Each Mentor is entitled to a copy of the exit notes that will be used to provide employment references, if requested.

Each Mentor will sign a Closure Agreement (*see Attachment 7)* upon termination of the match, return any program identification cards, other authorizations of participation and any/all client Transportation Consent Forms that the mentor may have in their possession.

Mentors terminated for just cause from one Agency in the WPN may not provide service to another Agency in the WPN without the prior written approval of the WPN.

D. Additional Mentoring Guidelines.

1. Mentor / Youth Confidentiality.

Successful Mentors keep all one-to-one conversations with the youth confidential. Specifically this means that what a youth tells a Mentor in private will not be shared except for the few exceptions noted below. Mentors should inform the youth of the limitations on their ability to keep his/her confidence at an early juncture in the relationship.

a. If a Mentor receives information indicating that the youth may be dangerous to himself/herself or to others, necessary steps must be taken to protect the appropriate party. In this situation, don't second guess your best judgment - act swiftly. Tell the parent/legal guardian/caregiver and immediately communicate the situation to the Care Coordinator, Mentoring Program Director and any other relevant parties.

b. If a youth communicates to their Mentor knowledge of an unlawful act that was or will be committed, appropriate authorities must be notified, in addition to those individuals referred in point a. above.

It has been the program's experience that when this type of situation presents itself, it most often signifies intent by the youth to "let someone know" what is going on. The best Mentors handle these situations delicately when conditions allow. Quite often, the youth can be persuaded to "do the right thing."

2. Mandatory Reporting of Abuse / Concerning Client Reported Information.

It is Wisconsin Law that one must immediately report to the Police/Child Protective Services/State Bureau of Child Welfare any suspected, reported or observed neglect and/or physical, sexual or emotional abuse.

The Care Coordinator, Mentor Agency Director and necessary medical and/or legal persons must also be informed.

Care Coordinators must ensure that a youth's family is aware of and understands the policies related to mandatory reporting.

The number of Child Protective Services in Milwaukee County is 414-220-SAFE (7233).

3. Transportation Consents / Vehicle Requirements.

Before a Mentor can transport a youth, a TRANSPORTATION CONSENT FORM (*see Wraparound Milwaukee website – Provider Network Forms – Consent Forms – Transportation Consent*) must be signed and dated by the legal guardian to ensure authorized consent is in place prior to the provision of services. If the Mentor is to pick up the youth at his/her home for a session/activity, it is mandatory that at least one responsible adult be at home when the youth is picked up and when the youth is dropped off. If that is not possible (i.e., the client is being picked up at school or directly from an activity), the Mentor must carry a copy of the pre-signed Transportation Consent form giving him/her the permission to transport the youth.

No youth should ever be left at home alone when being returned from a Mentoring session. Attempts should be made to call the parent/legal guardian/caregiver/emergency contact at the numbers listed on the Referral Form. If unsuccessful, the Care Coordinator should be called. The Care Coordinator needs to ensure that parents/guardians, mentors and youth know that a responsible adult must be available to receive a youth at all times**.**

If for any reason the Mentor Agency feels it necessary to have an additional Transportation Consent Form signed for an activity that may take the youth out of the county or on an outing that may be out of the usual realm of activities (i.e., visit to the Dells, visit to Ethan Allen), the Agency has the right to request this.

4. Out of County Travel.

Mentors may take youth on out-of-county **day** trips with express written permission of the parent/legal guardian and all other identified representatives as listed on the Out-of-County Travel Permission Form (*see Attachment 8*).

Out of county trips must be directly correlated to a specific need identified in the Plan of Care . An out of county day trip would most likely be identified as a strategy a Mentor/Child and Family Team would use to meet an identified need. On the Out of County Travel Permission Form there is an area where the correlating POC date /Domain/Need and Strategy must be identified. Out-of-County travel should occur only on rare occasions.

5. Out-of-State Travel.

Out-of-state travel is not permitted.

6. Overnight Visits.

Overnight stays at a Mentor's home are not allowed.

Wraparound Milwaukee will not fund nor be liable for clients who go on overnight passes to a Mentor's home. A funded overnight placement through the WPN may occur only in a licensed foster home, with the parent/legal guardian's authorization and with the Care Coordinator's knowledge.

7. Recreational Activity Guidelines.

Recreational activity costs are the responsibility of the Mentor/Family unless pre-authorization has been received for provision/payment of some type of exceptional activity. In these exceptional instances, funding through Discretionary Funds should be sought on the Service Authorization Request (SAR).

Activities that are **not** acceptable are:

- R-rated movies.
- Frequent movie watching whether it is in a theater or elsewhere. Watching a movie is not considered an "interactive" activity between the Mentor and youth.
- Engaging with a youth in wrestling or play fighting.
- Sporting events that place a youth at serious risk of injury.
- Frequent visits to video arcades. Visits to video arcades may be used as an infrequent reward. For example, as a special reward for reaching a goal.

- Frequent playing of video games.

Activities should be chosen keeping in mind the needs of the youth and family and goals identified on the Plan of Care/Treatment Plan.

8. **Premature Match Termination.**

The following are reasons for early termination of a match and/or of Mentor employment:

- Abuse of a youth participant. Mentoring activity will be immediately suspended until any and all allegations of child abuse are investigated and resolved.
- Engaging a youth in any illegal activity or violation of his/her Court Order.
  Examples include: Permitting or encouraging a youth during mentoring time to smoke cigarettes, use any illegal drug, drink alcohol, drive without a license or learner's permit, gamble or frequent a gambling establishment, possess or use fireworks, or attempt to ignore any legal age restriction.
- Taking youth to bars/taverns.
- Smoking in the youth's presence.
- Use of illegal drugs or consumption of alcohol in the youth's presence.
- Failing to meet regularly with a youth or failure to address stated youth needs/goals or follow an agreed upon work schedule.
- Return of a youth to a Juvenile Correctional Institution.

Additionally, a match may be terminated if:

- The Mentor willfully and knowingly has provided misleading or false information (upon employment) on an application.
- The Mentor fails to abide by the policies and procedures in this policy and/or outlined in the Mentor Agreement or otherwise acts in an unethical manner.
- The Mentor fails to submit documentation as required or submits fraudulent documentation/engages in fraudulent behavior.
- The Mentor fails to comply with the provisions of Milwaukee County Resolution and the Wisconsin Caregiver Law regarding Background Checks and driving license/insurance requirements.
- A Mentoring Agency may have additional reasons for early termination that are specific to the Agency.

9. **Telephone Contact.**

Telephone contact between visits is encouraged within the acceptable limits of the legal guardian/custodian/caregiver, Mentor and the youth participants. It is NOT a requirement for the mentor to provide his/her telephone number to the youth. It is at the Mentor's discretion to provide a home telephone number when and if he/she is comfortable in the relationship. Mentors should set boundaries of acceptable times to call, explain exceptions and define emergencies.

Telephone contact/time is not a billable item for paid Mentors.

10. **Touching.**

Some child development authorities are very concerned that society has become so afraid of providing physical nurturing to children that those children's emotional growth will be adversely affected. Mentors, however, may find themselves in the unique position of providing the youth with appropriate and wholesome attention. Reality is that being a one-to-one Mentor for a youth makes it almost impossible for the Mentor to avoid some physical contact.

Some younger children literally demand physical attention and they may cling to their Mentor. Mentors can use these opportunities to teach the child that there are social boundaries to the expressions of physical attention. Mentors in these situations can be role models to help the child learn how to set boundaries for themselves.

Use the following guidelines related to touching a child/youth:

- Touching should be in response to the need of the child and not the need of the Mentor.

- Touching should be with the child's permission --- resistance from the child should be respected.
- Touching should avoid breasts, buttocks, and groin.
- Touching should be open and not secretive.
- Touching or other physical contact should be governed by the age and developmental stage of the child. For example, sitting in an adult's lap may be appropriate for a three-year-old, but less so for an eight-year old, unless the adult is the child's parent.

It is always better to error on the side of caution regarding physical contact.

11. Gift Giving.

Mentors may not accept monetary or purchased gifts from the youth, the youth's family or other caregiver. If the youth would like to give the Mentor a gift that he/she made, or the family would like to invite the Mentor over for dinner as a gesture of appreciation, that **is** permissible.

Mentor's are discouraged from gift giving except for the acknowledgment of a youth's birthday or special religious holiday, then the gift should be of a monetary value below $25.00. Giving the youth a gift should only be done with the consent of the legal guardian/parent/primary caregiver.

Mentors may not give money, clothing, food or other items of necessity to the youth or youth's family, but should make such needs known to the Care Coordinator so that appropriate resources can be directed. If the Mentor has items they wish to donate for the benefit of the youth, they may give such items to the Mentor Program Director who can distribute them accordingly.

12. Grievance / Complaint and Investigation Procedure.

Each Mentor Agency should have a written procedure which outlines actions that will be taken to investigate complaints or allegations of wrongdoing generated by the Mentor, youth or youth's family/guardian. Such investigations are to be carried out fairly and confidentially. If you are not provided with a description of the Agency's procedures, ask for one. A youth/family also have the ability/right to submit a complaint to the Wraparound Milwaukee Program.

Violations of municipal or civil law will be referred to local law enforcement personnel.

13. Liability.

Milwaukee County will not be liable in the circumstance where a youth/family may steal from a Mentor and/or cause damage to a Mentor's property or person.

E. ATTACHMENTS.

Attachment 1 - Mentor Job Description.
Attachment 2 – Mentor Code of Ethics and Mentor Agreement.
Attachment 3 – Wraparound Milwaukee Verification of 15 Hour Training Requirement Certificate
Attachment 4 – Sample Consent for Release of Information Form.
Attachment 5 – Mentor Progress Report Log.
Attachment 6 – Sample Mentor Progress Report Log.
Attachment 7 – Closure Agreement.
Attachment 8 – Out of County Travel Permission Form.
Attachment 9 – Training Topics and Sources of Information.
Attachment 10 – Wisconsin Mentoring Coordination Council – Table of Contents.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

Mentor Job Description

Definition/Objective

To act as a positive role model and advocate for youth who are in need of guidance and opportunities for social growth. Mentoring is a trusting one-to-one relationship that focuses on developing youth strengths, interests and needs. The primary purpose in mentoring is role modeling and building supports and partnerships with youth and families in their communities.

Eligibility Criteria

Must be at least 18 years old. Must have completed the 15-hour training course required by the Mentor Agency and the affiliated program. Must have at least one year of experience in working with youth.

Working Hours

As determined by the needs of the client, family and/or program, and the availability of the Provider.

Desired Traits/Requirements

- Must be able to work as a member of a Child & Family Team.
- Must be dependable and responsible.
- Must be flexible.
- Must enjoy working with children/adolescents.
- Must be nurturing and patient.
- Must be supportive and objective.
- Must use good judgment.
- Must possess good written, verbal, listening and communication skills.
- Must be able to problem solve independently.
- Must be open to a variety of cultural experiences.
- Must be outgoing and active.
- Must be able to provide structure.
- Must be able to set limits and provide appropriate consequences for undesirable behavior.
- Must be able to provide praise and reinforcement for desired behavior.
- Must be receptive to direction and feedback from the Child & Family Team.
- Must have knowledge of program philosophy and believe in the strength-based approach.
- Must be able to provide emotional support in order to help the child sort out feelings and channel them productively.
- Must be able to provide objective and unconditional care and acceptance.
- Must have a valid Wisconsin Driver's License and auto insurance, if transporting youth and/or family members. If no Driver's License, individual must sign a waiver.
- Must have completed the application process that includes a criminal background and driving history check.

Role Description

As a member of a Child & Family Team, a mentor would function as both a positive role model and advocate for a child or adolescent in his/her family system and community. Children would be matched with a mentor based on their needs and interests. A mentor could be involved in a variety of activities with the child and/or family with the focus including, but not limited to, recreation, special school projects, social skills and peer relationship building, personal care/hygiene/exercise,

etc. Direction, consultation and support will be provided by the Mentor Agency Director/Supervisor, the Care Coordinator and Child & Family Team. The time commitment will vary depending upon the needs of the child/family. A mentor is a valuable link in assisting children and families in developing needed skills and relationships as they grow.

Responsibilities

1. Have knowledge of the mentor agency and affiliated program philosophy regarding provision of services/care.

2. Have knowledge of the Mentor Policy & Procedure and have signed off on the Mentor Agreement Form, and have completed all necessary paperwork.

3. Work as a member of the Child & Family Team in assisting children and families in skill development. Role models and teaches skills referred to in the Role Description and any other skills that may be identified in the Care Plan.

4. Participate in Child & Family Team/Care Plan meetings led by the Care Coordinator, in collaboration with the family and their support systems. Assist in the development of the Care Plan and identifying the child's and family's strengths and needs.

5. Communicate routinely with the Care Coordinator (verbally and in writing) to assure comprehensive care.

6. All mentor documentation/progress notes must be thoroughly completed and forwarded to the Agency Director/Coordinator in a timely fashion.

7. Be accessible, if needed, to the child, family, and/or Care Coordinator according to the standards set by the Child & Family Team.

Printed Name of Direct Service Provider_____

Signature of Direct Service Provider_____

Date_____

MENTOR CODE OF ETHICS

Each mentor agrees to the following code:

- ✓ I will meet with my mentee regularly in accordance with the rules and instructions of the program.
- ✓ I will endeavor to listen and not lecture to my mentee and to help him/her understand that I am an individual on whom he/she can rely.
- ✓ I will try to serve as a positive role model for my mentee, helping him/her to see the need for obedience to laws and respecting the right of others.
- ✓ I will not make any promises to my mentee that I cannot keep.
- ✓ I will keep my mentee's confidence to the extent possible without violating the law or ethical principles. I will inform my mentee as to the limitations on my ability to keep his/her confidence.
  If necessary to disclose anything relating to my mentee, I will attempt to do so in a manner least harmful and most beneficial to my mentee and the program.
- ✓ I will keep in mind my commitment to always act in the best interest of my mentee and the program. I will help my mentee attain a way of life which will lead to a responsible, productive and successful future. I will avoid any activity that detracts from those goals.
- ✓ I will avoid any impropriety, or appearance of impropriety, in my relationship with my mentee and the program.

MENTOR AGREEMENT

I have read and agree to uphold the Mentor Code of Ethics and the Procedures and Policies for Mentoring Services as listed in Policy and Procedure #39

I specifically agree not to engage my mentee in any illegal or age-restricted activity but will engage my mentee in wholesome activities that are consistent with a care or treatment plan.

I agree to complete a written application form that includes past history and current status. Upon request, I am willing to provide additional information to that which is on my application form.

I understand that a statewide criminal background check (and federal check, if needed), driver's check and reference checks are criteria for determining my eligibility to become a mentor, and hereby authorize such confidential investigation.

I agree, upon acceptance into a Network Agency for the purposes of providing mentoring, that I will meet with my mentee according to the hours and schedule agreed upon with the Child & Family Team.

I understand that there are no overnight visits allowed in the program guidelines.

I will notify the Mentor Agency whenever there is any change in my situation (i.e. address, phone, employment, family, arrest/driving record, etc.) and, additionally, when there is a developing concern or problem relating to mentee.

- Specifically, I agree to self-disclose to the Mentor Agency Director within 24 hours any municipal or state law violations (charges and/or convictions).
- I agree that I will not transport youth without a valid driver's license and current auto insurance and will inform the Mentor AgencyDirector within 24 hours of a moving traffic violation, revocation of driver's license, or change in auto insurance coverage.

I understand that the Wraparound Milwaukee Provider Network and Milwaukee County are not obligated to assign me a youth, hire me, or continue my assignment, if, in the program staff's professional judgment it would not be in my best interest or the best interests of the youth served by the program.

I agree to abide by the above program agreement.

Print Name: _____

Signature of Applicant _____ Date _____

Wraparound Milwaukee

VERIFICATION OF 15 HOUR TRAINING REQUIREMENT

CHECK THE SERVICE(S) TO BE PROVIDED BELOW

Employee Name: _____
(print employee name)

This is a statement of verification that the above named employee has completed in full **ALL TRAINING REQUIRED BY WRAPAROUND MILWAUKEE TO PROVIDE THE FOLLOWING SERVICE(S).**

(Check those that apply)

☐ Mentoring: _____
(List Training Dates Above - Month/Day/ Year)

☐ Parent Assistance: _____
(List Training Dates Above - Month/Day/ Year)

☐ Tutoring: _____
(List Training Dates Above - Month/Day/ Year)

Detailed information related to all training sessions is on file with:

_____
(agency name)

and includes: the date, duration, topic(s) covered; training method (ie: video; written material; workshop, etc) and name of the trainer for each training module or session.

(Wraparound Milwaukee may request this information at any time for quality assurance purposes.)

Agency Director or Designee Signature	Employee Signature
_____	_____
Agency Director/Designee Signature	Employee Signature
_____	_____
Print Name	Print Name
_____	_____
Date Signed	Date Signed

July, 2006

WRAPAROUND MILWAUKEE

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

(May be used following completion of Enrollment Packet Authorization Form)

PURPOSE OF DISCLOSURE:
Release of Mental Health, AODA (Alcohol and Other Drug Addiction) and physical health information that will be used to plan and provide for the care, treatment and services for:

_____ _____
(Youth's Name) (Date of Birth)

I authorize Wraparound Milwaukee, its contracted Care Coordination Agencies, and/or the Mobile Urgent Treatment Team to release/exchange health related information including diagnosis, prognosis, treatment and planning related to the above named youth's enrollment in Wraparound Milwaukee to the appropriate staff at the following agency/s:

AGENCY NAME / INDIVIDUAL NAME	SHARED DOCUMENTS/INFORMATION (Check those that apply.)			
	Demographic Information Only	Plan of Care	Referral for Services	Other * (Specify Below)
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				
Agency/Individual: _____	☐	☐	☐	☐
Identify Other Document/s: _____				

EXPIRATION OF AUTHORIZATION / WITHDRAWAL OF AUTHORIZATION
If not specified below, I understand that **this Authorization for Release of Information EXPIRES 12 MONTHS from the date it was signed**. I understand **that I may cancel this authorization at any time** (see back of sheet for instructions). This does not include any information that has been shared between the time I gave my consent to share information and the time that the consent was canceled**.**

This authorization expires on the _____ day of _____, 20_____.

REDISCLOSURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by Federal privacy standards.

_____ _____
Parent or Guardian Signature Date

_____ _____
Youth Signature Date

_____ _____
Witness Signature Date

CLIENT RIGHTS RELATED TO
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive Copy of This Authorization - I understand that if I sign this authorization, I will be provided with a copy of this authorization.

Right to Refuse to Sign This Authorization - I understand that I am under no obligation to sign this form and that Wraparound Milwaukee may not condition treatment, payment, or enrollment on my decision to sign this authorization.

Failure to Sign - I understand that failure to sign this authorization may severely limit the treatment / service options available for my child or family.

Right to Withdraw This Authorization - I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Pamela Erdman, Wraparound Milwaukee Quality Assurance Department. (The statement must be dated and signed). I am aware that my withdrawal will not be effective until received by Wraparound Milwaukee and will not be effective regarding the uses and/or disclosures of my health information that Wraparound Milwaukee has made prior to receipt of my withdrawal statement

Right to Inspect or Copy the Health Information to Be Used or Disclosed - I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting Pamela Erdman in the Wraparound Milwaukee Quality Assurance Department**.**

HIV Test Results - I understand my child's HIV test results may be released without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

Submit your written requests for withdrawal to:

Ms. Pamela Erdman, Wraparound Milwaukee Quality Assurance Director
Wraparound Milwaukee Administrative Offices
9201 Watertown Plank Road
Milwaukee, WI 53226 Phone: (414) 257-7608

WRAPAROUND MILWAUKEE
Mentoring Policy
Attachment 5

PROVIDER NETWORK
WRAPAROUND MENTOR PROGRESS REPORT LOG

For Agency Office Use Only
Using Billing Code:
❑5524 or ❑H2021

For:_____
Month/Year

Pre-signing or altering of logs is fraudulent and may be grounds for termination from the Network and any future contractual relationships with the County

Provider's Name/Agency: _____ Phone:_____

Name of Youth Being Serviced:_____
(If a sibling /child of an identified enrollee indicate enrollees name): _____

Legal Guardian Name: _____ Relationship: _____

Care Coord./ Care Coord. Agency :_____Phone:_____

Need/Goal: 1) _____
Strategy:_____

Need/Goal: 2) _____
Strategy:_____

Need/Goal: 3) _____
Strategy:_____

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	2	3	4	5
Need/Goal # 2	1	2	3	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/0l)	**-TIME FRAME SEEN** (i.e.- 4:00 – 7:00 p.m.) **-TOTAL TIME SEEN -BILLABLE TIME**	**ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS** **Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show** **MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg.** Must have one note entry for every contact made **REMINDER: Phone/written contacts/No Shows are not billable but they MUST be documented.**
	Time Frame: Total Time: Billable Time:	Location of FF Contact/No Show:_____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Activity: _____ Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ **OVER** →

DATE (i.e., 8/29/0l)	**-TIME FRAME SEEN** (i.e.- 4:00 – 7:00 p.m.) **-TOTAL TIME SEEN** **-BILLABLE TIME**	**ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS** **Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show** **MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg.** Must have one note entry for every contact made **REMINDER: Phone/written contacts/No Shows are not billable but they MUST be documented.**
	Time Frame: Total Time: Billable Time:	Location of FF Contact/No Show:_____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Activity: _____ Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact:
	Time Frame: Total Time: Billable Time:	Location of FF Contact/No Show:_____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Activity: _____ Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact:
	Time Frame: Total Time: Billable Time:	Location of FF Contact/No Show:_____ Type of Contact: (circle one) FF PH W NS MTG Note References Need(s): (circle one or more) #1 #2 #3 Activity: _____ Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact:

TOTAL TIME:

TOTAL BILLABLE TIME:

Legal Guardian or Caregiver's Signature **Date** _____	**Provider's Signature** **Date** _____	**Care Coordinator's Signature** **Date** _____

Agency Administration Approval: _____ **Date:**_____

WRAPAROUND MILWAUKEE
Mentoring Policy
Attachment 6

PROVIDER NETWORK
WRAPAROUND MENTOR PROGRESS REPORT LOG

Pre-signing or altering of logs is fraudulent and may be grounds for termination from the Network and any future contractual relationships with the County

For Agency Office Use Only
Using Billing Code:
☒ 5524 or ☐ H2021

For: August 2009
Month/Year

SAMPLE

Provider's Name/Agency: Tim Nelson/ Mentor Agency ABC Phone: 222-2222

Name of Youth Being Serviced: Jeremy Collins
(If a sibling /child of an identified enrollee indicate enrollees name): —

Legal Guardian Name: Kathy Mansford Relationship: Mother

Care Coord./ Care Coord. Agency: James Teal - Helping Services Phone: 555-5996

Need/Goal: 1) Jeremy will learn about one new community resource per month
Strategy: Mentor will expose client to a variety of community resources to assist with independent skill development.

Need/Goal: 2) Jeremy will engage in recreational activities without becoming aggressive.
Strategy: Mentor to engage client 2x week in age appropriate leisure activities promoting good sportsmanship, team play, good decision making skills & healthy coping skills.

Need/Goal: 3)
Strategy:

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	2	(3)	4	5
Need/Goal # 2	1	2	(3)	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/01)	-TIME FRAME SEEN (i.e.- 4:00 – 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS
		Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg. Must have one note entry for every contact made **REMINDER:** Phone/written contacts/No Shows are not billable but they MUST be documented.
8/5/09	Time Frame: 6:00-8:00 pm Total Time: 2 hrs. Billable Time: 2 hrs.	Location of FF Contact/No Show: 5th Street Community Center Type of Contact: (circle one) (FF) PH W NS MTG Note References Need(s): (circle one or more) (#1) #2 #3 Activity: Orientation to 5th St. Community Center programs. Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: Jeremy was quiet during the visit to the Community Center. He mentioned that he was not feeling well. Mr. James-Center Director toured us through the facility & provided information on all programs & resources. Jeremy expressed an interest in 1) job skill development program 2) basketball clinic. These 2 programs will be further explored with the Child & Family Team before formal involvement occurs. This mentor is scheduled to meet with client on 8/12 for our next contact.

DATE (i.e., 8/29/01)	-TIME FRAME SEEN (i.e.- 4:00 – 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg. Must have one note entry for every contact made REMINDER: Phone/written contacts/No Shows are not billable but they MUST be documented.
8/12/09	Time Frame: 6:30 - 8:00 pm Total Time: 1.5 hrs. Billable Time: 1.5 hrs.	Location of FF Contact/No Show: YMCA Type of Contact: (circle one) (FF) PH W NS MTG Note References Need(s): (circle one or more) #1 (#2) #3 Activity: Basketball/Weight Lifting Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: Jeremy + this writer engaged in a 1:1 game of b-ball for 30 minutes. During that time Jeremy became frustrated x2 but did not become aggressive. His frustration occurred after he missed a basket. He was redirected + encouraged to use more healthy coping techniques learned in therapy. Lifted weights for 20 minutes. This appeared to be a good stress reliever for Jeremy. Next scheduled contact on 8/21 for Plan of Care meeting.
8/21/09	Time Frame: 4:00 - 6:00 pm Total Time: 2 hrs. Billable Time: 2 hrs.	Location of FF Contact/No Show: Client's Home Type of Contact: (circle one) FF PH W NS (MTG) Note References Need(s): (circle one or more) (#1) (#2) #3 Activity: Plan of Care Meeting. Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: This writer reported on how Jeremy has been doing with reference to the goals/needs that this writer is addressing with him. Jeremy commented that he enjoys the time spent with this writer. Will continue to meet with Jeremy 1x week for approx. 1.5-2 hrs. to work on identified needs. Next scheduled contact set for 8/26. Team indicated that this writer should follow up on getting client involved in job skills + basketball clinic at 5th St. Community Center.
8/26/09	Time Frame: 6:00 - 6:15 pm Total Time: 15 min. Billable Time: 0	Location of FF Contact/No Show: Client's Home Type of Contact: (circle one) FF PH W (NS) MTG Note References Need(s): (circle one or more) #1 #2 #3 Activity: — Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: Client was scheduled to be picked up at 6:00pm to go to the 5th St. Community Center to fill out paperwork to begin job skills class + basketball clinic. Rang doorbell several times + called into house on my cell phone - no answer. Left a message about missed appointment. Will attempt to contact client on 8/27. Left message for Care Coordinator about no show situation.

TOTAL TIME: 5.75

TOTAL BILLABLE TIME: 5.5 hrs.

Kathy Mansford
Legal Guardian or Caregiver's Signature
Date 8/29/09

Tim Nelson
Provider's Signature
Date 8/31/09

James Leal
Care Coordinator's Signature
Date 9/2/09

Agency Administration Approval: KC Date: 9/3/09

MENTORING RELATIONSHIP CLOSURE AGREEMENT

Date:

Mentor Agency:

Client:

Mentor:

Care Coordinator Name and affiliated Agency/Site:

I acknowledge that my assignment as a paid mentor through the above stated mentor agency for the above named client is terminated as of this date and that any future relationship with the client is not authorized, monitored or specifically endorsed by this mentor agency through the Wraparound Milwaukee program.

I agree to discontinue use of and return any identification cards, transportation consents forms or consents for participation in activities regarding the above named client.

Mentor Signature:_____

Date:_____

Mentoring Agency Director or Designee:_____

Date:_____

Copies to:

- ☐ Client
- ☐ Legal Guardian
- ☐ Primary Caregiver (if different from the Legal Guardian)
- ☐ Care Coordinator

WRAPAROUND MILWAUKEE OUT OF COUNTY TRAVEL PERMISSION FORM

Mentor **must** take a copy of this form to out of county activity

YOUTH'S NAME (print):_____D.O.B_____

Address:_____ City:_____

State:_____ Zip:_____ Phone:_____

EMERGENCY CONTACT: Name:_____

Address: (if different from above)_____

State:_____ Zip:_____ Phone:_____

MEDICAL INSURANCE: Name of Insurer:_____

Insurance I.D number: _____ Insurers Phone #:_____

_____OF_____
(Providers Name) (Name of Mentor Agency)

HAS PERMISSION TO TRANSPORT _____ OUT OF MILWAUKEE COUNTY
(Youth's Name)

TO_____ ON _____
(Destination – be specific re: place and state) (Date of Transport)

FROM_____ TO _____.
(Time – a.m./p.m.) (Time – a.m./p.m.)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION INFORMATION/LIMITATIONS: _____
_____
_____
_____

GURADIAN ASSUMPTION OF RISK AND LIABILITES: I understand that there may be risks of physical injury or damage to property when going on an activity. I am therefore willing to assume the risk and responsibility for any such injury or damage which my child may sustain when traveling out of state with the identified mentor/agency whether negligent or not by the mentor, mentor agency, it's employees, agents, other participants on the trip or Milwaukee County.

I, therefore, agree to RELEASE, INDEMNIFY, and HOLD HARMLESS the mentor, mentor agency, it's employees, agents, other participants on the trip or Milwaukee County, from any liability, claims or causes of action based upon their actions, whether negligent or not.

MEDICAL TREATMENT PERMISSION: In the case of a medical emergency, and after every effort has been made to contact me, I the legal guardian, hereby grant permission for the above stated mentor/mentor agency to secure medical treatment for my child. I will assume the responsibility of all associated medical expenses. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I will assume any transportation cost.

_____ _____ _____
Signature of Legal Guardian Relationship to Youth Date

_____ _____
Signature of Youth Date

An Out of County activity must be connected to a specific client need/strategy. This must be identified in the Plan of Care under the applicable domain. Please complete the following:

Applicable Plan of Care Date:_____

Applicable Domain(s):_____

Identified Need(s):_____

Strategy(ies):_____

_____

_____ _____

Signature of Probation Officer (if applicable) Date

_____ _____

Signature of Bureau Worker (if applicable) Date

_____ _____

Signature of Care Coordinator Date

List other significant individuals that were informed of out of county travel arrangement: (name and title)

1). _____

2). _____

3). _____

c/wrapcmn/erdman/mentor P&Pattach11outofstatetravelconsent 9/26/02
Revised 11/22/10 - DDJ

Mentoring Training Topics and Sources of Information

The following information was compiled by the Wisconsin Mentoring Coordination Council (WMCC), a coalition of mentoring programs dedicated to strengthening and expanding youth mentoring in Wisconsin and by Wraparound Milwaukee.

1. Recruitment Message.

These subjects should be covered in an informational message to prospective Mentors.

a. Program overview and goals.
b. Number of Mentors needed.
c. Definition of Mentoring.
d. Characteristics of youth referred to the program.
e. Time commitment.
f. Successful Mentor characteristics.
g. Eligibility and application process.
h. Benefits and rewards of mentoring to both Mentor and youth.

2. Orientation and Training Curriculum.

Within the 15 hours of WPN training required prior to the provision of services, these subjects should be covered with all Mentors, whether volunteer or paid, and whether they are presented to one person or a group of Mentors.

a. Program Overview.
    1) Program mission.
    2) Program overview and goals.
    3) Definition of mentoring.
    4) Review completed application process.
    5) Characteristics of youth referred to the program.
    6) Typical needs and criteria for youth participants.
    7) Risk management – measures in place to protect the Client, Mentor and Agency.
    8) Types and limits of insurance provided by mentoring program.
b. Program Structure.
    1) Expectations of mentors.
        - Mentor job description.
        - Time commitment and duration.
        - Accountability through reporting requirements (paperwork or direct contact).
        - Characteristics of successful mentors.
        - Benefits and rewards of mentoring.
        - Documentation requirements.
    2) Expectations of the Mentoring program.
        - Community resources available (ongoing).
        - Contact person(s) and emergency procedures.
        - Evaluation and outcome measurement.
        - Suggested activities (ongoing).
        - Type and limits of program insurance coverage.
        - Type of ongoing training and support, such as regularly scheduled group meetings, newsletters, phone consultation or other types of staff accessibility.
c. Confidentiality and Legal Liability.
    1) Confidentiality within and beyond the mentoring relationship.
    2) Mandatory reporting of abuse and neglect.
    3) Scope of work.
d. Organizational Ground Rules and Policies. Provide written summaries of policies such as:
    1) Gift giving.
    2) Touching.
    3) Overnight visits.
    4) Telephone contact.

5) Home visits.
6) Transporting youth.
7) Crisis response.
8) Termination of the match / discharge planning.

3. Mentor Readiness and Training.

a. Program specific skill development.
b. Academic encouragement.
c. Communication skills.
d. Do's and don'ts of relationship management.
e. Life cycle of the mentoring relationship.
f. Establishing boundaries / building trust.
g. Family dynamics.
h. Issues Mentors may encounter.
i. Managing common dilemmas / engaging resistive youth and families.
j. Personal safety / community safety.
k. Realistic expectations of change.
l. Identifying and understanding youth/family strengths.
m. Conflict resolution.
n. Diversity / working with culturally diverse populations.
o. Working with youth/families presenting with mental health, AODA, developmental disabilities and high-risk needs.
p. Youth growth and development/human sexuality.
q. Working as a team member.
r. Empowering families.
s. Nurturing social and emotional support.\

4. Training Recommendations for Youth Participants.

In the 1990 National Mentoring Working Group, convened by the United Way of America, and the National Mentoring Partnership began work on a set of guidelines, or common principles, to help guide the development of responsible mentoring programs.

Among the guidelines are program policies and practices that pertain to recruiting, orienting, screening and readiness training for both Mentors and youth participants. These guidelines are reflected in the Mentor Training Recommendations from the Wisconsin Mentoring Coordination Council as previously stated.

The WMCC suggests that parents, mentoring program coordinators or youth advisors talk about these topics with youth participants to help them form a successful, safe and meaningful relationship with a Mentor.

a. Preparing Youth for Mentoring Agenda. (*Adapted from material provided by Shayne Schneider, President, Mentors Unlimited, Washington, D.C.)*

1) Why train protégés? (*Youth participants, Little Brothers, Little Sisters, etc.)*
   - Protégés drive most relationships.
   - Youth should be empowered through understanding their role and their Mentor's role.
   - Ensure that youth have a clear understanding of the Mentor/Protégé relationship.
   - Ensure that youth understand the program design and expectations.
   - Ensure that youth are willing participants.
   - Ensure that youth recognize signs of trouble, including potential child abuse, and know where to turn.
   - Allow program coordinators to share information about youth expectations with mentors (*reinforce group identity among protégés – useful in some programs.)*
2) How to prepare youth for mentoring – what to include in training.
   - Statement of purpose – to make the Protégé familiar with the Mentor / Protégé relationship and comfortable with the Protégé role.
   - Welcome and introductions.
   - Program design.
   - Definition of "Mentor".
   - Roles and expectations for Mentors and Protégés.
   - How to get the most out of Mentor/ Protégé relationships – dos and don'ts.

- Getting started – getting acquainted, establishing ground rules, setting goals.
- Troubleshooting – what to do about problems.

b. Sample Contents of a Protective Behaviors Training (*Adapted from Big Brothers, Big Sisters of the Chippewa Valley, Inc.)*

Big Brothers, Big Sisters of America has made an "Empower" curriculum available to affiliates for several years. A Protective Behaviors training component is available to BBBS staff, which includes topics in this table of contents. The topics are discussed in a non-threatening way with youth participants throughout their intake process. The WMCC recommends that mentoring program managers explore resources on the subject of Protective Behaviors for youth and incorporate them into work with youth participants.

1) Section 1 – Background Information.
   - Issues of abuse and violence.
   - Protective behaviors – the history.
   - Overview of the Protective Behaviors Training program.
2) Section 2 – The Protective Behaviors Process.
   - Issues of abuse and violence.
   - Theme 1 – We all have the right to feel safe all the time.
   - Theme 2 – Nothing is so awful that we can't talk with someone about it.
3) Section 3 – Living and Teaching the Process.
   - Awareness of the child within.
   - Strategies.
   - Levels of resistance.
4) Section 4 – Problem Solving.
   - One step removed problem solving.
   - Problem solving.
   - Non-violent interventions.
5) Section 5 – Teaching Protective Behaviors in Different Settings.
   - Aims and learning objectives.
   - Remembering from the future.
   - Recommended resources specific to Protective Behaviors.
   - Resources and teaching ideas.

A source of information of Protective Behaviors is:
PreventChildAbuseWI.org
211 S. Paterson Street - Suite 250
Madison, WI 53703
Phone: (608) 256-3374
Fax: (608) 256-3378
1-800-CHILDREN

c. Do's and Don'ts for Protégés. (*Adapted from material provided by Shayne Schneider, President, Mentors Unlimited, Washington, D.C.)*

1) Do:
   - Talk to your Mentor.
   - Return phone calls.
   - Suggest activities you would enjoy.
   - Let your Mentor know how they can help you.
   - Be honest about things you want to do and things you don't want to do.
   - Show up for meetings on time!
   - Call in advance if you have to cancel a meeting.
   - Let your Mentor know that you appreciate what he/she is doing.
   - Show interest in your Mentor.
   - Explain differences between you and your Mentor (age, race, etc.).
   - Tell an adult (parent or staff) if you feel unsafe or uncomfortable in your relationship with your Mentor.*

2) Don't:

- Fail to return calls.
- Stand your Mentor up when you have a meeting scheduled.
- Agree to do something you don't want to do.
- Wait for your Mentor to make every move first.
- Let your Mentor set goals for you.
- Allow yourself to be intimidated.
- Avoid communicating about problems.
- Expect your Mentor to buy you things.
- Bring friends along when you are meeting your Mentor.

* The WMCC felt this topic should encompass more than inappropriate touching and Protégés can be encouraged to discuss any feeling of discomfort or threat.

5. Sources of Information for Training Mentors and Youth Participants.

A three-ring binder of sample materials on program development and management, Mentor recruitment, screening and training is available for checkout or photocopying at the following locations:

Milwaukee Mentors
Contact Person: Liz Dworak
161 W. Wisconsin Ave., Suite 4000 (YMCA Building)
Milwaukee, WI 53202
(414) 274-0828

6. Web Links for Training and Support

a. www.nwrel.org -- The National Mentoring Center is part of the Northwest Regional Education Laboratory providing training and technical assistance to mentoring programs through a variety of services and conferences. The NMC provides a curriculum (10-module tool) for training program staff and mentors in effective program practices. The Center also provides a series of technical assistance booklets dealing with Recruiting, Supporting and Training Mentors. Materials are federally funded and provided at no or low cost.

b. www.mentoring.org **MENTOR/National Mentoring Partnership** is an advocate for the expansion of mentoring and a resource for mentors and mentoring initiatives nationwide. Link provides immediate access to the latest information and resources on mentoring as well as on-line networking and training events for practitioners and mentors. Offers membership in a national network of individuals who care deeply about the future of young people.

c. **www.mentoringworks.org** **The Mentoring Partnership** of Minnesota, formerly known as Twin Cities One to One|The Mentoring Partnership, was formed in 1994 as a community initiative to promote mentoring for Minnesota youth. It is dedicated to connecting Minnesota youth with quality mentoring and economic self-sufficiency experiences. The Mentoring Partnership of Minnesota **Training Institute** offers a variety of resources to organizations that want to start, maintain, or enhance mentoring programs or want to educate volunteers about mentoring.

Institute programs can be tailored to mentor programs, workplaces, professional associations, government, and educational and faith institutions. Other on-line resources include great tips for mentors and volunteer managers.

d. **www.bbbsa.org** **Big Brothers Big Sisters of America** is the nation's oldest and largest youth mentoring organization. Since 1904, caring adult volunteers have been helping millions of children reach their full potential and fulfill their dreams. Our programs in all 50 states match kids with mentors who provide meaningful friendships and share fun experiences. Learn more about how you can make a big difference.

e. **http://vipmentoring.org** **Volunteers in Prevention, Probation, and Prisons Inc**. Given the dignity, value and potential of every human being, and recognizing the diversity found within each community, the mission of Volunteers in Prevention, Probation and Prisons, Inc. (VIP) is to reduce recidivism in the juvenile and criminal justice system. VIP carries-out its mission by encouraging and supporting the development of community justice programs which include one-to-one mentoring of offenders with trained volunteers. On-line training for subscribed members. Training institutes available outside Michigan.

f. **http://www.pointsoflight.org/** **The Points of Light Foundation's** mission is to engage more people more effectively in volunteer community service to help solve serious social problems. The Points of Light Training Institute meets the practical learning needs of individuals and organizations that seek to

engage volunteers in community service efforts. The Points of Light Institute offers:

- Training and consulting to enhance your volunteer program and meet your critical business needs.
- Innovative, short courses that include practical, use-it-now tools for corporations, Volunteer Centers, nonprofit and government agencies, youth organizations, educational institutions, individuals and community groups.
- Services and products geared towards volunteer program.

  The Points of Light Institute also offers customized training's and consultations that can assist you in developing and improving your organization's volunteer program. We gear our services towards the specific needs of your organization. *We're ready to help you make your volunteer program and community service efforts part of your company's or organization's overall strategy for success.* Please visit the Points of Light Foundation National Training Calendar! Please also visit the Online Volunteer Marketplace Catalog.

g. **www.nydic.org** **The National Youth Development Information Center NYDIC** is a project of the National Assembly through its affinity group, the National Collaboration for Youth). NYDIC provides practice-related information about youth development to national and local youth-serving organizations at low cost or no cost.

h. **http://www.uwex.edu/li/learner** **The Learning Institute for Nonprofit Organizations** is a program of The Society for Nonprofit Organizations, Madison, WI. The program was started in the fall of 1996 and is a unique collaboration involving The Society for Nonprofit Organizations and the University of Wisconsin-Extension. The Learning Institute is the producer of the "Excellence in Nonprofit Leadership and Management" educational series.

i. **www.nonprofitrisk.org** **The Nonprofit Risk Management Center** helps nonprofit staff and volunteers control risks so they can focus on their missions. They publish a newsletter, "Community Risk Management and Insurance" and offer "Riskfacts", a library of informative 3-4 page briefs that answer frequently asked questions on liability, insurance and risk management subjects. They offer comprehensive training, consulting services and risk audits.

j. **http://www.uwex.edu/ics** **Educational Teleconference Network (ETN)** University of Wisconsin network of televised educational programming and teleconferencing sites. There are ETN locations in every county in Wisconsin. All sites accessible to the public are listed on the webpage. Contact 608.262.1598 or email etn@ics.uwex.edu for more information about ETN sites and resources.

k. **http://www.fedfocus.org** **Federal Focus, Inc., Children's Programs, the Ed-Mentor Program** organizes conferences on the Internet mentoring industry which are designed to bring together providers and recipients of mentoring services to share their own experiences and successes. Proceedings offer a template of what experienced experts believe to be the optimal, results-oriented procedures for Internet-mentoring that could be used in urban, suburban, and rural settings worldwide.

l. **www.powerup.org** **PowerUP** is a program creating partnerships to help underserved youth use technology. The National Mentoring Partnership, AOL, and Hewlett Packard are working together to bridge the digital divide between those young people with access to technology and those without it. Telephone: Rae Grad, 703.760.4896.

8. Web Links for Parents and Mentors.

a. **http://www.theantidrug.com** **TheAntiDrug.com** was created by the National Youth Anti-Drug Media Campaign to equip parents and other adult caregivers with the tools they need to raise drug-free kids. Working with the nation's leading experts in the fields of parenting and substance abuse prevention, TheAntiDrug.com serves as a drug prevention information center, and a supportive community for parents to interact and learn from each other.

9. Web Links for Funding Opportunities.

a. **http://www.gpoaccess.gov/fr/index.html** . ***The Federal Register*** is the official daily publication for Rules, Proposed Rules, and Notices of Federal agencies and organizations, as well as Executive Orders and other Presidential Documents. Scan regularly for upcoming funding opportunities.

b. **http://www.usdoj.gov/10grants/index.html** **The Department of Justice** offers funding opportunities to conduct research, to support law enforcement activities in state and local jurisdictions, to provide training and technical assistance, and to implement programs that improve the criminal justice system. The Office of Justice Programs publishes a topical guide, *At-A-Glance*, to all their funding opportunities. *At-A-Glance* provides brief descriptions of funding opportunities, listing the amount of funding available, who can apply, and the status of program regulations, guidelines, reports, and application kits.

c. **http://ojjdp.ncjrs.org** **The US Department of Justice Office of Juvenile Justice and Delinquency**

Prevention and the **National Criminal Justice Reporting Service** at **http://www.ncjrs.org/** provide national research findings about intervention and prevention strategies related to juvenile crime. Sponsors of the JUMP, Juvenile Mentoring Programs nationwide. Grant funding opportunities, library resources, and free publications available.

d. **http://oja.state.wi.us** **The Wisconsin Office of Justice Assistance** administers several federally funded justice system grant programs associated with the Anti-Drug Abuse/Byrne (includes Methamphetamine Initiative application), Juvenile Accountability Incentive Block Grant (JAIBG), Juvenile Justice and Delinquency Prevention Act (JJDPA), Local Law Enforcement Block Grant (LLEBG) and Violence Against Women Act (VAWA).

OJA's mission is to provide communities, state and local government agencies, and private nonprofit programs with effective financial resources, meaningful justice system planning data and information, and appropriate linkages to justice system programming in order to have a positive long-term impact on Wisconsin's justice system while promoting the safety of its citizenry.

e. **www.wisconsin.gov** Description of **Wisconsin state agencies**, programs and funding opportunities.

10. Web Links to Foundations.

http://fdncenter.org/ **The Foundation Center** provides aggregate financial information on the nearly 47,000 active independent, corporate, community, and grantmaking operating foundations in the U.S. Site includes **FC Stats,** a free online resource that provides users with ready access to a wealth of statistical data on U.S. private and community foundations and their funding patterns.