

 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 2/1/03	Date Revised: 9/24/08	Section: ADMINISTRATION	Policy No: 039	Pages: 1 of 18 (15 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: 1/1/09	Subject: MENTORING		

I. POLICY

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

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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 through 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/Case Manager 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 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 Position/Job Description (*see Attachment 1*) and will be asked to complete an Agency Employment Application (*see Attachment 2 - Sample 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.
- 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, the application process will include obtaining fingerprints for a FBI background check to be conducted through the Wisconsin Department of Justice.
- 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 3*).

3. Mentor Training / Meetings/ Training Manual.

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 4*) 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 fireproof cabinet or room.
- b. Vendors will retain background check information for applicants that were not approved for service in a confidential manner for one year. 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 (*see Attachment 5*) 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 fireproof 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 Provider Bulletin #1-09 – Attachment 6 - 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 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. A sample form is attached (*see Attachment 7 – Consent/Acknowledgment 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 8 - 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. Training.

As deemed necessary and appropriate by the Wraparound Milwaukee Quality Assurance Director, new Mentor Agency applicants in 2009 may be required to complete up to a twelve-hour Mentor Directors Training Course, preferably prior to the provision of services, but no later than six (6) months after the initiation of services. The training, in part, will be provided by Wraparound Milwaukee.

5. 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

Mentor Agency Director 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 does not supervise the Mentor. This is the responsibility of the Mentor Agency Director or his/her designee.
- 2) The Care Coordinator **must** 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.

6. Delivery of Mentoring 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.

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 they work and what they do, this must be done on volunteer time.
- 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 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 meeting.

Phone or written contact and no shows must also be documented and the Logs must be filled out **in their entirety**. (*See Attachment 9 - Mentor Progress Report Log and Attachment 10 - 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.

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 11*) 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 Attachment 12*) 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 State Travel.

Mentors may take youth on out-of-state day trips with express written permission of the parent/legal guardian and all other identified representatives as listed on the Out-of-State Travel Permission Form (*see Attachment 13*).

Out of state trips must be directly correlated to a specific need identified in the Plan of Care . An out

of state 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 State Travel Permission Form there is an area where the correlating POC date /Domain/Need and Strategy must be identified.

5. 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 WIPN may occur only in a licensed foster home, with the parent/legal guardian's authorization and with the Care Coordinator's knowledge.

6. 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.

7. 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.
- The Mentor fails to comply with the provisions of Milwaukee County Resolution and the Wisconsin Caregiver Law regarding Background Checks.

- A Mentoring Agency may have additional reasons for early termination that are specific to the Agency.

8. 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.

9. 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 affection. 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 affection 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 affection. 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.

10. 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.

11. 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.

12. 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. 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 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 problems, 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

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 Dvorak
161 W. Wisconsin Ave., Suite 4000 (YMCA Building)
Milwaukee, WI 53202
(414) 274-0828

The Table of Contents from the above referenced manual – Wisconsin Mentoring Coordination Council “Effective Practices and Recommended Training for Quality Youth Mentoring” is attached (*see Attachment 14*).

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 \(JJDP\)](#), [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.

- a. <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.

11. Wraparound Milwaukee Terms and Phrases Families Need to Know.

(See Attachment 15)

F. ATTACHMENTS.

Attachment 1 - Mentor Job Description.

Attachment 2 - Sample Employment Application.

Attachment 3 - Mentor Code of Ethics and Mentor Agreement.

Attachment 4 - Wraparound Milwaukee Verification of 15 Hour Training Requirement Certificate

Attachment 5 - Provider Referral Form.

Attachment 6 - Provider Bulletin #3-05 - Maintenance of Client Charts for Providers.

Attachment 7 - Sample Consent Form.

Attachment 8 - Sample Consent for Release of Information Form.

Attachment 9 - Mentor Progress Report Log.

Attachment 10 - Sample Mentor Progress Report Log.

Attachment 11 - Closure Agreement.

Attachment 12 - Transportation Consent Form.

Attachment 13 - Out of State Travel Permission Form.

Attachment 14 - Wisconsin Mentoring Coordination Council - Table of Contents.

Attachment 15 - Wraparound Milwaukee Terms and Phrases Families Need to Know.

Reviewed & Approved by: _____



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 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.

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

I Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

II Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

III Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

IV Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
			1	2	3	4		
			1	2	3	4		
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes___ No___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes___ No___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

APPLICANT - Do not write on this page

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

***See Page 2**

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that it complies with all federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or state and/or federal laws.

Neither V.W. EIMICKE ASSOCIATES, INC. nor its counsel assumes any responsibility for the employer's use of this form or any decision the employer makes which may violate local and/or state and/or federal laws. By publishing and/or selling this form V.W. EIMICKE ASSOCIATES, INC. is not rendering legal advice. Users should consult their legal counsel about any legal questions they may have with respect to the use of this form.



BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal) Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)		Name – (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>				Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)					

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? ➤ If Yes , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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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 Agency Director within 24 hours of a moving traffic violation, revocation of driver's license, or change in auto insurance coverage.

I understand that the Integrated 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



PROVIDER REFERRAL FORM

Referral Completion Date _____

Reminder: Providers please assure that the initial visit is done with the Care Coordinator.

Referred by: _____

Name of Care Coordinator

Name of Care Coordination Agency

Phone (____) _____ Pager (____) _____ Cell Phone (____) _____

Name of Provider/Agency being referred to: _____

Address _____

City _____ State _____ Zip _____

Name of Provider Contact Person _____ Phone (____) _____

1. **Service being requested:** _____ Service Code _____

Frequency / Days & Times being requested: _____

2. **Service being requested:** _____ Service Code _____

Frequency / Days & Times being requested: _____

3. **Service being requested:** _____ Service Code _____

Frequency / Days & Times being requested: _____

4. **Service being requested:** _____ Service Code _____

Frequency / Days & Times being requested: _____

Name of Client being Referred: _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Name of associated WM Enrollee (if different than client being referred)

Client Lives With: _____ **Relationship:** _____

Ethnicity: African American Caucasian Hispanic Native American Asian Other _____

Gender: Male Female **DOB:** _____ **SSN:** _____

Special Accommodation Needs, if any (i.e., physical and sensory disabilities, medical needs, limitations, etc):

FAMILY/SCHOOL INFORMATION

Mother/Legal Guardian _____ Home Phone (____) _____

Address _____ Work Phone

(____) _____

City _____ State _____ Zip _____

Father/Legal Guardian _____ Home Phone (____) _____
Address _____ Work Phone (____) _____
City _____ State _____ Zip _____

Other Emergency Contact _____ Home Phone (____) _____
Address _____ Work Phone (____) _____
City _____ State _____ Zip _____
Relationship to Client _____

Siblings/Children: *(Not required for transportation services if only transporting identified client.)*

- 1. _____ **DOB** _____
- 2. _____ **DOB** _____
- 3. _____ **DOB** _____
- 4. _____ **DOB** _____

School _____ Not Attending Not Enrolled N/A
Grade _____ **Special Education:** Yes No

GENERAL INFORMATION

Diagnosis: *(Required only if referring to medical or mental health providers.)*

Currently on Medication? Yes No **If yes, what type?** _____

Strengths/Interests: *(Not required for transportation referrals.)*

Needs/Reason for Referral: *(Not required for transportation referrals.)*

Safety Concerns: _____

.....
(For Provider Agency Use Only)

Date Referral was Received _____



WRAPAROUND PROVIDER NETWORK



PROVIDER BULLETIN

NUMBER: 1-09

TITLE: Maintenance of Client
Charts for Providers/
Agencies Servicing Clients
through the Wraparound
Provider Network

REVISION DATE: August 11, 2008

EFFECTIVE DATE: January 1, 2009
This Provider Bulletin Supersedes and
Rescinds Provider Bulletins #1-04,
dated June 21, 2004, #1-05 dated 11/5/2004
& #3-05 dated 4/27/05, #1-07 dated 1/1/07

The following **mandatory** guidelines must be followed with regard to the maintenance of Wraparound Provider Network (WPN) client files.

1. Every Wraparound/REACH affiliated client must have his/her own file, unless the agency is providing one or more other services to one or more family members of the Wraparound/REACH client in which having a family file would then be permissible. In addition, if the Wraparound/REACH client alone is receiving more than one service from an agency, only one file needs to be maintained on that client. Every FISS family must have their own file.
2. Each file must clearly indicate the client/family name. If the client is a sibling/caregiver of a Wraparound/REACH enrollee and the only person receiving services from that agency, then the identified enrollee's name must also be clearly visible on the file.
3. The file must be maintained in an orderly and neat fashion, i.e. – separate file into sections such as, Provider Referral Form/Intake information, Consents, Assessments, Plans of Care/Crisis Plan (not be applicable for FISS), Progress Notes/ Service Documentation, Coordinated Service Team (CST) information (FISS only), Other Correspondence, Discharge /Closing Summaries, etc. If serving more than one family member, similar documents for each individual may be maintained together in the applicable section. For example, if providing tutoring for John Smith, enrollee, and AODA counseling for the sibling, James Johnson, the provider referral forms received for each individual can both be filed under the Provide Referral Form/Intake Section. (If agencies already have an established, organized chart format referencing similar chart sections, then they may continue to keep their files in that manner.)
4. The Progress Note/Service Documentation section should contain “subsections” if providing more than one service to a client and/or if providing more than one service to a family. Subsection tabs would reference the different services and corresponding notes provided to the

individual and/or family. For example, one subsection tab would reference the area where tutoring logs would be kept for John Smith, enrollee, and another subsection tab may indicate AODA Counseling notes kept for James Johnson, sibling.

5. Plans of Care (POC): **WRAPAROUND/REACH ONLY**

- The agency must have time-applicable POC(s) in the file relevant to the whole time the client was serviced. The only exception to this requirement would be if the client/family did not consent to share the POC with the Provider. If this is the case, the Provider should place a note in the POC section of the file indicating such.
 - As the POC's are done on-line, the Care Coordinators have the option to print out what is called an "Open Needs " POC or send an e-mail transmittable version. The agency may keep an "Open Needs" or an e-mail transmittable version of the POC in the file. The "open needs" POC contains all the basic demographic info., the strengths list, the family narrative and the reactive crisis plan but it only contains the Needs/Domains that are **currently active.** The e-mail transmittable version contains all the same information, but contains both active needs and attained needs.
 - **Upon client discharge,** the following "thinning" of the **POC section** is permissible: An agency may discard/shred any "Needs/Domain" Sheets that are not relevant to the service they provided.
6. Most recent correspondence/documentation must be on the top in each applicable section.
 7. Charts must be easily accessible.
 8. It is preferable that charts be maintained in alphabetical order by client name. If this is not feasible for some specific reason, at minimum charts must be made available in alphabetical order when the agency is being audited.
 9. Current/active files must be separated from disenrolled client files.
 10. Files must be maintained in a secure, fireproof cabinet or room.

The above expectations are applicable to all services within the Wraparound Provider Network unless otherwise stated in a "service specific" policy and procedure.

IMPORTANT

As your client files contain mental health information, the guidelines for the storage of the file upon the client's discharge from services at your agency is governed by administrative code HFS 92.12. This code states, "In the case of a minor, records shall be retained until the person becomes 19 years of age or until 7 years after treatment has been complete, whichever is longer."

FOR FURTHER INFORMATION, PLEASE CONTACT:

Pam Erdman, Wraparound Quality Assurance Director
Telephone: 414-257-7608



WRAPAROUND MILWAUKEE CONSENT/ACKNOWLEDGEMENT FORM

The following items are essential to the care of your family while participating in the Wraparound Milwaukee program. Please review each area and indicate which areas you approve by initialing the appropriate line after each heading.

Initial to Approve

**1. ACKNOWLEDGEMENT OF RECEIPT OF CLIENTS RIGHTS
& COMPLAINT/GRIEVANCE PROCEDURE**

I have read and understand my legal client rights as a participant of the Wraparound Milwaukee program and recipient of services provided through the Wraparound Integrated Provider Network. By signing below I acknowledge that I have received a copy of the "Client Rights and Grievance Procedure brochure."

2. ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY STATEMENT

I have received, read and understand the Privacy Statement of Wraparound Milwaukee, and understand the program's commitment to protecting any identifiable client information as mandated by law.

3. CONSENT FOR TRANSPORTATION

I hereby give my consent for my child/children to be transported by Wraparound Milwaukee and its agents as needed.

Unless otherwise specified below, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification as outlined on the back of this form.

Youth/Enrollee Name (please print)

Date of Birth

(Date, event or condition upon which consent will expire)

Parent or Legal Guardian's Signature

Date

Youth/Enrollees Signature (*age 14 and older should sign*)

Date

Witness Signature

Date

YOUR RIGHTS WITH RESPECT TO THIS CONSENT:

Right to Refuse to Sign This Consent/Acknowledgement Form - 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.

Right to Withdraw This Consent - I understand that I have the right to withdraw consent for any of the items identified on the previous page at any time by providing a written statement of withdrawal to Pamela Erdman, Wraparound Quality Assurance. (The statement must identify what Consent that is being withdrawn, be dated and signed). I am aware that my withdrawal will not be effective until received by Wraparound Milwaukee.

Submit you written request for withdrawal to:
Quality Assurance Director

Ms. Pamela Erdman,

Wraparound Milwaukee
9201 Watertown Plank Road
Milwaukee, WI 53226
(414) 257-7608



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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Identify Other Document/s: _____				
Agency/Individual: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Identify Other Document/s: _____				
Agency/Individual: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Identify Other Document/s: _____				
Agency/Individual: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Identify Other Document/s: _____				
Agency/Individual: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*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_____.

REDISCLASURE 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

DATE <i>(i.e., 8/29/01)</i>	-TIME FRAME SEEN <i>(i.e.- 4:00 – 7:00 p.m.)</i> -TOTAL TIME SEEN -BILLABLE TIME	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 <u>not</u> billable but they MUST be documented.
	Time Frame: Total Time: Billable Time: <div style="background-color: #cccccc; width: 50px; height: 20px; margin-left: 20px;"></div>	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: <div style="background-color: #cccccc; width: 50px; height: 20px; margin-left: 20px;"></div>	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: <div style="background-color: #cccccc; width: 50px; height: 20px; margin-left: 20px;"></div>	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: _____

**INTEGRATED 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 2003
Month Year

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

Name of Youth Being Served: Jeremy Collins
(If a sibling /child of an identified enrollee indicate enrollee 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	<u>3</u> 4 5
Need/Goal # 2	1	2	<u>3</u> 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
8/5/03	Time Frame: 6:00-8:00 pm Total Time: 2 hrs Billable Time: 2 hrs	<p>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</p> <p>REMINDER: Phone/written contacts/No Shows are not billable but they MUST be documented.</p> <p>Location of FF Contact/No Show: <u>5th St. Community Center</u> Type of Contact: (circle one) <u>FF</u> PH W NS MTG Note References Need(s): (circle one or more) <u>#1</u> #2 #3 Activity: <u>Orientation to 5th St. Community Center programs</u> Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: <u>Jeremy was quiet during the visit to the community center. He mentioned that he was not feeling well. Mr. Jensen - Center Director turned 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 intervention occurs. This mentor is scheduled to meet with client on 8/12 for our next contact.</u></p>

OVER →

DATE (i.e., 8/29/01)	-TIME FRAME SEEN (i.e. - 4:00 - 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	<p>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</p> <p>REMEMBER: Phone/written contacts/No Shows are <u>not</u> billable but they MUST be documented.</p>
8/12/03	Time Frame: 6:30-8:00pm Total Time: 1.5 hrs Billable Time: 1.5 hrs	Location of FF Contact/No Show: YMCA Type of Contact: (circle one) <u>FF</u> PH W NS MTG Note References Need(s): (circle one or more) #1 <u>#2</u> #3 Activity: Basketball weight lifting Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: Jimmy & This writer engaged in a 1/2 game of b-ball for 30 minutes. During that time Jimmy became frustrated & 2 but I did not become aggressive. His frustration occurred after he missed a basket. He was redirected & encouraged to use more healthy coping techniques (more in therapy). Total weight for 20 minutes. This appeared to be a good stress reliever for Jimmy. Next scheduled contact on 8/21 for Plan of Care mtg.
8/21/03	Time Frame: 4:00-6:00 am 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 <u>MTG</u> Note References Need(s): (circle one or more) #1 <u>#2</u> #3 Activity: Plan of Care mtg 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 a 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 upon getting client involved in job skills & basket ball clinic at 5th St Community Center.
8/26/03	Time Frame: 6:00-6:15pm Total Time: 15 min Billable Time: 0	Location of FF Contact/No Show: Client's home Type of Contact: (circle one) FF PH W <u>NS</u> MTG Note References Need(s): (circle one or more) #1 <u>#2</u> #3 Activity: Client's mood/any significant behaviors/verbalizations, reaction to activity/intervention/next contact: Client was scheduled to be picked up at 6:00am to go to the 5th St. Community Center to fill out paperwork to begin job skill class & basket ball clinic. Long drive home several times & called into the home on my cell phone. No answer. Left a message about missed appointment. Will attempt to contact client on 8/27. Left message for case coordinator about no show situation.

TOTAL TIME: 5.75

TOTAL BILLABLE TIME: 5.5 hrs

Legal Guardian or Caretaker's Signature
 Date: 8/29/03

Provider's Signature
 Date: 8/29/03

Care Coordinator's Signature
 Date: 9/2/03

Agency Administration Approval: [Signature] Date: 9/3/03

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

TRANSPORTATION CONSENT FORM

YOUTH/CLIENT NAME: _____ (Print) DOB: _____

(Provider's Name) OF _____
(Name of Provider Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of Youth/Client)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

Signature of Legal Guardian Relationship to Youth Date

Signature of Youth (should sign if age 14 or over) Date

WITNESSED BY:

Print Name of Witness

Signature of Witness Date Witnessed

Agency Address Agency Phone

EMERGENCY CONTACT:

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

**WRAPAROUND MILWAUKEE
OUT OF STATE TRAVEL
PERMISSION FORM**

Mentor **must** take a copy of this form to out of state 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 STATE
(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 State 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 state travel arrangement: (name and title)

1). _____

2). _____

3). _____

Wisconsin Mentoring Coordination Council Effective Practices and Recommended Training for Quality Youth Mentoring

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Wraparound Milwaukee



Terms and Phrases

September 2008

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Community / Systems Terms

Badger Care - Extension of Wisconsin Medicaid that was created to ensure that greater numbers of otherwise uninsured families could obtain medical care by allowing families with incomes up to 185% of the federal poverty level to receive benefits. Badger Care covers the same services as Medicaid but may require payment of a small monthly premium no greater than 3% of the family income.

Bureau of Milwaukee Child Welfare (BMCW) - The State entity that oversees child welfare/protective services in Milwaukee County.

Correctional Facility - A locked, secure facility in which adjudicated delinquent youth are sent under a Court Order.

Family Intervention & Support Services Program (FISS) - In accordance with the Bureau of Milwaukee Child Welfare (BMCW) policy, families wishing to file a Pro Se Chips Petition must first be assessed by the Family Intervention Support Services Program (FISS) before they are allowed to petition the courts. The FISS unit will refer the family to appropriate services based on the assessment. The FISS unit serves youth ages 12 through 17 years.

Forward Card - The blue, plastic recipient identification card for Medicaid.

Foster Care/Home - Any facility/home that cares for no more than 4 children unless all of the children are siblings. The home must be operated by a person who is licensed by the State of Wisconsin.

Group Home - Any facility that cares and provides for 5- 8 youth at a time. The person/agency operating the group home must be licensed by the State of Wisconsin.

Health Maintenance Organization (HMO) - A private or public run health care agency in which the enrollees often must choose from certain providers/care facilities. Enrollees are most often limited to how many services or how much of a service he/she can receive during a certain time period.

Independent Living - Financially being able to support oneself and live freely in a community setting.

Individualized Education Program (IEP) - A written, individual plan of educational services for youth who may have special needs in the school setting. Public schools must provide services identified in the IEP.

Katie Beckett – Katie Beckett is a special eligibility process that allows certain children who live at home with their families and have long term disabilities or complex medical needs to access Wisconsin Medicaid coverage. Eligibility is based on the child's disability and associated needs rather than family income. For more information regarding eligibility for Katie Beckett go to: www.dhfs.state.wi.us/children/factsforfamilies/beckett.htm.

Least Restrictive Environment - An educational, treatment or living situation that provides appropriate care, service or programs for a youth while imposing as few limitations or constraints as possible.

Managed Care Organization (MCO) - An organization that oversees all available services to an individual to ensure that proper treatment is provided and that treatment is not duplicated.

Medical Assistance/Medicaid (T-19) - Medicaid is a federal and state funded medical assistance program. Through this program medical and mental health services and transportation to them are covered for children 19 and under and their caretakers, if a family meets financial criteria.

Ongoing Case Management - Case management services provided to families who need continued attention to ensure the safety or well being of their children. These are families who are referred to the

Bureau of Milwaukee Child Welfare (BMCW) for services. Case Managers bring together a Coordinated Service Team (CST) to create a plan to ensure safety and permanency for the child and family. They also authorize and coordinate services for the family.

Residential Care Center for Children & Youth (RCCCY) - Live-in facilities that are licensed by the State of Wisconsin to provide treatment and care for children/youth with emotional disorders who require continuous supervision and/or medication management.

Respite - Temporary care given to an individual for the purpose of providing a period of relief to the parent/caregiver. Respite is used to decrease stress in the homes of persons with physical or emotional disabilities, thereby increasing the parent/caregivers overall effectiveness.

Safety Services - A program administered by the Bureau of Milwaukee Child Welfare (BMCW) that provides short-term, in-home, intensive services to families who have been referred to the BMCW due to child safety concerns. At least one child in the home has been determined to be unsafe or at risk of maltreatment.

Shelter Care - A non-secure, State licensed place of temporary care and physical custody for children.

Supplemental Security Income (SSI) - The Federal income support program administered by the Social Security Administration (SSA) that provides cash assistance and automatic eligibility for Medicaid to persons who have disabilities and limited income and resources.

W2 - "Wisconsin Works" - Wisconsin's welfare replacement program for Aid to Families with Dependant Children (AFDC) based on work participation.

COURT AND LEGAL TERMS

Absent without Leave (AWOL) - When a youth is missing from home or legal placement without the permission of the legal guardian/primary caregiver.

Adjudicated - When a youth has been found guilty of a delinquent act or has been legally processed through disposition in court.

Assistant District Attorney (ADA) - An attorney employed by the State to prosecute individuals alleged to have violated a law, or to process the adjudication for individuals in need of services.

Branch - The number used in court to identify the location of a specific judge.

Change of Placement (COP) - A legal document that provides information and notification to all legally involved parties regarding the time, location and reasons that a child under a court order is moved from one place to another.

Chapter 51 - The part of the Wisconsin Mental Health Law that governs access to services, civil commitment, alternatives to civil commitment, and the relationship of these issues to the Criminal Justice System.

Child in Need of Protective Services (CHIPS) - A child who has been found by the court to need protection and/or services due to unmet needs of the child, or her/his parent or guardian.

Children's Court Center (CCC) - The building that houses the court rooms, judges, assistant district attorneys, public defenders and court files specific to the legal issues of children and juveniles. The offices of the chief probation officer and intake probation officers are also housed in the CCC. Secure (locked) detention for juveniles is located on the lower level of the building.

Child Safety Court Services Conferences (CSCSC) – Term used by the Milwaukee Bureau of Child Welfare (BMCW) system for the initial meeting held with parents, lawyers and BMCW staff after a children’s court judge has ruled to take child(ren) out of their parents’ home. This meeting determines the initial services needed to ensure the safety of the child(ren).

Concurrent Orders - Two (2) Court Orders from two different systems (i.e., Child Welfare and Juvenile Justice) that exist on a youth at the same time.

Consent Decree – An order of supervision over a child that suspends the court proceedings while still allowing the court to impose conditions on the parties.

Coordinated Service Team – Term used in the child welfare system to reflect the group of people involved with a family who meet to create a plan addressing the child’s safety and a need for a permanent home. This team will include many of the same people as the family’s Child & Family Team, if enrolled in Wraparound Milwaukee.

Court Liaison - An individual whose role is to facilitate or perform necessary court actions.

Court Order - A legal document that includes, describes, and directs actions and behaviors for all involved parties, and the amount of time that is given to the parties to accomplish these actions and behaviors.

Custody - A legal status created by a court order that confers the right and duty to protect, train, and discipline a child, and to provide the child with food, shelter, legal services, education and ordinary medical and dental care.

Delinquent - A child who has been found guilty of an illegal act.

Detention - A locked facility approved by the State to hold juveniles charged with, or found guilty of a delinquent act.

Disposition - The final findings of a judge that determine and define the placement, treatment and services for a child and/or a family under a court order.

Docket Sheet - A form that indicates the temporary, written summary of the actions that occurred during a court hearing.

Emergency Detention (ED) - The act of taking a child into custody when the welfare of the child demands that she/he be immediately removed from her/his present custody and placement. Probable cause must exist in which there is a belief that she/he will cause injury to him/herself, or be subject to injury by others.

Guardian ad Litem (GAL) - An attorney appointed by the State to represent a child under 12 years of age, or any person deemed by the court to be incompetent to make informed decisions. This person serves as an independent, objective advocate who is not bound by the client’s wishes.

Intake Specialist (IS) - A worker authorized by the court to provide an assessment of the youth’s charges, and to make recommendations to the court regarding the case.

Juvenile in Need of Protective Services (JIPS) - A child who has been found by the court to need protection and/or services due to habitual truancy from school or home, uncontrollability, mental illness, drug dependence or alcoholism, or a child under the age of 10 who has committed a serious delinquent act.

Legal Guardian - A person appointed by the court who has the duty and authority to make important decisions in matters having a permanent effect on the life and development of a child.

Mandatory Reporter - A person who is required, under State law, to report suspected, reported or observed neglect and or physical/sexual or emotional abuse, or who has a belief that abuse or neglect will occur.

Probable Cause – A reasonable belief in good faith based on known information about a person, activities, behaviors or occurrences.

Probation Officer (PO) - An individual whose role is to ensure and facilitate compliance with the court ordered conditions imposed upon a juvenile who has been found delinquent, or an adult found guilty of a crime.

Public Defender (PD) - An attorney who is paid by the State to provide free legal counsel and representation in court to children over the age of 12.

Sanction – A court ordered consequence for a juvenile who has violated a condition of his/her delinquency order.

Stayed Order – A delinquency order in which a judge has determined that placement in a correctional facility is warranted, but the placement is suspended to allow the child to complete the court ordered conditions outside of a correctional facility.

Sustaining Care - The court places a child in “sustaining care” upon termination of the parental rights of the parent(s) and appoints a guardian for the child when the court finds that the child is unlikely to be adopted or adoption is not in the best interest of the child.

Termination of Parental Rights (TPR) - A court ordered legal action that permanently severs all rights, powers, privileges, immunities, duties, and obligations between a parent and child.

Unauthorized Absence (UA) - When a youth is missing from home or legal placement without the permission of the legal guardian/primary caregiver.

Urinalysis (UA) – Done to determine drug usage or to monitor medication levels.

FAMILY FOCUSED TERMS

Access - To be able to get something (i.e., a service or help).

Advocacy - The process of actively supporting or defending the cause of an individual or group, or to speak or write in favor of a group or individual. To ensure that the youth and families receive the proper services identified by each family in a strength-based manner and that the family’s voice is being heard throughout the process. To ensure that families are always treated with dignity and cultural respect and to empower parents to become better advocates for their families and others.

Educational Advocacy – The process of helping Care Coordinators and families to advocate for the development of the appropriate Individualized Education Plan (IEP) and to secure better public school placements for children and youth with serious emotional and mental health needs.

Empowerment - The ability to influence and have control over the services and care one receives. Empowerment may also mean: 1) having access to information and resources; 2) having the ability to choose; 3) being able to be assertive; 4) feeling that you can make a difference in your own life or community; and 5) increasing ones ability to independently overcome hardships and to stand up for one’s rights.

Families United of Milwaukee, Inc - Advocacy program for families who have children with a variety of needs who are enrolled in or who have been disenrolled from Wraparound Milwaukee. Families United also serves other parents/families in Milwaukee County. Their focus is to improve the quality of support to families, help them become independent and learn how to utilize community resources, to be decision-makers for their families and to assist families in reaching their goals and vision.

Family Driven – Family-driven means that families have a primary decision making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes: choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Family Handbook - The Wraparound Milwaukee Family Handbook is a resource manual that explains the program components of Wraparound and how to access those components, and provides information to the family about the process of Wraparound.

Ownership - Possessing something (this could be an object or an idea or plan) and being responsible for that possession. For example: Taking "ownership" of the Plan of Care. A youth/family has ownership of the Plan of Care because they helped create it.

Partnering - Individuals or groups working together on equal terms.

Voice - Expressing oneself while being heard and understood by others. Having an active role in any decision making that relates to oneself or one's child.

Youth-Driven – Young people have the right to be empowered, educated and given a decision-making role in their own care, as well as the policies and procedures governing care for all youth. This includes giving young people a voice while keeping the focus on creating a safe environment that enables a young person to gain self-sustainability in accordance with their culture and beliefs.

MENTAL HEALTH RELATED TERMS

Alcohol and Other Drug Abuse (AODA) – The general term used to reference the numerous alcohol and/or drug related conditions/disorders.

Axis - Refers to the various categories of diagnoses from the Diagnostic Statistical Manual – Revised IV - TR.

- Axis I - refers to Clinical Disorders or other conditions that may be the focus of Clinical Attention.
- Axis II – refers to Personality Disorders or Mental Retardation.
- Axis III – refers to General Medical Conditions.
- Axis IV – refers to Psychosocial and Environmental problems.
- Axis V – refers to the Global Assessment of Functioning. This is the clinician's judgement of the individuals' overall level of functioning.

Cognitive Disability/Disorder (CD)– Cognitive delay presumed to be due to the direct effect of a general medical condition. The cognitive impairment is diagnosed after a clinical assessment or testing has been done.

Crisis - A situation that results in a high level of stress or anxiety for the person themselves, people giving care to the person or the community. The situation requires specific strategies to be determined that focus on ensuring safety and receiving proper treatment or intervention.

DSM Diagnosis - The definition of various psychiatric conditions based upon the categories described in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.

Emotional Disability or Disorder (ED) - Behavioral, emotional and/or social difficulties shown by a child or adolescent that disrupts the child's or adolescent's school, family, or community relationships.

Learning Disability/Disorder (LD)- A learning problem that interferes with the development, understanding of or demonstration of verbal and/or non-verbal abilities.

Neuropsychological Evaluation - An evaluation that studies the particular methods a person uses to take in and process information.

Psychiatric Crisis Service (PCS) - The public assessment and intake unit for persons who may require inpatient psychiatric care in Milwaukee County. Located at 9499 Watertown Plank Road in Milwaukee. The phone number is (414) 257-7260.

Psychiatrist - A physician (M.D.) specializing in mental health, emotional or behavioral disorders and is licensed to prescribe medications.

Psychologist - A mental health professional with a M.S. or Ph.D. in psychology, who administers tests, evaluates and treats emotional disorders. Cannot prescribe medications.

Severe Emotional Disability or Disorder (SED) - A longstanding and severe condition due to an emotional disturbance that leads to significant problems in the family, school and community settings.

QUALITY ASSURANCE / PROGRAM EVALUATION TERMS

Appeal - To request that an issue, concern or complaint be reviewed again by a person or agency with higher power.

Child Behavior Checklist (CBCL) - The CBCL is an evaluation tool that provides information about the child's behavioral issues and possible causes for those behaviors. It is filled out by the primary caretaker.

Complaint - A person's dissatisfaction with a service, benefit, policy or provider of care. Complaints can be expressed verbally or in writing.

Grievance - A person's written dissatisfaction with the outcome of a complaint. The grievance process is a formal procedure with specific, time-monitored steps.

Outcome - A result; something that occurs as the result of something being done.

Quality Assurance - Policies or mechanisms that are put into place in a program or system to ensure that care and services are being provided in a manner that meets the set expectations.

Quality Assurance/Quality Improvement Executive Committee - A group of family, community and systems people that meet every other month to address service and programmatic issues related to the provision of quality care and quality-related program development.

Quality Improvement - The ongoing improvement of the process of service delivery through constant monitoring and assessment and through feedback that is sought from relevant people, systems or stakeholders.

Quality Management – Coordinated activities that direct and control an organization with regards to quality.

Satisfaction Surveys - Surveys that measure the level of service and program satisfaction as seen through the eyes of the child and/or caregiver.

Youth Self Report (YSR) - The YSR is an evaluation tool that is completed by youth 11 years old and older. It provides information about the child’s behavioral issues and possible causes for those behaviors. It is similar to the caregiver reported version - the Child Behavior Checklist (CBCL).

WRAPAROUND PHILOSOPHY TERMS

Collaboration - The process of communicating and partnering with people representing different systems, (i.e. – juvenile justice, child welfare, education, mental health, and spiritual and neighborhood communities) or opinions. A helping relationship between a family member and a systems person in which both share power and responsibility.

Community Supports/Resources - Those supports or resources in peoples’ neighborhoods that can be supportive at little or no cost to the family. Examples include places of worship, YMCA, libraries, park recreational programs, free health clinics or Boys and Girls Clubs.

Cultural Competency - An awareness and acceptance of cultural differences, an awareness of one’s own cultural values, an understanding of the “dynamics of difference” in the helping process, basic knowledge about the youth/family’s culture and the ability to adapt practice skills to fit the cultural needs of the youth/family.

Diversification - Avoiding placement in a Residential Care Center for Children and Youth (RCCCY) by maintaining a youth safely in the community with supports from his or her Child & Family Team.

Formal Supports – System representatives that are formally involved with a family in times of need. Examples include therapists, child welfare worker, W2 workers, probation or parole officers, teachers or other school personnel.

Individualized Care - Care or services that are sought or designed to meet the specific needs of a person or family.

Informal Supports - Community relationships that are formed to support the family. Examples include spiritual leaders, next-door neighbor, AA sponsors or support group leaders.

Life Domains - Areas of need identified by the youth/family that are categorized within the Plan of Care (i.e., mental health, living situation, educational/vocational, spiritual, etc.).

Mission Statement - A statement or plan made by an organization, agency or committee that identifies how they hope to achieve their vision. (See definition of Vision)

Natural Supports - Individuals who are naturally involved in a family’s life who can support them in times of need. Examples include extended family members, friends or anyone the family views as “family”.

Need - An issue of concern identified by the youth or family related to their functioning as a family or in the community. When Needs are identified they are linked with a Life Domain on the Plan of Care. For Example: A “Need” may be for the family to get along better. This “Need” would then be categorized under the Family Domain on the Plan of Care. A “Need” is not a service or a material item.

Plan of Care (POC) - The written Care Plan that is created by the Child & Family Team. The Plan includes the history of the child/family, the strengths of the family team, the vision that the family has for their future, the needs of the child/family and the services and people who will assist the family in getting those needs met. A 24-hour Crisis Plan for when the family may be experiencing a crisis is also included.

Strategies - The step by step methods on how to get a family's identified Needs met. For example: A strategy addresses who will do what, when and where (i.e., "James Smith, Johnny's Uncle, will take Johnny to basketball practice 5 times per week.").

Strength-Based Approach - Using the identified strengths of a person or family to help them get their Needs met.

Strengths - Positive characteristics, skills, interests or qualities that a person possesses.

Vision - A statement that guides the planning process that represents what the family sees for their future and a better life.

WRAPAROUND PROGRAM COMPONENT TERMS

Care Coordination (CC)- A Care Coordinator ensures that each youth and his/her family has someone to help them access mental health, educational, social services and community resources. The Care Coordinator acts as the resource coordinator for the youth and family and brings together the agencies and family supports needed to develop the plan of care. They ensure that the plan addresses the needs identified by the Child & Family Team and that the team follows the plan.

Care Coordinator Certification Training - The 50-hour training program that a Care Coordinator must complete within 6 months of being hired that certifies them to perform Care Coordination duties.

Child & Family Team (CFT) - The team of individuals identified by the youth and family who will work with them during their enrollment in the Wraparound Milwaukee program. The team should be composed of informal and formal members and people who will continue to support the family after disenrollment from the Wraparound program. The Child & Family Team should meet as frequently as needed, but no less than once per month.

Child & Family Team Meeting - A meeting of some or all of the identified members on the Child & Family Team.

Crisis Stabilization / Supervision Provider - A person who has the skills/training and relationship necessary to help someone in times of crisis and when they are in need of a high level of supervision within the community and at home.

Crisis Safety Plan - A plan made by the Child & Family Team that outlines the resources and steps necessary to help a person in times of crisis.

Disenrollment - The process of ending a child's and family's formal involvement with Wraparound Milwaukee.

Disenrollment Review (*formerly known as WRIT*) – A brief review conducted by the Care Coordination Agencies and Wraparound Milwaukee that addresses the disenrollment circumstances/needs of youth being disenrolled at the end of the current month. Families are encouraged and welcome to attend.

Enrollment - The date that a child and family begin working with Wraparound Milwaukee.

Explanation of Benefits Statement (EOB) - A monthly statement that goes out to the parent or legal guardian that indicates the services that the family was authorized to receive, the services received, the vendor, the cost per unit of those services, the total amount paid to each vendor and the name of the person who provided the service.

High Risk Youth - Youth are designated as "high risk" within Wraparound if there is a history of sexual abuse or other issues that might require specialized attention and community safety planning to prevent harm.

Milwaukee Center for Independence (MCFI) - This is a private agency that has a contract with Wraparound Milwaukee to act as a fiscal intermediary for non-network, "informal/natural" support Providers. MCFI manages the payment to these individuals in addition to income tax provisions. A person hired as an MCFI provider is considered an employee of the family even though Wraparound Milwaukee provides the funds for the family to employ this person.

Mobile Urgent Treatment Team (MUTT) - A program component of Wraparound Milwaukee made up of trained staff prepared to help children and families who are experiencing an emotional or behavioral crisis.

Partnership Council - A group of individuals composed of community, family and systems representatives, who may or may not provide direct services to children, and who have a vested interest in the welfare of children and system change. The group meets approximately once every two months. The group also serves as an advisory board to the Wraparound Milwaukee program.

Plan of Care Domain Review - The process that the Child & Family Team uses at every Plan of Care Meeting and at disenrollment to rate how well they feel the needs identified on the Plan of Care have been met.

Prior Authorization - The process of approving a service prior to that service being provided. Admission of a youth into a Residential Care Center, a Group Home, Day Treatment Program or Inpatient Hospital requires prior authorization by Wraparound Milwaukee.

Provider - An individual or agency in either the Wraparound Integrated Provider Network or the MCFI Network who performs a service that has been authorized by the Care Coordinator and Child & Family Team.

Screeener - A person who assesses or evaluates a youth/family for the purpose of determining how appropriate the youth/family may be to receive Wraparound services.

Service Authorization Request (SAR) - A method used to request service(s) from a vendor that includes the name of the service, the number of units requested, the name of the person who should provide the requested service and the recipient of the service requested.

Synthesis - Synthesis is an internet-based program that Wraparound Milwaukee uses. Care Coordinators use Synthesis to write up a family's Plan of Care to request services for a youth/family and to complete their Progress Notes. The agencies providing services to your family use Synthesis to bill Wraparound for those services.

Wraparound Milwaukee - Wraparound Milwaukee is a publicly run, special managed care program, that offers care and support to families with children who have behavioral health and AODA needs.

Wraparound Milwaukee – REACH – A division of the Wraparound Milwaukee program. Youth/Families come into the program through self-referrals. All aspects of and services offered through the REACH program are similar to the Wraparound Milwaukee program.

Wraparound Provider Network (WPN) - A network of formal or paid agencies that provide a variety of community-based, culturally competent services to children and their families in order to integrate and/or maintain children in the least restrictive setting possible. Agencies or individuals must formally apply to enter into the WIPN, are screened by program representatives, and are subject to ongoing monitoring.

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