Peer Mentoring Guide

A mentoring model formalizes collaborative knowledge transfer and resource-sharing among partners
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Peer Mentoring Workgroup Team - A Collaborative Effort

Acknowledgement
BFET would like to acknowledge and thank the staff, state partners and community-based organizations who contributed precious time to participate in the development of peer mentorship.

Thank you for your thoughtful participation, time, review and helpful input.
Background and Purpose

This mentoring guide is intended to engage Washington state’s Basic Food Employment and Training, or BFET, providers with an intentional peer-to-peer mentoring model that empowers agencies to work collaboratively and support overall state programming.

This mentoring guide covers methods that address the following components: internal processes, program best practices, overcoming roadblocks, lean efficiencies, limited resources, the importance of contract compliance and using the BFET Provider’s Handbook.

The overarching goal of peer-to-peer mentoring is to strengthen internal programs and ease potential burden.
What is Peer Mentoring?

For this purpose, peer mentoring is helping provider staff develop a robust and effective BFET service operation. It is a relationship designed to build confidence and to support the mentee with additional known best practices to use within their own internal BFET development and work.

Many types of mentoring relationships exist. The two most common are:

**Informal** – spontaneous, unplanned, occurs “in the moment”.

**Formal** – intentional, have a specific plan, set up agreements.

For this purpose we will use Informal and Formal.
Benefits of Peer Mentoring

- Share BFET Best Practices
- Share Successes and Pitfalls
- Strengthen Service Models
- Empower Providers
- Collective Linkages
- Problem Solving-Solution Building

- Connect Providers at Various Levels
- Cross-Agency Support
- Support Innovation
- Share Common Trends and Challenges
- Program Consistency
**Step-by-Step Chart**

**Mentors**

**Step 1**
Review the Peer Mentoring Guide

**Step 2**
Complete BFET Peer Mentoring Survey.
Email to SWBFETPolicy@dshs.wa.gov

**Mentees**

**Step 1**
Identify a mentoring need

**Step 2**
Complete BFET Peer Mentoring Survey.
Email to SWBFETPolicy@dshs.wa.gov

**DSHS/BFET**

**Step 3**
Identify a request and a match

**Step 4**
Introduce mentee to mentor

**Mentor/Mentee**

**Step 5**
Review and sign agreement. Email to SWBFETPolicy@dshs.wa.gov

**Step 6**
Mentoring commences

**Step 7**
Upon mentoring completion, complete the Mentoring Planning Worksheet
Peer Mentoring Process

Formal training for mentors is not provided; however, the handbook and contract provide guidance.

**Mentor Process**

**Step 1** Prospective peer mentors who are available to support other providers to achieve program process knowledge will review the Peer Mentoring Guide at www.dshs.wa.gov/bfet under “Provider Resources” for a clear understanding of the BFET mentorship program and supporting documents:

1) BFET Peer Mentoring Survey
2) Partnership Agreement
3) Planning Worksheet

**Step 2** Complete the BFET Peer Mentor Survey and send to: SWBFETPolicy@dshs.wa.gov

**Mentee Process**

**Step 1** The mentee has identified a need or considered the option to be mentored in order to strengthen their BFET program.

**Step 2** Review the Peer Mentoring Guide at www.dshs.wa.gov/bfet under “Provider Resources” for a clear understanding of the BFET mentorship program and the supporting documents, including:

1) BFET Peer Mentoring Survey
2) Partnership Agreement
3) Planning Worksheet
Peer Mentoring Process (continued)

**DSHS/BFET**

**Step 3**  Connection: Once DSHS has received a request and identified a match, DSHS will contact the mentor directly for an introduction process.

**Step 4**  Communication: DSHS would introduce mentee to mentor organization via email within three business days.

**Mentor/Mentee Agreement**

**Step 5**  Before mentoring sessions begins, both providers review and sign agreement and email to SWBFETPolicy@dshs.wa.gov. 
This agreement will define boundaries, clarify expectations of mentorship, set goals, remind to maintain confidentiality and create plan for engagement.

**Step 6**  Mentoring Commences - Mentors meet mentees for a minimum of one or two hours a month over a four-month period. Meetings tend to be informal and relaxed, and focused on discussing how the BFET program is progressing as well as any barriers encountered. Progress will be documented on the **Mentoring Planning Worksheet** template to record progress.

**Step 7**  Upon mentoring completion, email a copy of final **mentoring planning worksheet** to SWBFETPolicy@dshs.wa.gov.
Tell us about your BFET Knowledge Strengths
This survey is ONLY intended to identify agency and staff BFET strengths. On a scale from 1 to 3 how would you rate your knowledge and expertise with the following BFET processes and subjects? 1 being low – 3 being high

<table>
<thead>
<tr>
<th>Process</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your agency’s invoicing process:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Non-federal match funds:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>DSHS budget workbook:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Cost allocation methodology:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>eJAS components:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Timely eJAS notes input:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>General use of eJAS:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Exhibit A data security of the contract:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizing participant reimbursements: (Including required supporting documentation)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Outreach and marketing:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Performance standards:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizing the IEP:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Internal review for contract compliance:</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

1. How many hours per month could you dedicate to being a mentor or mentee?
   - [ ] 1-2 hours per month   - [ ] 1-5 hours per month

2. Which method of communication do you prefer:
   - [ ] Email   - [ ] Phone   - [ ] Face-to-face meetings   - [ ] Other_________________________

3. Is there any additional information you would like to share?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Working in partnership, we are entering into this voluntary peer mentoring agreement.

It is the expectation this mentorship will foster professional growth and assist our partners in the development of their BFET program. This mentorship opportunity is not intended to be formal training or interpret BFET policy. In order to ensure the mentoring relationship will be a mutually rewarding and a satisfying experience, we agree to the following:

1) We will maintain confidentiality in this relationship.

2) We are committed to sustain this relationship for the agreed duration of [insert number of months 2-4] months.

3) We are committed to meet together [insert number of hours] per month.

4) We have established the following goals for this mentoring relationship:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5) The skill areas to be enhanced or developed through this mentorship are:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6) Each of us has outlined expectations for the mentoring relationship. Expectations could include how we will communicate between meetings, what agenda format we will use and how to exchange feedback.

7) We have discussed and agree to a “No-Fault, opt-out” option if necessary and agree to contact SWBFETPolicy@dshs.wa.gov within 48 hours to finalize this mentorship.

______________________________________ _________________________________
Mentor     Date         Mentee       Date
# Mentoring Planning Worksheet

**Basic Food Employment and Training**

<table>
<thead>
<tr>
<th>Planning Topic</th>
<th>Mentor Notes</th>
<th>Mentee Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended Goal/What do I want to learn?</td>
<td></td>
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<tr>
<td>Learning Style</td>
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<td>Organizational Experience</td>
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<td>Program Roles</td>
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<td>Individual Experience</td>
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<tr>
<td>Communication and Meeting Format</td>
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<tr>
<td>Timeline/Follow-up</td>
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