



Internship Agreement

Purpose & Principles:

Since 2009, Milwaukee Comprehensive Care Collaborative (MC3) has been partnering with Change Agents to implement a co-occurring system emphasizing our values of welcoming, co-occurring capability, recovery, person-centered, culturally intelligent, trauma-informed, service integrated, stage matched, and system integration. MC3 is a collaboration between more than 60 organizations in Southeastern Wisconsin. The goal of this collaboration is to promote best practices, such as evidence based services, that promote positive outcomes for our consumers. In 2018, MC3 started a new partnership with colleges/universities to assist in developing the future work force.

This partnership entails an internship where students work with agencies to gain experience which fulfills degree requirements, while emphasizing MC3 values. The responsibilities for both students and agencies are outlined in this document.

Activities & Commitments:

1. Identify an experienced MC3 Change Agent mentor to work with the intern.
2. At the beginning of the internship, interns are expected to receive an MC3 Orientation from their designated mentor.
3. Based on MC3 values taught in the orientation, the intern will understand and integrate these values through various activities.
4. Interns must attend 2 or more MC3 meetings (i.e. Change Agent meetings, subcommittees, etc.) per semester.
5. Interns will observe and/or participate with the agency in completing a continuous quality improvement project (i.e. NIATX, COMPASS-EZ).
6. Agencies will provide their interns with a variety of opportunities to enhance their skills in the application of MC3 values such as: staffing, supervision, home visits, proper clinical documentation per their role, consumer contact, and the intern support group.
7. Interns and their supervisors are encouraged to verbally share their MC3 internship experience with the committee.

Intern's Printed Name: _____

Intern's Signature: _____ Date: _____

Supervisor's Printed Name: _____

Supervisor's Signature: _____ Date: _____