

# Multnomah County Justice Reinvestment Program *Mentors*

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## *Findings & Lessons Learned*

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# SECTION I: INTRODUCTION

## *Study Background*

### Justice Reinvestment

Many jurisdictions throughout the United States have implemented justice reinvestment initiatives in order to counteract the detrimental impact of mass adult incarceration. Justice reinvestment strives to focus corrections resources on alternative sentencing options using approaches that reduce recidivism and promote public safety. The Oregon Legislature's House Bill 3194 outlined the directive and provided funding for justice reinvestment initiatives in Oregon. The legislation gave each county discretion and local control over programming design to meet the goals of justice reinvestment in their local communities. Multnomah County public safety partners, through the Local Public Safety and Coordinating Council (LPSCC), launched the Multnomah County Justice Reinvestment Program (MCJRP) in July 2014 as our response to HB 3194.

MCJRP depends on a shared dedication to data-driven decision making and better management of criminal justice resources, with a long-term goal to reduce prison populations while investing in more effective and responsive community-based alternatives. To determine if a defendant is eligible to participate in MCJRP probation, the Multnomah County District Attorney's Office screens cases for the severity of the current charge, as well as the defendant's criminal history. Once deemed eligible, a probation officer administers a risk assessment to determine the offender's risk to reoffend and the needs they have that could reduce the likelihood of reoffending.

An individualized supervision plan is developed based on the risk assessment to target the offender's specific needs. The supervision plan may include a number of services, such as housing, residential or outpatient alcohol and drug treatment, mental health services, mentoring, parenting skills training, education, and/or employment services. If all parties agree that MCJRP probation is the best approach for an individual, their supervision conditions are established and they are connected with services described in their supervision plan.

MCJRP participants are generally accepted into community resources in a shorter interval following sentencing to probation as a result of receiving the case plan built during the pre-adjudication process *upon sentencing* (traditional supervision participants have their case plan built following sentencing to probation). Additionally, the community resources received by MCJRP participants are delivered in an enhanced Parole/Probation Officer (PPO)/provider relationship environment, through a collaborative multi-disciplinary team (MDT). The implementation of MCJRP has resulted in new or expanded county/provider partnerships, particularly in the area of clean and sober housing, alcohol and drug treatment, and other outpatient and residential treatment facilities. The MDT facilitates regular communication among the MCJRP participant's PPO, community providers, and other service providers such as counselors or mentors. This collaborative team meets frequently to discuss case plan compliance and amendments, as needed.

Participants sentenced to MCJRP probation are typically assigned to a MCJRP Phase I PPO for the first 4 to 12 months, depending on risk level and their course of supervision. The primary goal for this Phase I period is to design and establish a specially-tailored case plan that will enhance the supervisee's opportunity to succeed in community supervision and to foster pro-social development and behavior change. Upon completion of the Phase I period, MCJRP participants are transferred to a MCJRP Transition PPO for the remainder of their supervision.

The primary function of the MCJRP Transition PPO is to maintain (or amend, as needed) the specially-tailored case plan set in motion by the Phase 1 PPO, and to see it to successful completion. Similar to their MCJRP Phase 1 counterparts, MCJRP transition PPOs are able to grant participants the same level of access to community resources. In addition, they maintain regular, consistent communication and coordination with treatment/community providers and judicial/law enforcement professionals.

## MCJRP Mentoring Services

With the implementation of MCJRP, the Multnomah County Department of Community Justice (DCJ) expanded its use of paid peer mentors for those receiving alcohol and drug treatment while on probation and post-prison supervision. By September 2015, approximately 30% of MCJRP clients had been paired with a professional mentor. The peer mentors are on staff at two community programs that contract with DCJ for substance abuse treatment and housing services: Bridges to Change and Volunteers of America Oregon. The Mentoring Study was developed and initiated in early 2017 to better understand the effects of support received from recovery mentors.

## *Background Literature*

Mentorship is primarily believed to provide prosocial benefits to mentees, such as increasing their access to a reliable source of support and expanding their existing social networks (Brown & Ross, 2010). The Substance Abuse and Mental Health Services Administration (SAMHSA) states in a 2012 technical assistance publication, "Peer staff can help to improve independence and self-sufficiency by providing linkage to available resources and services; showing empathy and sharing stories of past challenges and recovery; and assisting in development of crisis plans, interventions, and strategies" (SAMHSA, 2012, p. 3).

## Adults in Recovery

A review of a wide range of peer-based recovery services for adults with alcohol or drug use problems found that peer support for recovery appears to benefit participants in different ways, including in substance use outcomes (Bassuk, Hanson, Greene, Richard, & Laudet, 2016). This research suggests that mentorship programs may increase drug abstinence (Bernstein et al., 2005), increase primary care visits and recovery capital domains (e.g., services, housing, family-related support), reduce ER/detoxification admissions and re-hospitalizations (Min, Whitecraft, Rothbard, & Salzer, 2007), and reduce frequency of both alcohol and drug use (Tracy et al., 2012).

Peer mentors with experience/training in the criminal justice system are believed to bring the added benefit of understanding incarceration and related challenges to community reentry, such as eligibility for entitlements, housing, and employment, among others. Although some promising outcomes such as improved employment retention have been demonstrated in mentor-focused reentry programs (Bauldry, Korom-Djakovic, McClanahan, McMaken, & Kotloff, 2009), rigorous research on the benefits of mentors working with adults in the criminal justice system is extremely limited at this time.

## Mentors for Juveniles

Studies on the use of mentors in the juvenile justice system have shown positive outcomes in the reduction of delinquency, including: 46% reduced likelihood of drug use, 27% reduced likelihood of alcohol use, and 30% reduced likelihood of violence against others (Grossman & Garry, 1997; Herrera et al., 2007; Tierney, Grossman, & Resch, 1995). Early research on mentoring programs for formerly incarcerated youth with substance abuse issues suggests that these programs may: increase housing stability (Ja, Gee, Savolainen, Wu, & Forghani, 2009), increase the likelihood of abstinence (Mangrum, 2008), decrease levels of alcohol and drug use (Rowe et al., 2007), and increase the likelihood

that youth will attend outpatient substance abuse treatment and other medical/health appointments (Tracy, Burton, Nich, & Rounsaville, 2011).

The impact of mentoring programs on formerly incarcerated youth likely depends on how successful the reentry programs are in structuring the mentoring component of the program, the way in which reentry and mentoring programs collaborate with correctional facilities, the selection and matching process for mentors and mentees, and the way in which mentoring relationships are terminated (Brown & Ross, 2010).

## Types of Mentors

The types of peer mentors available for adults with substance abuse issues can vary widely in terms of their roles and responsibilities. For example, voluntary recovery sponsors have been a long-standing, core component of 12-step programs, and other voluntary mentors may be accessible through wrap-around services or other community-based agencies. Increasingly, treatment programs are relying on paid professional mentors who receive training and certification in recovery programming. However, these professional mentors also vary widely in their availability to the mentee and the skills sets they offer.

## Evidence Base

A 2013 evaluation of the evidence base for mentorship programs found that variation in mentor program goals, structure, and activities create challenges for generalizing findings about effectiveness and best practice (Taylor et al., 2013). A more recent review raised further concerns regarding methodological issues in the studies that form this evidence base, including a difficulty in distinguishing the impact of peer support for recovering from other recovery support activities, small sample sizes, heterogeneous populations, and lack of consistent outcomes (Reif et al., 2014).

## *Project Goals and Partners*

From 2017 to 2019, Multnomah County DCJ's Research and Planning Unit (RAP), in partnership with the Adult Services Division's MCJRP Unit PPOs, undertook a study of mentoring services received by MCJRP-eligible individuals as part of community-based substance abuse treatment programs. The MCJRP Mentoring Study examined the implementation and impact of mentorship services provided through two contracted community providers: Bridges to Change and Volunteers of America (VOA) Oregon's Moving Forward program. All participants were new DCJ clients who met the criteria for MCJRP, volunteered to participate in the study, and were referred by their PPO to either a recovery housing program (Bridges to Change) or an outpatient substance abuse treatment program (VOA Moving Forward), in which they were paired with a mentor.

The focus of the study was to learn more about:

- ◆ The impact of having a mentor on criminal justice outcomes (e.g., absconds, arrests, sanctions).
- ◆ The factors that impact the client-mentor relationship (e.g., mentors paired with housing vs. substance abuse treatment, responsivity matching between client and mentor).
- ◆ The value of providing mentor services to MCJRP clients.
- ◆ Lessons learned about the referral, implementation, and interagency collaboration process.

As a result of conducting this study, Multnomah County hopes to contribute to the knowledge base about this type of peer mentoring service for adults on community supervision, and provide a framework and guidance for fostering similar mentorship opportunities across the state.



## Section I: Introduction

The MCJRP Mentor Study included two partner agencies.

Volunteers of America Oregon (VOA) is a multifaceted community-based organization that has a mission to change lives by promoting self-determination, building strong communities, and standing for social justice. One of its programs, Moving Forward, offers culturally-responsive peer mentoring and outpatient substance abuse treatment services to help stabilize and engage people in positive activities. They work with clients to develop an individualized treatment and recovery support plan with family, employment, and supervision goals. The approach surrounds individuals with healthy connections that promote better decision-making, recovery, and a crime-free lifestyle.

Bridges to Change is a community-based nonprofit organization that provides clean and sober housing, mentoring, and treatment services that support recovery from substance abuse. They serve a variety of clients, many of whom are on probation supervision or returning to society from prison. Recovery mentors are at the core of all Bridges to Change services to support individuals with basic needs and provide a trust-based relationship with someone who has been through similar life experiences. Bridges to Change has 42 recovery homes that are coupled with their programs and mentoring services.

## SECTION II: METHODOLOGY

### *Research Questions*

The MCJRP Mentoring Study had the goal of addressing the following research questions:

1. What are the characteristics of the people enrolled in and served by the MCJRP Mentor Program?
2. What is the relationship between receiving mentor services during supervision and criminal justice outcomes, including current supervision status, felony rearrest, probation absconds, sanctions received while on probation supervision, and revocations of probation supervision?
3. For those who received mentor services:
  - a) What were their initial expectations of the mentor relationship and were those expectations met?
  - b) What was their satisfaction with the mentor relationship?
  - c) What was the relationship between client ratings of satisfaction with the mentor relationship and criminal justice outcomes?

### *Enrollment and Data Collection*

Individuals under MCJRP supervision met with their PPOs and, based on identified needs, were referred to a treatment or recovery program where they also received mentoring services. PPOs recruited study participants from those referred to one of the two community-based agencies for substance abuse treatment and recovery services. VOA Moving Forward provided peer mentoring coupled with outpatient substance abuse treatment, and Bridges to Change provided peer mentoring coupled with clean and sober housing. In each situation, participants were free to determine how much or how little contact they had with their assigned mentor. Over the course of the 25-month enrollment period from February 2017 through February 2019, 205 individuals were enrolled in the MCJRP Mentoring Study. Of those, 118 (57.6%) individuals received mentor services and 87 (42.4%) individuals did not receive mentor services.

Data collection consisted of self-administered pre-questionnaires (Appendix D), given to each participant by the PPO and completed at a regularly-scheduled supervision appointment at the time they were referred to services. MCJRP Unit PPOs discussed participation in the study with each of their eligible clients, ensuring they secured the client's informed consent prior to any data collection (Appendix C). Once an individual consented, the PPO gave them a pre-mentor questionnaire to complete. When completed, the pre-mentor questionnaire and signed consent form were sent to the DCJ RAP unit for review and data entry.

Follow-up data collection was originally planned to occur approximately 4 months after enrollment. That timeframe was used because it coincided with the most common transition point from Phase 1 to Phase 2 supervision and the customary length for completion of a course of treatment. Initially, the RAP Data Technician prepared and sent post-mentor questionnaire packets to PPOs shortly *before* each participant's 4-month target date. PPOs would then give the follow-up questionnaire to the participant to complete around the time of their nearest regular supervision meeting. However, a number of factors often delayed the collection of the post-mentor questionnaire data, including the participant's transition from Phase 1 to Phase 2 supervision with a new PPO, or absconding from supervision. As a result, mid-way through the study period, the MCJRP Unit Manager and RAP changed the distribution procedures for the post-mentor questionnaire. RAP began sending the post-mentor instrument to PPOs as soon as the pre-mentor enrollment paperwork was received. PPOs were asked to note the target date on their calendars and plan to distribute the

## Section II: Methodology

questionnaire to the participant at a regular appointment closest to that date. If the client transitioned to a MCJRP Phase 2 PPO prior to the target date, then the post-mentor questionnaire packet was transferred along with the client's case file.

All participant pre- and post-mentor data collection was ended by mid-August 2019. Of the 205 individuals enrolled in the study, 106 (51.7%) completed the post-mentor questionnaire. Of the individuals completing both rounds of data collection, 66 (62.3%) received mentor services and 40 (37.7%) did not receive mentor services.

### *Data Sources*

#### Client Questionnaires

The client-completed questionnaires provided a number of data elements used for the MCJRP Mentoring Study analyses. These included:

- Demographics
- Mentor history
- Drug and alcohol use
- Expectations for mentoring services
- Experiences with mentoring services
- Similarity with and importance of mentor characteristics

Some limitations existed in the data gathered through the client-completed questionnaires. Clients were handed the questionnaires, completing them on their own rather than being interviewed by a trained data collector. This resulted in some items being left blank or responses that did not follow the expected format (e.g., multiple responses given for a single-response item). In addition, some responses across items resulted in contradictory information. Rather than excluding those items, the RAP team reviewed all of the responses and created decision rules to reduce the proportion of missing data.

#### Provider Program Data Collection Forms

For each participant receiving mentoring services, service provider program intake and exit forms were completed by the mentors using an online data collection system (REDCap) implemented and supported by RAP at DCJ. Data elements from those forms included:

- Confirmation of mentoring services received
- Mentor service duration.

The data gathered through the service providers' program intake and exit forms were only available for those clients who received mentoring services at Bridges to Change or VOA. This data collection mechanism did not provide information about any other services received by those clients, nor for the clients who did not receive mentoring services.

### Administrative Data

Administrative data from the Department of Corrections (DOC400/CIS) and the Oregon State Police (Law Enforcement Data System) databases were extracted for analysis. Information from those data systems provided criminal justice events including:

- Demographics not included in the client questionnaires
- Risk assessment scores
- Felony rearrest
- Abscond from probation supervision
- Probation sanction received
- Revocation of probation supervision
- Current supervision status

The data secured from these state databases was quite complete and did not have any notable limitations.

### Qualitative Data

In addition to the data gathered from clients and the statewide data systems, individual qualitative interviews were conducted with the DCJ and treatment agency program managers, and selected samples of MCJRP PPOs and VOA and Bridges to Change mentors (Appendix E). The goal of the qualitative interviews was to gather feedback on the:

- Referral, monitoring, and case collaboration process
- Benefits of having a mentor to a client's successful completion of treatment and supervision
- Ways in which the mentor services could be improved
- Important factors that increase the effectiveness of peer mentors working with clients on probation supervision.

Qualitative information was also garnered from open-ended responses in the client-completed questionnaires that focused on their expectations for and experiences with mentoring services.

# FINDINGS

This section presents a summary of the findings across each of the three research questions that supported the MCJRP Mentoring Study, as well as a summary of qualitative findings from the client questionnaires and the individual DCJ manager, mentor, and PPO phone interviews.

## Research Question 1: Client Characteristics

To understand the baseline characteristics of clients who did and did not receive mentor services while on supervision, demographics and other factors were gathered at study enrollment. Background demographic information included basic characteristics (e.g., gender, race, age), relationship and family status, and LS/CMI risk scores. Substance use characteristics included the frequency of their drug and alcohol use, drug treatment history, and perceptions of the severity of their drug and alcohol problems. Clients' initial perceptions of the mentor relationship and supervision were also gathered. Frequencies of these characteristics were calculated and then compared across these two groups to understand whether there were meaningful pre-existing differences between clients before they interacted with mentor services.

**Research Question 1:**  
What are the characteristics of the people enrolled in and served in the MCJRP Mentor Study?

## Demographics

Participant characteristics were calculated for the total sample (N = 205) and for the Mentor (n=118) and No Mentor (n=87) samples (Table 1). Across the entire sample, the majority of participants were male (76.6%) and White (69.3%), and 37.4 years old on average. Over half of participants were unemployed (61%) and their highest level of education was a high school diploma or GED (52.2%). Nearly two-thirds of participants were single/never married (63.9%) and almost half did not have children (47.3%). The most common housing status was residing with family (23.4%), followed by residential treatment (21.0%), and homeless, no permanent address (19.0%). Participants' LS/CMI risk scores ranged from 5 to 39 across the sample, and nearly three-quarters (72.7%) of the participants were categorized as either very high risk (30.7%) or high risk (42.0%).

**Table 1: Participant Demographics by Sample**

Demographic	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>Gender<sup>1</sup> [descending order of total sample]</b>						
Male	157	76.6%	98	83.1%	59	67.8%
Female	46	22.4%	19	16.1%	27	31.0%
Missing	2	1.0%	1	0.8%	1	1.1%
<b>Age at Study Enrollment</b>						
Mean	37.4 yrs.		37.3 yrs.		37.5 yrs.	
Standard Deviation	11.1 yrs.		11.6 yrs.		10.5 yrs.	
Range	19.3-66.3 yrs.		19.3-66.3 yrs.		19.5-66.3 yrs.	

<sup>1</sup>  $\chi^2=6.497(1)$ ,  $p<.05$

## Section III: Findings

### Research Question 1

Demographic	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>Race/Ethnicity</b> [descending order of total sample]						
White	142	69.3%	83	70.3%	59	67.8%
Black	48	23.4%	30	25.4%	18	20.7%
Hispanic	8	3.9%	4	3.4%	4	4.6%
American Indian	4	2.0%	1	0.8%	3	3.4%
Asian	3	1.5%	0	0.0%	3	3.4%
<b>Marital Status</b> [descending order of total sample]						
Single, Never Married	131	63.9%	76	64.4%	55	63.2%
Divorced	25	12.2%	14	11.9%	11	12.6%
Engaged, Long-term Relationship	18	8.8%	10	8.5%	8	9.2%
Married, but Separated	11	5.4%	8	6.8%	3	3.4%
Married	11	5.4%	6	5.1%	5	5.7%
Missing	9	4.4%	4	3.4%	5	5.7%
<b>Number of Non-adult Children (<math>\leq 18</math> yrs.)</b>						
Zero	97	47.3%	61	51.7%	36	41.4%
1	32	15.6%	13	11.0%	19	21.8%
2	37	18.0%	21	17.8%	16	18.4%
3 or More	27	13.1%	15	12.7%	12	13.7%
Currently Pregnant (self or partner)	1	0.5%	1	0.8%	0	0.0%
Missing	11	5.3%	7	5.9%	3	3.4%
<b>Non-adult Children (<math>\leq 18</math> yrs.) Living at Home</b>						
No	157	76.6%	91	77.1%	66	75.9%
Yes	48	23.4%	27	22.9%	21	24.1%
<b>Employment Status</b> [descending order of total sample]						
Unemployed, Non-student	114	55.6%	66	55.9%	48	55.2%
Employed Part-time	24	11.7%	18	15.3%	6	6.9%
Disabled	22	10.7%	12	10.2%	10	11.5%
Employed Full-time	21	10.2%	7	5.9%	14	16.1%
Unemployed, Student	11	5.4%	5	4.2%	6	6.9%
Other	6	2.9%	5	4.2%	1	1.1%
Employed, Seasonal/Per Diem	5	2.4%	3	2.5%	2	2.3%
Retired	2	1.0%	2	1.7%	0	0.0%
<b>Education Status</b>						
Less than High School Diploma	32	15.6%	20	16.9%	12	13.8%
High School Diploma, GED	107	52.2%	66	55.9%	41	47.1%
Vocational Certificate	11	5.4%	6	5.1%	5	5.7%
Some College, No Degree	11	5.4%	4	3.4%	7	8.0%
Associate's Degree	20	9.8%	10	8.5%	10	11.5%
Bachelor's Degree	5	2.4%	2	1.7%	3	3.4%
Master's Degree	1	0.5%	1	0.8%	0	0.0%
Missing	18	8.8%	9	7.6%	9	10.3%

## Section III: Findings

### Research Question 1

Demographic	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>Housing Status</b> <i>[descending order of total sample]</i>						
<i>Residing with Family</i>	48	23.4%	23	19.5%	25	28.7%
<i>Residential Treatment</i>	43	21.0%	30	25.4%	13	14.9%
<i>Homeless, No Permanent Address</i>	39	19.0%	26	22.0%	13	14.9%
<i>Renting, Leasing</i>	28	13.7%	13	11.0%	15	17.2%
<i>Transitional Housing</i>	17	8.3%	10	8.5%	7	8.0%
<i>Residing with Friends</i>	16	7.8%	11	9.3%	5	5.7%
<i>Owner</i>	6	2.9%	1	0.8%	5	5.7%
<i>Missing</i>	8	3.9%	4	3.4%	4	4.6%
<b>LS/CMI Risk Score<sup>2</sup></b>						
<i>Mean</i>	24.64		26.08		22.67	
<i>Standard Deviation</i>	7.95		6.74		9.03	
<i>Range</i>	5 to 39		7 to 38		5 to 39	
<b>LS/CMI Risk Categories<sup>3</sup></b>						
<i>Very High</i>	63	30.7%	39	33.1%	24	27.6%
<i>High</i>	86	42.0%	56	47.5%	30	34.5%
<i>Medium</i>	40	19.5%	18	15.3%	22	25.3%
<i>Low</i>	12	5.9%	3	2.5%	9	10.3%
<i>Missing</i>	4	1.9%	2	1.7%	2	2.3%

## Substance Use Characteristics

When participants rated the frequency of their substance use in the last 12 months prior to the baseline questionnaire, the most common types of drugs used daily, weekly, or monthly were stimulants (cocaine, methamphetamine, or speed), as over half of all participants used stimulants at this rate (57.1%). The least commonly reported drug used daily, weekly, or monthly by participants was alcohol (26.8%). A majority of participants had been in previous drug treatment at least once (70.7%). When rating the severity of their drug and/or alcohol problem(s), nearly half of participants rated their drug problem as considerably or extremely problematic (47.8%), while less than one-fifth rated the severity of their alcohol problem as considerably or extremely problematic (13.1%).

**Table 2: Substance Use Characteristics by Sample**

Characteristic	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>Number of Previous Times in Drug Treatment</b>						
<i>Never</i>	58	28.3%	32	27.1%	26	29.9%
<i>1 Time</i>	72	35.1%	43	36.4%	29	33.3%
<i>2 Times</i>	31	15.1%	17	14.4%	14	16.1%
<i>3 Times</i>	20	9.8%	14	11.9%	6	6.9%
<i>4 or More Times</i>	22	10.7%	12	10.2%	10	11.5%
<i>Missing</i>	2	1.0%	0	0.0%	2	2.3%

<sup>2</sup>  $t=3.064(199)$ ,  $p<.05$

<sup>3</sup>  $\chi^2=10.381(4)$ ,  $p<.05$

## Section III: Findings

### Research Question 1

Characteristic	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>Alcohol Use Last 12 Months<sup>4,5</sup></b>						
<i>Never/Only a Few Times</i>	143	69.8%	77	65.3%	66	75.9%
<i>Monthly/Weekly/Daily</i>	55	26.8%	37	31.4%	18	20.7%
<i>Missing</i>	7	3.4%	4	3.4%	3	3.4%
<b>Marijuana Use Last 12 Months<sup>2</sup></b>						
<i>Never/Only a Few Times</i>	114	55.6%	67	56.8%	47	54.0%
<i>Monthly/Weekly/Daily</i>	80	39.0%	44	37.3%	36	41.4%
<i>Missing</i>	11	5.4%	7	5.9%	4	4.6%
<b>Opioids (Heroin) Use Last 12 Months<sup>2</sup></b>						
<i>Never/Only a Few Times</i>	126	61.5%	70	59.3%	56	64.4%
<i>Monthly/Weekly/Daily</i>	66	32.2%	41	34.7%	25	28.7%
<i>Missing</i>	13	6.3%	7	5.9%	6	6.9%
<b>Stimulants Use Last 12 Months<sup>2,6</sup></b>						
<i>Never/Only a Few Times</i>	80	39.0%	37	31.4%	43	49.4%
<i>Monthly/Weekly/Daily</i>	117	57.1%	78	66.1%	39	44.8%
<i>Missing</i>	8	3.9%	3	2.5%	5	5.7%
<b>Perception of Drug Problem Seriousness</b>						
<i>Not at All</i>	43	21.0%	23	19.5%	20	23.0%
<i>Slightly</i>	28	13.7%	11	9.3%	17	19.5%
<i>Moderately</i>	32	15.6%	20	16.9%	12	13.8%
<i>Considerably</i>	50	24.4%	31	26.3%	19	21.8%
<i>Extremely</i>	48	23.4%	31	26.3%	17	19.5%
<i>Missing</i>	4	2.0%	2	1.7%	2	2.3%
<b>Perception of Alcohol Problem Seriousness</b>						
<i>Not at All</i>	132	64.4%	77	65.3%	55	63.2%
<i>Slightly</i>	25	12.2%	19	16.1%	6	6.9%
<i>Moderately</i>	10	4.9%	5	4.2%	5	5.7%
<i>Considerably</i>	14	6.8%	5	4.2%	9	10.3%
<i>Extremely</i>	13	6.3%	9	7.6%	4	4.6%
<i>Missing</i>	11	5.4%	3	2.5%	8	9.2%
<b>Importance of Getting Drug Treatment Now<sup>7</sup></b>						
<i>Not at All</i>	36	17.6%	17	14.4%	19	21.9%
<i>Slightly</i>	28	13.7%	13	11.0%	15	17.2%
<i>Moderately</i>	23	11.2%	13	11.0%	10	11.5%
<i>Considerably</i>	40	19.5%	30	25.4%	10	11.5%
<i>Extremely</i>	70	34.1%	39	33.1%	31	35.6%
<i>Missing</i>	8	3.9%	6	5.1%	2	2.3%

<sup>4</sup> Original 5-point scale (Never, Only a Few Times, 1-3 Times per Month, 1-5 Times per Week, Daily) was dichotomized for analysis.

<sup>5</sup>  $\chi^2=2.932(4)$ ,  $p<.10$

<sup>6</sup> Stimulants include cocaine, methamphetamine, speed;  $\chi^2=8.151(1)$ ,  $p<.05$

<sup>7</sup>  $\chi^2=8.010(4)$ ,  $p<.10$



## Initial Perceptions of Mentoring and Supervision

At study enrollment, participants were asked to rate their level of agreement with some statements about working with mentors and their current supervision. The majority of participants agreed or strongly agreed that they understood the role of a mentor (79.0%), would be interested in spending time with a mentor (54.1%), and believed a mentor would help them with their life in general (63.5%). Over three-quarters of participants (75.6%) agreed or strongly agreed that they were doing well in supervision at that time and over half believed a mentor would specifically help them with their supervision (57.1%).

**Table 3: Initial Perceptions of Mentoring and Supervision by Sample**

Perception	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>I understand what a mentor does.</b>						
<i>Strongly Disagree</i>	2	1.0%	1	0.8%	1	1.1%
<i>Disagree</i>	6	2.9%	5	4.2%	1	1.1%
<i>Neither Disagree nor Agree</i>	31	15.1%	18	15.3%	13	14.9%
<i>Agree</i>	111	54.1%	66	55.9%	45	51.7%
<i>Strongly Agree</i>	51	24.9%	26	22.0%	25	28.7%
<i>Missing</i>	4	2.0%	2	1.7%	2	2.3%
<b>I would like to spend time with a mentor.</b>						
<i>Strongly Disagree</i>	6	2.9%	4	3.4%	2	2.3%
<i>Disagree</i>	19	9.3%	9	7.6%	10	11.5%
<i>Neither Disagree nor Agree</i>	64	31.2%	37	31.4%	27	31.0%
<i>Agree</i>	81	39.5%	50	42.4%	31	35.6%
<i>Strongly Agree</i>	30	14.6%	15	12.7%	15	17.2%
<i>Missing</i>	5	2.4%	3	2.5%	2	2.3%
<b>Using a mentor would help me with my life in general.</b>						
<i>Strongly Disagree</i>	7	3.4%	4	3.4%	3	3.4%
<i>Disagree</i>	11	5.4%	4	3.4%	7	8.0%
<i>Neither Disagree nor Agree</i>	52	25.4%	27	22.9%	25	28.7%
<i>Agree</i>	85	41.5%	55	46.6%	30	34.5%
<i>Strongly Agree</i>	45	22.0%	25	21.2%	20	23.0%
<i>Missing</i>	5	2.4%	3	2.5%	2	2.3%
<b>Using a mentor would help me with my supervision.</b>						
<i>Strongly Disagree</i>	8	3.9%	6	5.1%	2	2.3%
<i>Disagree</i>	10	4.9%	5	4.2%	5	5.7%
<i>Neither Disagree nor Agree</i>	68	33.2%	33	28.0%	35	40.2%
<i>Agree</i>	76	37.1%	51	43.2%	25	28.7%
<i>Strongly Agree</i>	41	20.0%	22	18.6%	19	21.8%
<i>Missing</i>	2	1.0%	1	0.8%	1	1.1%

## Section III: Findings

### Research Question 1

Perception	Total Sample (N=205)		Mentor Sample (n=118)		No Mentor Sample (n=87)	
	Count	Percent	Count	Percent	Count	Percent
<b>I feel like I'm doing well in supervision right now.</b>						
<i>Strongly Disagree</i>	3	1.5%	3	2.5%	0	0.0%
<i>Disagree</i>	4	2.0%	2	1.7%	2	2.3%
<i>Neither Disagree nor Agree</i>	34	16.6%	19	16.1%	15	17.2%
<i>Agree</i>	96	46.8%	53	44.9%	43	49.4%
<i>Strongly Agree</i>	59	28.8%	33	28.0%	26	29.9%
<i>Missing</i>	9	4.4%	8	6.8%	1	1.1%

## Group Comparison at Enrollment

Participant characteristics were compared across the two groups: those who received mentoring services and those who did not receive mentoring services. These comparisons were made at the time of enrollment to evaluate any potential pre-existing differences between the groups and to inform further analysis of outcomes. For each of the characteristics, statistical tests determined if the two groups (i.e., mentor, no mentor) differed significantly. The majority of characteristics did not differ significantly.

However, there were three significant differences across the two groups that are important to keep in mind when considering potential differences in outcomes after clients did or did not receive mentoring. There were significant group differences based on participants' gender ( $\chi^2=6.497(1)$ ,  $p<.05$ ), LS/CMI risk scores and categories ( $t=3.064(199)$ ,  $p<.05$ ,  $\chi^2=10.381(4)$ ,  $p<.05$ , respectively), and frequency of using methamphetamines at enrollment ( $\chi^2=8.151(1)$ ,  $p<.05$ ). Specifically, clients who received mentor services had proportionally more males than females relative to clients who did not receive mentor services. Clients in the mentor group also had higher mean LS/CMI risk scores and were more likely to be in higher risk categories than clients who did not receive mentoring services. Finally, the mentor group also had higher levels of stimulant/methamphetamine use in the past 12 months prior to study enrollment relative to the group that did not receive mentor services. In addition, there were differences between the two groups that approached the conventional statistical significance. Participants in the mentor group rated the importance of getting treatment higher than those in the no mentor group ( $\chi^2=8.010(4)$ ,  $p<.10$ ) and reported lower frequency of using alcohol at enrollment ( $\chi^2=2.932(4)$ ,  $p<.10$ ).

## Pre-Existing Group Differences

Clients who received mentor services differed from those who did not in three meaningful ways. The group of mentored clients had:

1. A higher proportion of male clients
2. Higher LS/CMI risk levels
3. Higher levels of stimulant or methamphetamine use in the 12 months prior to

# Research Question 2: Mentor Services and Criminal Justice Outcomes

Group comparisons were conducted to understand how criminal justice outcomes differed between clients who did and did not receive mentor services. Additional analyses were conducted for the subset of clients who received mentor services to understand how their initial perceptions of the severity of their drug and alcohol problems related to their criminal justice outcomes. It is important to keep in mind the pre-existing group differences outlined in the preceding section while reviewing these findings.

## Comparing Criminal Justice Outcomes by Client Group

To investigate how receiving mentor services during supervision related to criminal justice outcomes for clients, bivariate analyses were conducted that compared each outcome for the two groups of clients. These tests compared the current supervision statuses, felony rearrests, probation absconds, sanctions received while on probation supervision, and revocations of probation supervision for clients who did and did not receive mentor services. In addition to those primary comparisons, time to each of those events (i.e., felony rearrest, abscond, sanction, and revocation) were compared across the two groups. The results of these analyses are presented in Table 4.

All but one of the primary comparisons were statistically significant ( $p < .05$ ), but in unexpected ways. The results indicate that the participants who received mentor services were significantly more likely to be rearrested for a felony, to abscond from probation supervision, to receive at least one sanction during probation supervision, and to have probation supervision revoked. Although it was only approaching the conventional level of statistical significance, participants who received mentor services were somewhat more likely to have an unsuccessful supervision status ( $p < .10$ ). All of the analyses looking at time to first felony arrest, abscond, sanction, or revocation did not show statistically significant differences between the two groups.

When results from a study turn out to be in the opposite direction than expected, it is important to consider the contextual issues that could help to explain those differences. For this study, the unexpected findings are likely due to a number of factors, including:

- Participants who received mentor services evidenced higher levels of risk to reoffend at study enrollment and higher levels of stimulant/methamphetamine use in the 12 months prior to study enrollment.
- Mentored participants were under greater scrutiny while on supervision, being in contact with a supervising community corrections officer and a mentor who collaborated with the supervising officers.
- Mentor services were bundled with substance abuse treatment or housing services, which made additional requirements of clients and increased the burden of compliance on mentored clients.
- Participants who did not receive mentor services may have had more resources available at enrollment (e.g., housing) and may not have been in need of the same level of substance abuse treatment services at the time of study enrollment.

*Research Question 2:  
What is the relationship between receiving mentor services during supervision and criminal justice outcomes, including current supervision status, felony rearrest, probation absconds, sanctions received while on probation supervision, and revocations of probation supervision?*

## Section III: Findings

### Research Question 2

Together, these factors may have contributed to the higher likelihood of negative criminal justice outcomes for clients who received mentor services compared to those who did not receive these services. As the study was not able to randomly assign clients to either receive or not receive mentor services and meaningful pre-existing differences were found between the two groups, it is impossible to determine the unique effect of receiving mentor services on these criminal justice outcomes.

**Table 4: Group Comparisons of Criminal Justice Outcomes**

Criminal Justice Outcome	Mentor Sample (n=118)		No Mentor Sample (n=87)		Significant Difference
	Count	Percent	Count	Percent	
<b>Current Supervision Status<sup>8</sup></b>					
<i>Currently Successful on Supervision</i>	76	64.4%	66	75.9%	$\chi^2=3.087(1)$ $p=.079$
<i>Currently Unsuccessful on Supervision</i>	42	35.6%	21	24.1%	
<b>Rearrested for a Felony</b>					
Yes	54	45.8%	25	28.7%	$\chi^2=6.130(1)$ $p<.05$
No	64	54.2%	62	71.3%	
<b>Time to First Felony Arrest</b>					
Mean	192.98 days		209.84 days		ns
Standard Deviation	153.54 days		206.14 days		
Range	1 to 697 days		18 to 692 days		
<b>Abscond from Probation Supervision</b>					
Yes	52	44.1%	21	24.1%	$\chi^2=8.675(1)$ $p<.05$
No	66	55.9%	66	75.9%	
<b>Time to Abscond</b>					
Mean	208.96 days		250.00 days		ns
Standard Deviation	152.50 days		155.31 days		
Range	13 to 751 days		23 to 601 days		
<b>Sanction during Probation Supervision</b>					
Yes	48	40.7%	20	23.0%	$\chi^2=7.069(1)$ $p<.05$
No	70	59.3%	67	77.0%	
<b>Time to First Sanction</b>					
Mean	226.94 days		265.35 days		ns
Standard Deviation	163.57 days		247.53 days		
Range	22 to 798 days		28 to 854 days		
<b>Revocation of Probation Supervision</b>					
Yes	28	23.7%	11	12.6%	$\chi^2=3.995(1)$ $p<.05$
No	90	76.3%	76	87.4%	
<b>Time to Revocation</b>					
Mean	350.07 days		256.45 days		ns
Standard Deviation	176.79 days		244.31 days		
Range	67 to 759 days		29 to 723 days		

<sup>8</sup> Successful: actively participating in supervision and successfully discharged from supervision.  
Unsuccessful: abscond status, warrant status, incarcerated (DOC or local control), or post-prison.

## Comparing Criminal Justice Outcomes by Client Perceptions

To understand these findings further, additional bivariate analyses were conducted only for individuals who received mentor services (n=118<sup>9</sup>). These tests evaluated the relationship between clients' perception of the seriousness of their addiction problems and the criminal justice outcomes described earlier. Their perceptions included the (a) seriousness of their drug problem, (b) seriousness of their alcohol problem, and (c) importance of getting drug treatment. Table 5 presents the results of those analyses.

Most of the relationships did not approach statistical significance, possibly due to the small sample sizes involved with these comparisons. However, two relationships nearly reached the conventional level of significance (denoted with † in Table 5) and suggest that clients' rates of absconding and having probation supervision revoked may be influenced by their perceptions of the seriousness of their drug problem. Specifically, clients who received mentor services and perceived their drug problem as more serious, had higher proportions of absconding from probation supervision and having their probation supervision revoked than those who perceived their problem as less serious. These differences were not found when making the same comparisons for clients who did not receive mentor services.

**Table 5: Perceived Seriousness of Addiction and Criminal Justice Outcomes for Mentored Clients**

Criminal Justice Outcome	Moderate or Less (n=54)		Considerable or Greater (n=62)		Significant Difference
	Count	Percent	Count	Percent	
<i>Perceived Seriousness of DRUG Problem</i>					
<b>Successful Supervision Status</b>					
No	16	29.6%	26	41.9%	$X^2=1.892(1)$ $p=.169$
Yes	38	70.4%	36	58.1%	
<b>Felony Rearrest</b>					
No	31	57.4%	32	51.6%	$X^2=0.391(1)$ $p=.532$
Yes	23	42.6%	30	48.4%	
<b>Abscond from Probation Supervision<sup>†</sup></b>					
No	35	64.8%	30	48.4%	$X^2=3.162(1)$ $p=.075$
Yes	19	35.2%	32	51.6%	
<b>Sanction during Probation Supervision</b>					
No	29	64.5%	40	64.5%	$X^2=1.400(1)$ $p=.237$
Yes	25	35.5%	22	35.5%	
<b>Revocation of Probation Supervision<sup>†</sup></b>					
No	45	83.3%	43	69.4%	$X^2=3.080(1)$ $p=.079$
Yes	9	16.7%	19	30.6%	

<sup>9</sup> Although 118 participants received mentor services, complete data for these analyses was only available on 116 participants.

## Section III: Findings

### Research Question 2

Criminal Justice Outcome	Moderate or Less (n=54)		Considerable or Greater (n=62)		Significant Difference
	Count	Percent	Count	Percent	
<i>Perceived Seriousness of ALCOHOL Problem</i>					
<b>Successful Supervision Status</b>					
<i>No</i>	27	35.1%	14	36.8%	$X^2=0.035(1)$ $p=.852$
<i>Yes</i>	50	64.9%	24	63.2%	
<b>Felony Rearrest</b>					
<i>No</i>	43	55.8%	19	50.0%	$X^2=0.350(1)$ $p=.554$
<i>Yes</i>	34	44.2%	19	50.0%	
<b>Abscond from Probation Supervision</b>					
<i>No</i>	47	61.0%	19	50.0%	$X^2=1.268(1)$ $p=.260$
<i>Yes</i>	30	39.0%	19	50.0%	
<b>Sanction during Probation Supervision</b>					
<i>No</i>	44	57.1%	26	68.4%	$X^2=1.359(1)$ $p=.244$
<i>Yes</i>	33	42.9%	12	31.6%	
<b>Revocation of Probation Supervision</b>					
<i>No</i>	61	79.2%	26	68.4%	$X^2=1.611(1)$ $p=.204$
<i>Yes</i>	16	20.8%	12	31.6%	
<i>Importance of Getting Drug Treatment Now</i>					
<b>Successful Supervision Status</b>					
<i>No</i>	15	34.9%	25	36.2%	$X^2=0.021(1)$ $p=.885$
<i>Yes</i>	28	65.1%	44	63.8%	
<b>Felony Rearrest</b>					
<i>No</i>	26	60.5%	36	52.2%	$X^2=0.737(1)$ $p=.391$
<i>Yes</i>	17	39.5%	33	47.8%	
<b>Abscond from Probation Supervision</b>					
<i>No</i>	28	65.1%	35	50.7%	$X^2=2.230(1)$ $p=.135$
<i>Yes</i>	15	34.9%	34	49.3%	
<b>Sanction during Probation Supervision</b>					
<i>No</i>	26	60.5%	41	59.4%	$X^2=0.012(1)$ $p=.913$
<i>Yes</i>	17	39.5%	28	40.6%	
<b>Revocation of Probation Supervision</b>					
<i>No</i>	34	79.1%	51	73.9%	$X^2=0.385(1)$ $p=.535$
<i>Yes</i>	9	20.9%	18	26.1%	

## Research Question 3: Client Feedback on Mentor Services

To better understand the impact of mentoring services, analyses were conducted for the subset of individuals who received mentoring services and completed a post-mentor questionnaire (n = 66). These analyses examined clients' feedback on whether and in what domains their expectations for mentoring were met, their satisfaction with mentoring, and how client satisfaction with the mentor relationships related to criminal justice outcomes.

### Research Question 3a: Mentor Relationship Expectations

The pre-mentor questionnaire included an item asking clients to rate to what degree they hoped their mentor would help them across various focus areas. In the post-mentor questionnaire, a similar item was included asking clients to rate how often they addressed those areas with their mentor. For each focus area, a variable was created to indicate whether the client's expectation was met, not met, or of no interest to the client. Figure 1 (next page) includes the frequencies for each of the 11 focus areas, presented in descending order of met expectations.

The expectations for mentoring services that were most often met related to staying out of trouble with the law and alcohol and drug treatment (45.5%).

Expectations about the supervision experience and family relationships (36.4%) were also frequently met. The two expectations that were least frequently met (i.e., most often unmet) were about transportation (33.3%) and housing (27.3%). Finally, it appeared that there were many areas of focus for which clients either had no interest in focusing on them with a mentor or the areas did not apply to them (or data were missing), such as parenting (68.2%), education (56.0%), and health care (54.5%).

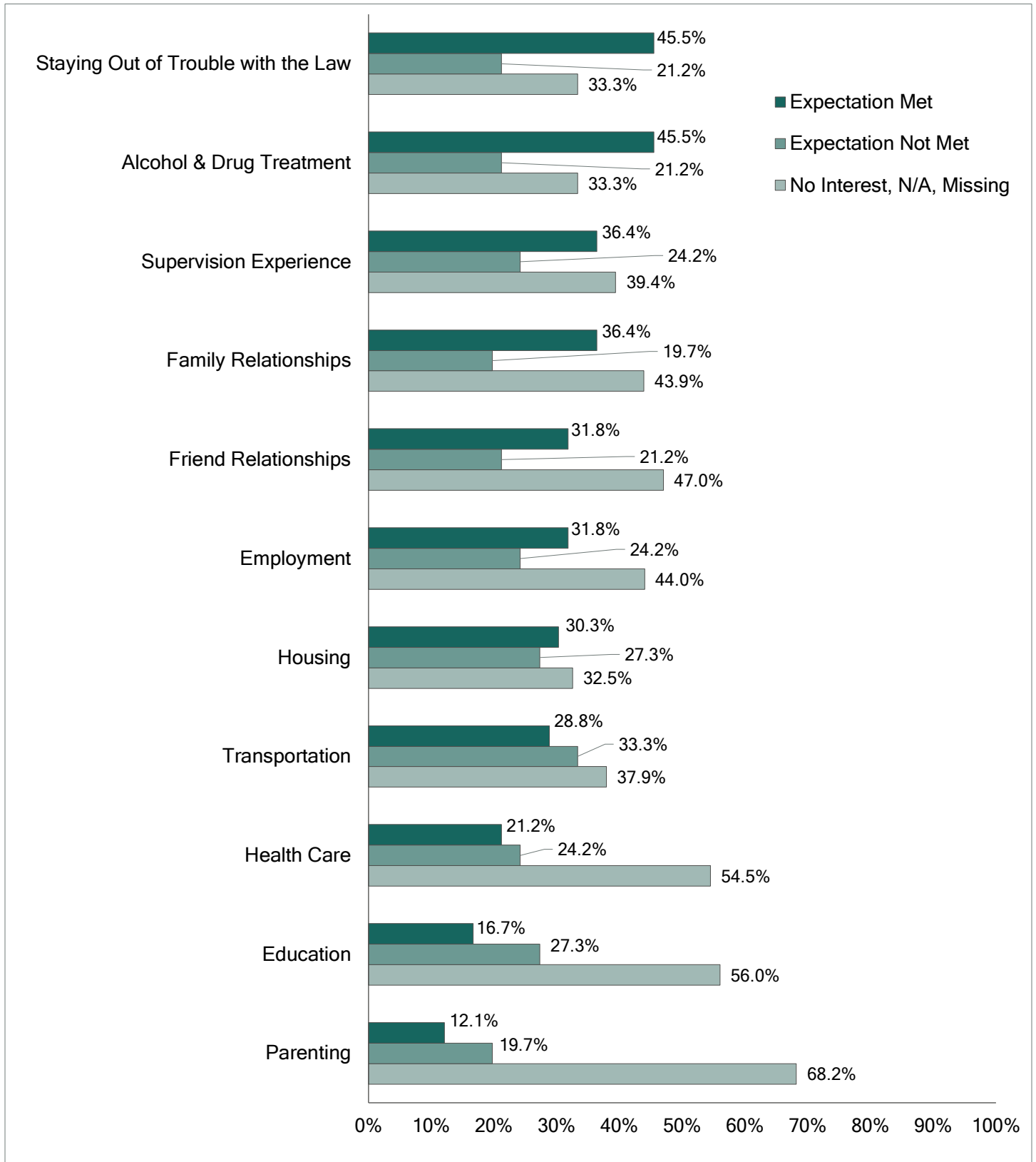
*Research Question 3a:  
For those who received  
mentor services, what  
were their initial  
expectations of the mentor  
relationship and were  
those expectations met?*



## Section III: Findings

### Research Question 3

Figure 1: Mentor Expectations Met or Unmet (n=66)





## Research Question 3b: Satisfaction with Mentor Relationship

Clients were also asked to rate their satisfaction levels with their mentor experience in a series of post-mentor questionnaire items. The second analysis examined the frequencies with which clients indicated they were in agreement with the satisfaction items on a five-point scale from Strongly Disagree to Strongly Agree. All items and frequencies are presented in Table 6.

Many of the participants were in agreement (i.e., Agree or Strongly Agree) with all of the satisfaction-related questionnaire items. For example, 65.2% reported that their overall experience with their mentor was positive, 65.1% reported that their mentor was a good fit for them, and 63.6% reported that it was easy to talk with their mentor. Developing a strong relationship with their mentor was the least commonly endorsed satisfaction item, although nearly half (47%) of all respondents endorsed agreement with this item. It is important to note that 25.8% to 28.8% of respondents left these items blank (i.e., missing).

*Research Question 3b:  
For those who received  
mentor services, what  
was their satisfaction  
with the mentor  
relationship?*

**Table 6: Satisfaction with Mentor Relationship**

Satisfaction Ratings (n=66) <i>[presented in descending order by the sum of Agree and Strongly Agree]</i>	Count	Percent
<b>Overall, my experience with my mentor was positive.</b>		
<i>Strongly Disagree</i>	0	0.0%
<i>Disagree</i>	0	0.0%
<i>Neither Disagree nor Agree</i>	4	6.1%
<i>Agree</i>	24	36.4%
<i>Strongly Agree</i>	19	28.8%
<i>Missing</i>	19	28.8%
<b>The mentor(s) I worked with was a good fit.</b>		
<i>Strongly Disagree</i>	0	0.0%
<i>Disagree</i>	0	0.0%
<i>Neither Disagree nor Agree</i>	5	7.6%
<i>Agree</i>	23	34.8%
<i>Strongly Agree</i>	20	30.3%
<i>Missing</i>	18	27.3%
<b>It was easy to talk with my mentor.</b>		
<i>Strongly Disagree</i>	0	0.0%
<i>Disagree</i>	2	3.0%
<i>Neither Disagree nor Agree</i>	3	4.5%
<i>Agree</i>	26	39.4%
<i>Strongly Agree</i>	16	24.2%
<i>Missing</i>	19	28.8%

## Section III: Findings

### Research Question 3

<b>Satisfaction Ratings (n=66)</b> <i>[presented in descending order by the sum of Agree and Strongly Agree]</i>	Count	Percent
<b>My time with my mentor was valuable.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	0 2 7 24 15 18	0.0% 3.0% 10.6% 36.4% 22.7% 27.3%
<b>I would recommend mentoring for other community supervision clients.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	0 0 9 20 18 19	0.0% 0.0% 13.6% 30.3% 27.3% 28.8%
<b>I trust my mentor.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	1 2 8 23 14 18	1.5% 3.0% 12.1% 34.8% 21.2% 27.3%
<b>I feel like I'm doing better with my supervision than I was before I started working with my mentor.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	0 1 15 16 17 17	0.0% 1.5% 22.7% 24.2% 25.8% 25.8%
<b>I will likely maintain my relationship with my mentor after my supervision has completed.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	1 5 9 19 14 18	1.5% 7.6% 13.6% 28.8% 21.2% 27.3%
<b>I developed a strong connection with my mentor.</b> <i>Strongly Disagree</i> <i>Disagree</i> <i>Neither Disagree nor Agree</i> <i>Agree</i> <i>Strongly Agree</i> <i>Missing</i>	0 5 12 24 7 18	0.0% 7.6% 18.2% 36.4% 10.6% 27.3%

## Research Question 3c: Client Satisfaction and Criminal Justice Outcomes

Finally, we also examined the relationship between certain client satisfaction ratings of their mentor experience and criminal justice outcomes. For this analysis, the five-point agreement scale for the satisfaction items was dichotomized into neutrality/disagreement (i.e., Strongly Disagree, Disagree, Neutral) and agreement (i.e., Agree, Strongly Agree). Due to the small sample sizes involved in these analyses (i.e., n=48 participants with satisfaction item and criminal justice outcome data available), the findings should be interpreted with caution.

The satisfaction items that were included in the analysis reflected the trust that clients placed in their mentor and how they valued the mentor relationship. Four items were analyzed:

- I developed a strong connection with my mentor.
- My time with my mentor was valuable.
- I trust my mentor.
- I will likely maintain my relationship with my mentor after supervision has completed.

Most of the relationships did not approach statistical significance, possibly due to the small sample sizes involved with these comparisons. However, four analyses either reached (at  $p < .05$ , denoted with \*) or nearly reached (at  $p < .10$ , denoted with ‡) the conventional level of significance. These analyses are presented in Table 7.

**Research Question 3c:**  
For those who received mentor services, what was the relationship between client ratings of satisfaction with the mentor relationship and criminal justice outcomes?

**Table 7: Client Satisfaction and Criminal Justice Outcomes (n=48)**

Criminal Justice Outcomes	Strongly Disagree, Disagree or Neutral		Agree or Strongly Agree		Significant Difference
	Count	Percent	Count	Percent	
<i>I developed a strong connection with my mentor.</i>					
<b>Successful Supervision Status</b>					
No	4	23.5%	6	19.4%	$X^2=0.116(1)$ $p=.733$
Yes	13	76.5%	25	80.6%	
<b>Felony Rearrest</b>					
No	10	58.8%	19	61.3%	$X^2=0.028(1)$ $p=.867$
Yes	7	41.2%	12	38.7%	
<b>Abscond from Probation Supervision</b>					
No	11	64.7%	25	80.6%	$X^2=1.488(1)$ $p=.223$
Yes	6	35.3%	6	19.4%	
<b>Sanction during Probation Supervision</b>					
No	10	58.8%	20	64.5%	$X^2=0.152(1)$ $p=.697$
Yes	7	41.2%	11	35.5%	
<b>Revocation of Probation Supervision</b>					
No	14	82.4%	27	87.1%	$X^2=0.198(1)$ $p=.656$
Yes	3	17.6%	4	12.9%	

## Section III: Findings

### Research Question 3

Criminal Justice Outcomes	Strongly Disagree, Disagree or Neutral		Agree or Strongly Agree		Significant Difference
	Count	Percent	Count	Percent	
<i>My time with my mentor was valuable.</i>					
<b>Successful Supervision Status</b>					
No	1	11.1%	9	23.1%	$X^2=0.635(1)$ $p=.426$
Yes	8	88.9%	30	76.9%	
<b>Felony Rearrest</b>					
No	5	55.6%	24	61.5%	$X^2=0.109(1)$ $p=.741$
Yes	4	44.4%	15	38.5%	
<b>Abscond from Probation Supervision*</b>					
No	4	44.4%	32	82.1%	$X^2=5.516(1)$ $p<.05$
Yes	5	55.6%	7	17.9%	
<b>Sanction during Probation Supervision</b>					
No	5	55.6%	25	64.1%	$X^2=0.228(1)$ $p=.633$
Yes	4	44.4%	14	35.9%	
<b>Revocation of Probation Supervision</b>					
No	8	88.9%	33	84.6%	$X^2=0.107(1)$ $p=.743$
Yes	1	11.1%	6	15.4%	
<i>I trust my mentor.</i>					
<b>Successful Supervision Status<sup>‡</sup></b>					
No	0	0.0%	10	27.0%	$X^2=3.755(1)$ $p=.053$
Yes	11	100.0%	27	73.0%	
<b>Felony Rearrest</b>					
No	7	63.6%	22	59.5%	$X^2=0.062(1)$ $p=.804$
Yes	4	36.4%	15	40.5%	
<b>Abscond from Probation Supervision*</b>					
No	5	45.5%	31	83.8%	$X^2=6.644(1)$ $p<.05$
Yes	6	54.5%	6	16.2%	
<b>Sanction during Probation Supervision</b>					
No	8	72.7%	22	59.5%	$X^2=0.637(1)$ $p=.425$
Yes	3	27.3%	15	40.5%	
<b>Revocation of Probation Supervision</b>					
No	10	90.9%	31	83.8%	$X^2=0.346(1)$ $p=.557$
Yes	1	9.1%	6	16.2%	
<i>I will likely maintain my relationship with my mentor after supervision has completed.</i>					
<b>Successful Supervision Status</b>					
No	4	26.7%	6	18.2%	$X^2=0.450(1)$ $p=.503$
Yes	11	73.3%	27	81.8%	
<b>Felony Rearrest</b>					
No	8	53.3%	21	63.6%	$X^2=0.458(1)$ $p=.499$
Yes	7	46.7%	12	36.4%	

## Section III: Findings

### Research Question 3

Criminal Justice Outcomes	Strongly Disagree, Disagree or Neutral		Agree or Strongly Agree		Significant Difference
	Count	Percent	Count	Percent	
<b>Abscond from Probation Supervision<sup>‡</sup></b>					
<i>No</i>	9	60.0%	27	81.8%	$\chi^2=2.618(1)$ $p=.11$
<i>Yes</i>	6	40.0%	6	18.2%	
<b>Sanction during Probation Supervision</b>					
<i>No</i>	10	67.7%	20	60.6%	$\chi^2=0.162(1)$ $p=.688$
<i>Yes</i>	5	33.3%	13	39.4%	
<b>Revocation of Probation Supervision</b>					
<i>No</i>	13	86.7%	28	84.8%	$\chi^2=0.027(1)$ $p=.869$
<i>Yes</i>	2	13.3%	5	15.2%	

The data suggests that the likelihood of an individual absconding may be reduced by a valuable and trust-based mentor relationship. Establishing trust with a mentor may also be associated with success on supervision. Specifically, absconding was negatively associated with client ratings of three aspects of the mentor relationship: perceiving their time with the mentor as valuable ( $p < .05$ ), trusting their mentor ( $p < .05$ ), and believing they would likely maintain their relationship with the mentor after their supervision ends ( $p=.11$ ). In addition, having a successful supervision status was positively associated with trusting their mentor ( $p<.10$ ).

## The Importance of Mentor Relationship Quality

Positive criminal justice outcomes (e.g., fewer absconds from probation, more successful supervision status) may be more likely for clients that have a valuable, trust-based relationship with a mentor.

## Qualitative Findings

Individual interviews were completed with DCJ and treatment agency program managers ( $n = 3$ ), MCJRP PPOs ( $n = 7$ ), and Bridges to Change and VOA mentors ( $n = 6$ ). MCJRP PPOs were recruited with the highest number of Mentor Study participants on their caseloads (with 10 to 60 referrals each), including three former or current MCJRP Unit Project Leads. Mentors were interviewed from both treatment agencies. The individual interviews were conducted over the phone, lasted 30-45 minutes on average, and were completed during October-November 2019. Interview questions are included in the Appendix E.

In addition, client feedback on their expectations for and experiences with mentoring services was collected through comments on the pre- and post-mentor questionnaires. Clients ( $n = 205$ ) responded to open-ended questions before the study about the type(s) of clean and sober support they had in their lives and the potential positive and negative impacts of mentoring that they anticipated. After the study, clients ( $n = 80$ ) responded to two additional open-ended questions about their suggestions for improvement and any other thoughts they wanted to share about the program.

The qualitative data was compiled from notes taken during the phone interviews with key informants and the open-ended responses from client pre- and post-mentor questionnaires. The data were analyzed across these sources and coded using qualitative thematic techniques (Braun & Clarke, 2006). The following themes emerged as defining components of the mentor program:

- The service model and referral process
- The Multi-Disciplinary Team and its case collaboration process
- Client expectations of the mentoring services
- Activities that mentees engaged in with mentors
- How clients experienced mentor/mentee relationships
- The benefits of the mentor program for both clients and PPOs

### Service Model and Referral Process

Currently, PPOs refer clients to a treatment program with attached mentors (i.e., Bridges to Change or VOA). Several informants, including both managers and PPOs, suggested that mentors should be available “at large” or part of a separate organization, rather than being attached to a specific treatment program. Separating mentor referrals from other treatment program referrals would provide consistency and stability for clients by allowing mentors to remain with them if they transitioned across programs and services. In addition, clients would consistently be able to keep their mentor even if they left a specific treatment or recovery program.

After referral, more time and attention could also be given to matching mentors to a specific client. One manager suggested that having more time to match a mentor to a specific client after a referral would be helpful. This could be supported by having a summary of risk factors and other background information on clients shared in advance to inform and potentially improve the matching process.

Key informants also recommended that referrals should be made that would match clients by culturally-specific characteristics. Two aspects of cultural matching were identified as particularly important:

- Gender
- Lived experience (particularly mental health, addiction, and criminal justice histories).

Additional characteristics that could inform cultural matching between clients and mentors included:

- Language
- Recovery responsivity (e.g., faith-based or not faith-based)
- Sexual orientation and gender identity
- Age/generation
- Race/ethnicity.

## Multi-Disciplinary Team

The case collaboration process between mentors and PPOs is facilitated through a multi-disciplinary team (MDT). This team enables communication and coordination between PPOs, mentors, and community-based service providers, and promotes information sharing about a client's progress and status. The communication within the team provides a more comprehensive picture of each client, and enables direct, efficient, current communication among all agencies involved with each person. This collaboration helps improve the coordination of services to clients.

In addition, the multi-disciplinary team enables trust to be built between mentors and PPOs, as these groups had different cultures within their own spheres of work and were not used to sharing information with one another. Regular team meetings with both mentors and PPOs promoted the valuing of each group by the other (e.g., PPOs prioritized taking calls from mentors), which made them feel more supported and promoted a shared culture of appreciation and positive feedback.

Constructive feedback on the multi-disciplinary team meeting process included streamlining meetings by making modest improvements in agenda, structure, length, and facilitation. For example, meetings could be more effective if all appropriate contact people were available when a particular case was planned to be discussed. Likewise, it might not be necessary for all PPOs and all mentors/agency staff to be present during discussions unrelated to their own caseloads.

## Client Expectations

Before being referred to the community-based programs with mentoring services, some clients knew what a mentor was, while others did not. Initially, some clients assumed that mentors worked for the PPO. If clients were able to meet with a PPO before beginning the mentor study, PPOs could usually help prep clients and explain that mentors are intended to be neutral sources of support for them that work for community treatment programs and were not part of the criminal justice system.

Clients primarily hoped that mentors would help them with the following needs:

- Finding resources (e.g., transportation, clean and sober activities, supportive places, getting services)
- Improving skills (e.g., communication)
- Being a source of guidance (e.g., helping them understand supervision requirements, providing insight into things that are hard to work out about yourself, bringing a new perspective, giving feedback)
- Inspire motivation (e.g., helping them stay focused on sobriety, holding them accountable)
- Being on their side (e.g., "in your corner"), honest, compassionate, nonjudgmental, and open
- Providing a positive connection, friendship, and growing a supportive social network (including with family and friends)



## Mentor/Mentee Activities

The frequency of contacts between mentors and mentees varied depending on needs of the client, the level of client progress, client outlook and receptivity, and total length of time in the relationship. For example, more time was often needed by clients in the beginning of a mentor relationship in order to establish community resource referrals and identify individual needs. The amount of contact that mentors had with each client generally ranged from 1 to 7 hours per week. The consistency of contact was a more explicit goal stated for mentors than a specific frequency of contact, as consistently maintaining contact was thought to promote clients' ability to reach out to mentors in any situation (i.e., when things were going well and also when they were not going well).

The following types of activities were described by clients and key informants:

- Relationship-building activities, including long talks, going out for coffee or meals, going shopping, advocating for mentees at various social services, teaching life skills (e.g., cooking) and role playing (e.g., mock job interview), celebrating graduations and holidays
- Prosocial activities, including attending community events, helping with job searches, getting clients into long-term housing, connecting to community supports
- Recovery-oriented activities, including attending 12-step meetings and recovery-sponsored events
- Supervision compliance activities, including transporting and accompanying mentees to their PO's office, encouraging check-ins with their PO, going to Court

## Mentor/Mentee Relationships Factors in Building Successful Relationships

Clients and key informants identified several factors that seemed to facilitate successful relationship-building between mentors and mentees. One of the primary factors that facilitated relationship-building was having shared interests and backgrounds (e.g., "lived experience") between mentors and mentees. This could include common histories of substance abuse, mental health issues, and criminal justice involvement, as well as other aspects of cultural matching. One mentor explained, "We're all coming from a place of pain and trauma," and this common history is one of the most important ways in which mentors can communicate and reach clients because they can relate to each other on the same level.

Instrumental, social, and other forms of support also built trust in mentors and demonstrated to clients that their mentor cared about them. Assisting clients to identify and meet goals was particularly important for mentor relationship building, which mentors could accomplish by keeping close track of appointments and guiding and supporting clients through the supervision process.

Responsivity of mentors was also identified as an important factor in building relationships with clients, such as paying attention to what was important to clients when working with them (e.g., beyond only supervision requirements) and celebrating small successes. Finally, it was also important for relationship building that mentors were flexible and available for clients when needed; building trust through small actions (e.g., keeping track of appointments, celebrating successes).

## Barriers to Effective Relationships

Clients and key informants identified multiple barriers to building effective relationships between mentors and mentees. One persistent barrier was if a mentor was viewed primarily in a compliance role, meaning they were seen as being aligned with or acting solely as an agent of the PPO. This could reduce trust between clients and their mentors, as this raised questions regarding whether their allegiance was primarily to clients or to PPOs. Additional barriers to



## Section III: Findings

### *Qualitative Findings*

relationship-building between mentors and mentees included having a poor fit on key matching characteristics (e.g., lack of cultural matching or lived experience in many aspects, such as their criminal justice history), the need for additional mentor training, high mentor caseloads, turnover in mentors, reduced availability to clients, and interruption of services if clients transferred programs.

In addition, clients' mental health issues, continued self-medication, housing instability, and lack of willingness to recognize substance abuse issues and get help could serve as barriers to being open or able to receive mentor services. Clients who have had to survive on their own for a long time before being matched with a mentor could be particularly reluctant or opposed to connect with a mentor or consider the mentor's input about the client's thinking or behavior. Lack of client engagement in mentoring services could be due to a variety of factors, such as:

- The client failing to comply with supervision (e.g., absconding)
- Lack of knowledge about the mentor's role/purpose
- Continued participation in criminal behavior
- Poor mentor fit when it was not possible to change to a different mentor.

## Mentor Service Benefits

### Client Benefits

One of the main benefits of the mentor services for clients was having mentors act as a bridge between the PO and the client. This could involve helping clients and PPOs understand each other's perspectives and helping create buy-in for clients to the goals of supervision. Mentors could be seen by clients as more credible and authentic than PPOs when translating things into real-life terms for clients, which facilitated client buy-in to community supervision goals.

Mentors also demonstrated sober living for clients and ways to be successful after supervision is completed, which was particularly important as clients knew that mentors struggled with many of the same issues that clients faced. As valid, authentic role models for clients, mentors can be an introduction to a positive path and "normalize being normal."

In addition, mentors could help prevent clients from relapsing or lessen the negative impacts of returning to negative behaviors. Mentors could also provide various forms of support to clients, including instrumental support (e.g., providing transportation to clients so they could meet their supervision requirements, helping them find jobs), social support (e.g., helping clients debrief throughout the supervision process, assisting with family reunification), support around other needs (e.g., reducing anxiety), and helping them find resources and prosocial support networks.

### PPO Benefits

There were also some benefits of the mentor services for PPOs. Primarily, mentors helped coordinate with PPOs and assisted with realistic problem solving and supports to enhance client compliance (e.g., transportation, early intervention/prevention, understanding client behavior). Mentors could also help PPOs locate clients when needed. Finally, mentors encouraged client honesty and promoted complying with their PPO and supervision requirements.

# CONCLUSIONS and LESSONS LEARNED

Overall, MCJRP clients, community agency mentors, and DCJ PPOs who participated in the study reported a variety of benefits from clients engaging in mentoring services as a component of community supervision. Therefore, the research team was surprised and disappointed to find that study participants who received mentoring services were significantly more likely than those who did *not* receive mentoring services to have poorer criminal justice outcomes, specifically to:

- be rearrested for a felony
- abscond from probation supervision
- receive at least one sanction during probation supervision
- have probation supervision revoked.

However, it is important to note that these findings might be explained by a number of factors:

- Significant differences between the mentor and no-mentor groups on relevant characteristics existed, with the mentor recipients:
  - having higher mean LS/CMI risk scores
  - being more likely to be in higher risk categories
  - having higher levels of stimulant/methamphetamine use in the 12 months prior to study enrollment.
- Participants receiving mentor services being under greater scrutiny while on supervision.
- The bundling of mentor services with substance abuse treatment or housing, and the associated requirements of those services.
- Participants who did not receive mentor services having more resources (e.g., housing) available and not in need of the same level of substance abuse treatment.
- As suggested by feedback from one field team member, differences in the depth and frequency of participants' contact with their mentor during the course of treatment/services.

Key partners in the study cited a number of tangible ways that mentors contributed to community supervision goals, including:

- Mentors connected clients to *basic* life services (e.g., food, medical care, housing) – helping them navigate the public or private systems required to access them – that are necessary pre-conditions for a client to be able to make behavior changes and comply with legal obligations.
- Mentors helped prevent clients from reverting to former counter-productive habits or behaviors by proactively intervening to pull clients back onto the desired path.
- Mentors acted as a bridge between PPOs and mentees: explaining the positive role PPOs play in guiding the client's supervision by providing resources, teaching skills, and assuring accountability for successful completion. Likewise, mentors served as advocates *for* the client to the PPO by relating the client's strengths and accomplishments, and (when appropriate) confirming the client's compliance with supervision requirements.
- Mentors taught and modeled basic life skills and social communications skills for their mentees.

### Lessons Learned

- PPOs and mentors both noted that the mentor/mentee relationship is likely to be most effective when the client is willing to engage in treatment, and, at a minimum, is taking preliminary steps on the path to recovery. As long as the individual recognizes or acknowledges – even in a small way – that they have a problem and would like help, a mentor can then introduce them to a more positive and productive path, and connect them with the critical support and recovery resources they need. Partners also readily acknowledged that mentors were unlikely to make inroads with clients who are strongly resistant to change or deeply embedded in their addiction or criminal lifestyle.
- An important “matching” factor in the development of a productive mentor/mentee relationship is the extent to which the mentor’s “lived experience” coincides with the client’s own experience with substance use and involvement in the criminal justice system. A mentor’s ability to relate to the client’s successes and failures is the most authentic way to establish credibility in developing a strong and engaged relationship.
- Creation of a Multi-Disciplinary Team (MDT) consisting of MCJRP PPOs and community providers is considered by all partners to be an essential component of a successful mentoring services model. Partners view the monthly case staffing meetings as very beneficial for clients, and most key informants agreed they generally served as an efficient mechanism for coordinating and marshalling resources to support clients. Staff found the meetings useful for sharing information about clients’ progress and status, and to help verify client reports to PPOs about their stated activities and accomplishments. Several respondents suggested that adjustments could be made to streamline or slightly improve meeting duration, agenda, structure, and facilitation.

### Additional Considerations

- Several key informants would like to see an expanded and more diverse pool of mentors available to clients (especially more women mentors), and others suggested the model might be improved if mentors were *not* tied to specific programs (i.e., drawn from an independent organization or pool that is not affiliated with other services).
- If resources were available, mentors would welcome additional monetary stipends to help pay for food and activities that mentors and mentees participate in together.
- Several mentors cited the need for increased resources and access to mental health services for many of their mentees.
- One agency program manager also suggested:
  - Assigning mentors as soon as MCJRP supervision is accepted
  - More cross-agency collaboration between mentors
  - Mentors who are available both in the community and in the treatment facility
  - Culturally responsive and collaborative mentoring
  - More risk/need training for mentors
  - Collaboration and mentor pairing with more specialized probation teams (gang, DV, DUII)
  - Increased jail in-reach for mentors
  - Collaboration with Oregon DHS and other treatment agency mentors.

In summary, despite the methodological challenges of this study, a number of valuable findings emerged to better understand the experiences of clients on community supervision who receive mentor services.

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# APPENDIX B: MCJRP MENTOR STUDY INFORMATION SHEET

## MCJRP Mentor Program

### Project Goals

- ◆ Provide peer-mentoring services to individuals under Multnomah County Justice Reinvestment Program (MCJRP) supervision who are receiving community-based substance abuse treatment and housing services.
- ◆ Implement an evaluation of the impact of the mentor program to provide a knowledge base and framework that could inform the implementation of mentorship across the state

### Partner Agencies and Roles

- ◆ **Volunteers of America Oregon (VOA):** Provide culturally-responsive peer mentoring and substance abuse treatment services through the Moving Forward program.
- ◆ **Bridges to Change:** Provide clean and sober housing and mentoring services that support recovery from substance abuse.
- ◆ **Multnomah County Department of Community Justice (DCJ):** MCJRP Unit Parole and Probation Officers (PPOs) provide community supervision and members of the Research and Planning Unit implement the evaluation.

### Enrollment and Data Collection

- ◆ Individuals under MCJRP supervision were referred to VOA or Bridges to Change for peer mentoring, substance abuse treatment, and/or clean and sober housing.
- ◆ Study Enrollment Period: February 2017 through February 2019.
- ◆ **Data Collection Plan:**
  - Questionnaires completed by each participant at study enrollment and approximately six months later.
  - Program intake and exit forms completed by the mentors for each of their clients.
  - Administrative data from the Department of Corrections (DOC400/ CIS) and Oregon State Police (Law Enforcement Data System, LEDS).

### Participant Sample

- 205** Individuals enrolled and completed pre-mentor questionnaires
  - 118 (57.6%) individuals received mentor services
  - 87 (42.4%) individuals did not receive mentor services
- 106** Individuals completed post-mentor questionnaires
  - 66 (62.3%) received mentor services
  - 40 (37.7%) did not receive mentor services

### Research Questions

- ◆ What are the characteristics of the people enrolled in and served by the MCJRP Mentor Program?
- ◆ What is the relationship between receiving mentor services during supervision and criminal justice outcomes, including current supervision status, felony re-arrest, probation absconds, sanctions received while on probation supervision, and revocations of probation supervision?
- ◆ For those who received mentor services:
  - What were their initial expectations of the mentor relationship and were those expectations met?
  - What was their satisfaction with the mentor relationship?
  - What was the relationship between client ratings of satisfaction with the mentor relationship and criminal justice outcomes?

## APPENDIX C: CONSENT FORM



### INFORMED CONSENT FORM

for

## ***Multnomah County Justice Reinvestment Process Mentor Study***

### **Multnomah County Justice Reinvestment Process Consent to Participate in Research**

*(version 11.21.2016)*

**Purpose of Study:** You are invited to participate in a research project conducted by the Research and Planning Unit of the Multnomah County Department of Community Justice (DCJ). This research is part of the Multnomah County Justice Reinvestment Process (MCJRP) Mentor Study funded by the Oregon State Criminal Justice Commission. The goal of the study is to evaluate the effectiveness of providing professional peer mentors to parole and probation clients. The goal of this grant is to determine whether participants experience benefits from working with a professional mentor during their supervision process. Insight gained from this study can be used to improve our services in the future. You are being asked to participate in this study because you are a current client of DCJ on Community Supervision in the MCJRP and may at some point be referred to a mentor.

This form will explain the research study, and will also explain the possible risks as well as the possible benefits to you.

**Participating in this research is entirely voluntary, if you do not wish to participate in this study you may decline at no penalty to you. Declining participation will not impact your chances at successfully completing your supervision with Multnomah County DCJ.**

Read the information below and ask any questions you may have before agreeing to participate.



**Participation and Procedures:** If you agree to participate in this study, you will be asked to fill out two questionnaires, one before being assigned a mentor, and one after completing your time with a mentor. In addition, your PPO and your mentor will send some additional information to the research team about how much time you spend with you mentor, and what issues you work on with the help of your mentor.

**Potential Risks and Discomforts:** Risk to you, the client, should be minimal. You may feel uncomfortable sharing some information on your history of substance use and your current living situation. You may refuse to answer any questions that you do not wish to answer, at no penalty. Your information will also be kept confidential at all times, and any reports resulting from this research will be anonymous and will not be traceable to you.

**Potential Benefits:** Potential benefits to participation include a chance to provide feedback to DCJ about your experiences working with mentors. Your feedback could lead to system improvement as well.

**Confidentiality:** Your participation in this study will be kept confidential by the research team, will in no way affect your supervision or any other contact you may have with the DCJ. Any identifying information about you will be separated from your responses, and your individual privacy will be maintained in all publications or presentations resulting from this study.

**It is the investigator's legal obligation to report child abuse, child neglect, elder abuse, harm to self or others or any life-threatening situation to the appropriate authorities, and; therefore, your confidentiality will not be maintained.**

**Compensation:** After completing the post program questionnaire, you will be given a \$10 gift card to Fred Meyer stores.

**Contact:** If you have any questions or concerns at any time about this study, please contact Kimberly P. Bernard, Department of Community Justice Research and Planning Unit, at (503) 988-3701, or by email at [kimberly.p.bernard@multco.us](mailto:kimberly.p.bernard@multco.us). If you have questions regarding your rights as a research participant, you may call the Portland State University (PSU) Office for Research Integrity (ORI) at (503) 725-2227 or 1(877) 480-4400. The ORI is the office that supports the PSU Institutional Review Board (IRB) and is located at 1600 SW 4<sup>th</sup> Ave., Market Center Building, Ste. 620, Portland, OR 97201. The IRB is a group of people from PSU and the community who provide independent oversight of safety and ethical issues related to research involving



human participants. For more information, you may also access the IRB website at <https://sites.google.com/a/pdx.edu/research/integrity>.

**Participation and Withdrawal:** *You DO NOT have to participate in this research. It will NOT prevent you from completing your supervision or receiving services. You may change your mind and withdraw at any time.*

**Consent:** You are making a decision whether to participate in this study. Your signature below indicates that you have read the information provided (or the information was read to you). By signing this consent form, you are not waiving any of your legal rights as a research participant.

You have had an opportunity to ask questions and all questions have been answered to your satisfaction. By signing this consent form, you agree to participate in this study. A copy of this consent form will be provided to you.

**Participant Signature:** By signing below, you agree to take part in the research study. This research study has been explained to you and all of your questions have been answered. You understand the information described in this consent form and freely consents to participate. You understand that all information will be kept confidential.

\_\_\_\_\_  
*Name of Participant ( print)*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

**Investigator Signature:** This research study has been explained to the participant and all of his/her questions have been answered. The participant understands the information described in this consent form and freely consents to participate.

\_\_\_\_\_  
*Name of Supervising Officer/Research Team Member ( print)*

\_\_\_\_\_  
*Signature of Supervising Officer/Research Team Member*

\_\_\_\_\_  
*Date*

# APPENDIX D: CLIENT QUESTIONNAIRES

## Multnomah County Justice-Reinvestment Program Mentoring Study - Client PRE- Mentor Questionnaire

Thank you for participating in this process.

Your answers to this questionnaire will allow the Department of Community Justice to determine if mentors are helpful to our clients and to measure their impact on community supervision outcomes.

Your responses to these questions are CONFIDENTIAL. Specific responses will be seen by members of the Department of Community Justice Research & Planning Unit only. Specific responses will NOT be shared with your Probation/Parole Officer and will NOT be a part of your formal record. You have the right to decline to complete this questionnaire; participating in this process is NOT a condition of your supervision. Any decline to participate will not be reflected in your record and will NOT affect the course of your community supervision cycle.

Please note that that you will also be asked to complete a similar questionnaire upon completion of your community supervision course. If you have any questions about this process, please forward them to your Probation/Parole Officer.

This questionnaire should take approximately 15 minutes to complete. Please respond at your level of comfort.

Thank you again for your participation in this process.

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### Client Demographics

1. What is today's date?  /  /

2. What is your legal (first) name?

3. What is your legal (last) name?

4. What is your current Probation/ Parole Officer's name?

5. What is your SID # (Special Identification Number), if known?

6. Please enter your date of birth.

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please answer the following questions regarding your *demographic information*.

7. How do you identify your gender? (Please select all that apply)

- Female
- Male
- Transgender
- Something else (please specify:)

---
- I prefer to not answer

8. What is your current marital status? (Please select only ONE)

- Single/Never married
- Engaged/Long-term relationship
- Married
- Married, but separated
- Divorced
- I prefer to not answer

9. What is your current employment status? (Please select only ONE)

- Employed – Full-time
- Employed – Part-time
- Employed – Seasonal /Per Diem
- Unemployed – Non-student
- Unemployed – Student
- Disabled
- Retired
- Other (please specify:)

---

**10. What is your highest level of education achieved?** *(Please select all that apply)*

- High school diploma
- GED
- Vocational Certificate
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- I prefer to not answer
- Other (please specify:) \_\_\_\_\_

**11. Which of the following best describes your current housing status?** *(Please select only ONE)*

- Renting/Leasing
- Owner
- Residing with family
- Residing with friend
- Residential treatment
- Homeless/No permanent address
- I prefer to not answer
- Other (please specify:) \_\_\_\_\_

**12. Do you have non-adult children (ages 18 and younger) living at home?**

- Yes
- No

**13. How many non-adult children (ages 18 and younger) do you have?**

- 0
- 1
- 2
- 3
- 4+
- My spouse/significant other is currently pregnant with my child OR *[for women]* I am currently pregnant
- I prefer to not answer

## Appendices

**14. Looking ahead to the next six months, are you expecting any positive or negative changes in any of the following areas of your life? (Please select one response per area)**

	Large Negative Changes	Small Negative Changes	No Changes	Small Positive Changes	Large Positive Changes
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Justice involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Substance Use

Please answer the following questions regarding your *substance use*.

**15. How often did you use each type of drug during the last 12 months?**  
(Please select one response per drug)

	Never	Only a Few Times	1-3 Times per Month	1-5 Times per Week	Daily
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (Heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (cocaine, methamphetamine, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify:)	_____				

## Appendices

**16. How many times before now have you ever been in a drug treatment program (examples: residential rehabilitation, inpatient treatment, support groups, etc.)?**

- Never
- 1 time
- 2 times
- 3 times
- 4 or more times

**17. Please read the following questions and answer to the best of your ability.**

*(Please select one response per question)*

	Not at All	Slightly	Moderately	Considerably	Extremely
How serious do you think your drug problems are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How serious do you think your alcohol problems are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is it to you to get drug treatment now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Client Mentors

Please answer the following questions regarding your understanding and expectations of *mentors associated with the Multnomah County Justice Reinvestment Program (MCJRP)*.

**18. Please answer the following questions regarding your history with mentors.**

	Yes	No
Do you currently have a mentor?	<input type="radio"/>	<input type="radio"/>
Do you currently have a sponsor?	<input type="radio"/>	<input type="radio"/>
Had you ever worked with a mentor in the past year?	<input type="radio"/>	<input type="radio"/>
Had you ever worked with a sponsor in the past year?	<input type="radio"/>	<input type="radio"/>

**19. If you have recently worked with a mentor/sponsor, which of the following agencies was your mentor/sponsor affiliated with? (Please select all that apply)**

- Alcoholics Anonymous
- Bridges to Change
- Iron Tribe
- Mercy Corps
- Volunteers of America
- Church group
- Other (please specify:)

\_\_\_\_\_

**20. Please rate your level of agreement with the following statements. (Please select one response each)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I understand what a mentor does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a mentor would help me with my supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to spend time with a mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am doing well in supervision right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a mentor would help me with my life in general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**21. I'm hoping a mentor can help me with... (Please select one response each)**

	Not at All	A Little	A Lot	Does Not Apply to Me
...Alcohol/Drug Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Relationships (family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Relationships (friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Relationships (parenting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Probation/Parole Officer, Supervision Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Staying out of trouble with the law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify:) \_\_\_\_\_

**22. How often would you like to talk with a mentor? (Please select only ONE)**

- Never
- Once a week
- Twice a week
- Three times a week
- Four times a week
- More than four times a week
- I do not want to talk to a mentor
- Other (please specify:) \_\_\_\_\_

**23. What is your preferred method of communication with a mentor? (Please select all that apply)**

- In person
- Phone call (audio only)
- Text message
- Email
- Video chat (Skype, FaceTime)
- Other (please specify:)

**24. What kind of clean and sober support do you have in your life (example: family, friends, social worker, etc.)?**

**25. Do you have any comments would like to share about the potential positive impacts of mentoring?**

**26. Do you have any comments would like to share about the potential negative impacts of mentoring?**

***Thank you for your time and participation.***

Please remember that your responses to these questions are CONFIDENTIAL. Specific responses will be seen by members of the Department of Community Justice Research and Planning Unit only. Specific responses will NOT become a part of your formal record.



## Multnomah County Justice-Reinvestment Program Mentoring Study - Client POST-Mentor Questionnaire

Thank you for participating in this process.

Your answers to this questionnaire will allow the Department of Community Justice to determine if mentors are helpful to our clients and to measure their impact on community supervision outcomes.

Your responses to these questions are CONFIDENTIAL. Specific responses will be seen by members of the Department of Community Justice Research & Planning Unit only. Specific responses will NOT be shared with your Probation/Parole Officer and will NOT be a part of your formal record. You have the right to decline to complete this questionnaire; participating in this process is NOT a condition of your supervision. Any decline to participate will not be reflected in your record and will NOT affect the course of your community supervision cycle.

Please note that that this questionnaire will mirror a mentor questionnaire you completed prior to receiving a mentor. This questionnaire should take approximately 20 minutes to complete. Please respond at your level of comfort.

Thank you again for your participation in this process.

---

### Client Demographics

1. What is today's date?

2. What is your legal (first) name?

3. What is your legal (last) name?

4. What is your current Probation/  
Parole Officer's name?

5. What is your SID # (Special Identification Number), if known?

6. Please enter your date of birth.

Please answer the following questions regarding your *demographic information*.

**7. What is your current marital status?** *(Please select only ONE)*

- Single/Never married
- Engaged/Long-term relationship
- Married
- Married, but separated
- Divorced
- I prefer to not answer

**8. What is your current employment status?** *(Please select only ONE)*

- Employed – Full-time
- Employed – Part-time
- Employed – Seasonal /Per Diem
- Unemployed – Non-student
- Unemployed – Student
- Disabled
- Retired
- Other (please specify:) \_\_\_\_\_

**9. What is your highest level of education achieved?** *(Please select all that apply)*

- High school diploma
- GED
- Vocational Certificate
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- I prefer to not answer
- Other (please specify:) \_\_\_\_\_

**10. Which of the following best describes your current housing status?** *(Please select only ONE)*

- Renting/Leasing
- Owner
- Residing with family
- Residing with friend
- Residential treatment
- Homeless/No permanent address
- I prefer to not answer
- Other (please specify:) \_\_\_\_\_

**11. Do you have non-adult children (ages 18 and younger) living at home?**

- Yes
- No

**12. How many non-adult children (ages 18 and younger) do you have?**

- 0
- 1
- 2
- 3
- 4+
- My spouse/significant other is currently pregnant with my child OR [for women] I am currently pregnant
- I prefer to not answer

**13. Looking ahead to the next six months, are you expecting any positive or negative changes in any of the following areas of your life? (Please select one response per area)**

	Large Negative Changes	Small Negative Changes	No Changes	Small Positive Changes	Large Positive Changes
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Justice involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Substance Use**

Please answer the following questions regarding your *substance use*.

**14. How often did you use each type of drug during the last 30 days?**

(Please select one response per drug)

	Never	Only a Few Times	1-3 Times per Month	1-5 Times per Week	Daily
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (Herion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (cocaine, methamphetamine, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify:) \_\_\_\_\_

## Appendices

**15. Are you currently in a drug treatment program** (examples: residential rehabilitation, inpatient treatment, support groups, etc.)?

- Yes
- No

**16. Please read the following questions and answer to the best of your ability.**

(Please select one response per question)

	Not at All	Slightly	Moderately	Considerably	Extremely
How serious do you think your drug problems are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How serious do you think your alcohol problems are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is it to you to get drug treatment now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Client Mentors

Please answer the following questions regarding your experiences with *mentors associated with the Multnomah County Justice Reinvestment Program (MCJRP)*.

**17. At the start of your MCJRP supervision, did you want to work with a mentor?**

- Yes
- No

**18. Did you work directly with a mentor at any point during your MCJRP supervision?**

- Yes
- No ⇒ ***If you answered “No” to this question, please skip to question #34.***

**19. How many mentors were you assigned?**

- 1
- 2
- 3
- 4 or more

**20. Where were you assigned a mentor?** (Please select all that apply)

- Alcoholics Anonymous
- Bridges to Change
- Iron Tribe
- Mercy Corps
- Volunteers of America
- Church group
- Other (please specify:)

**21. What is the longest period of time you worked with the same mentor?**

- Less than 1 week
- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 12 months

When answering the questions remaining in this survey, please only keep one mentor in mind; specifically, the mentor you worked with the most.

**22. With which agency was your mentor affiliated?**

- Alcoholics Anonymous
- Bridges to Change
- Iron Tribe
- Mercy Corps
- Volunteers of America
- Church group
- Other (please specify:)

**23. How similar was your and your mentor’s background on... (Please select one response each)**

	Not at All Similar	Slightly Similar	Very Similar	I do not know/ It was not discussed
...Preferred primary language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Racial/ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Gender orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Age group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Neighborhood (residence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Religious/spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Criminal justice interaction history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Substance use history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. Which characteristics do you believe are important to share with your mentor? Please rank your top three choices. Use a 1 for your first choice, a 2 for your second choice, and a 3 for your third choice.**

- \_\_\_\_\_ Preferred primary language
- \_\_\_\_\_ Racial/ethnic background
- \_\_\_\_\_ Gender orientation
- \_\_\_\_\_ Age
- \_\_\_\_\_ Neighborhood (residence)
- \_\_\_\_\_ Religious/spiritual beliefs
- \_\_\_\_\_ Criminal justice interaction history
- \_\_\_\_\_ Substance use history

**25. Please rate your level of agreement with the following statements. (Please select one response each)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I understand what a mentor does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mentor(s) I worked with was a good fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm doing well on supervision right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I'm doing better with my supervision than I was before I started working with my mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. Please rate your level of agreement with the following statements. (Please select one response each)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I developed a strong connection with my mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to talk with my mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More days with my mentor would have been helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More time in my meetings with my mentor would have been helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My time with my mentor was valuable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend mentoring for other community supervision clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, my experience with my mentor was positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will likely maintain my relationship with my mentor after my supervision has completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 27. How often did you talk to your mentor about ... (Please select one response each)

	Never	Sometimes	Often	Most of the Time	Did Not Apply to Me
...Alcohol/Drug Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Relationships (family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Relationships (friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Probation/Parole Officer, Supervision Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Staying out of trouble with the law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 28. How often did your mentor assist you in any of the following ways?

(Please select one response each)

	Never	Seldom	Sometimes	Often	Always
Setting recovery goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Escort you to a treatment session/ meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share words of encouragement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support you during a craving or relapse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you navigate a concern or complaint with your treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you navigate a concern or complaint with your probation/parole officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you complete paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you make an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduce you to healthy activities to replace alcohol or drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduce you to new, positive friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 29. Did you speak with your mentor more frequently than required (more frequently than your weekly check-in)?

- Yes
- No

**30. How often did you talk with your mentor? (Please select only ONE)**

- Never
- Once a week
- Twice a week
- Three times a week
- Four times a week
- More than four times a week
- Other (please specify:)

**31. How did you most frequently communicate with your mentor? (Please select only ONE)**

- In person
- Telephone
- Text message
- Email
- Video chat (Skype, Facetime)
- Other (please specify:)

**32. If you had the opportunity, would you want to be a mentor?**

- Yes
- No

**33. Do you have any suggestions for improvements to the Mentoring Program?**

**34. Do you have any additional thoughts you would like to share about the Mentoring Program?**



**Closing**

*Thank you for your time and participation in filling out this questionnaire.*

Please remember that your responses to these questions are CONFIDENTIAL. Specific responses will be seen by members of the Department of Community Justice Research & Planning Unit only. Specific responses will NOT become a part of your formal record and will NOT be shared with your Probation/Parole Officer (PPO).

**Opportunity for Follow-up:**

The Department of Community Justice Research and Planning Unit is planning on conducting voluntary one-on-one follow-up interviews with clients of the Multnomah County Justice Reinvestment Program (MCJRP) that have used a mentor; these interviews are designed to identify strengths and weaknesses of the Mentoring Program as well as to assess the effect of the client/PPO relationship. If you are interested in participating in a VOLUNTARY and CONFIDENTIAL interview, please provide contact information below and a member from the DCJ Research & Planning Unit will reach out to you.

**May we contact you?**

If you would like to participate in a one-on-one interview, please provide contact information for your most preferred method of contact and the best time to contact you:

Phone (home) number: \_\_\_\_\_

Phone (cell) number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

# APPENDIX E: QUALITATIVE INTERVIEW GUIDES

## QUESTION GUIDE/DATA COLLECTION FORM – MANAGERS

1. What is the mentor referral and assignment process, and how well does it work?
  - a. How could it be improved?
2. Overall, how beneficial/valuable was having a mentor to a client's successful completion of: (i.e., how much of a factor was it)
  - a. treatment?
  - b. supervision?
3. How does having a mentor help a client meet their supervision and/or treatment goals? That is, what are the facilitators of and the barriers to a successful relationship?
4. What *responsivity matching* characteristics seem to be most important for a successful mentor/mentee relationship (i.e., engaging and establishing a connection)? How similar do they need to be (e.g., *primary language, racial/ethnic background, gender orientation, age group, residence neighborhood, religious/spiritual beliefs, criminal justice history, substance use history*)?
  - a. What are the *barriers* to effective matches?
5. On average, about how much time per week did clients spend engaging with mentors, and was it sufficient?
6. If a client was referred, but did *NOT* engage with a Mentor, what did the reasons tend to be?
7. Are there certain characteristics of clients who *don't* engage with a mentor, or who don't have a successful experience? What are those characteristics, and why is it not successful?
8. What was the relationship between Mentors and PPOs – how frequent were the contacts and what were the reasons?
  - a. To what extent did *Mentors* help *PPOs* be more effective? (*provide specific examples*).
9. How well do you think clients understood the role and purpose of mentors?
10. Was it possible for a client to change a mentor if they thought it wasn't a good fit? What were the reasons?
  - a. How often did that occur?
11. Aside from regular 1:1 communications, what types of activities have mentors/mentees most frequently engaged in?
12. How well did the Multi-Disciplinary Team process work (i.e., the joint DCJ/treatment agency case staffing process)?
  - a. How could it be improved?
13. [*Other than the MDT process*] What has worked well with the probation/treatment provider Mentoring partnership?
  - a. What could be improved?
14. Other Comments/Recommendations

## QUESTION GUIDE/DATA COLLECTION FORM -- PPOs

1. [Thinking back over your clients who engaged with mentors,] overall, how beneficial/valuable was having a mentor (i.e., how much of a factor was it) to a client's:
  - a. ...[first,] successful completion of treatment? [and,]
  - b. ...[second] successful completion of supervision?
  - c. How much did that vary across clients in your caseload?
2. What is the mentor referral and assignment process, and how well does it work?
  - a. How could it be improved?
3. What *responsivity matching* characteristics seem to be most important for a successful mentor/mentee relationship (i.e., engaging and establishing a connection)? How similar do they need to be (*e.g., primary language, racial/ethnic background, gender orientation, age group, residence neighborhood, religious/spiritual beliefs, criminal justice history, substance use history*)?
  - a. What are the *barriers* to effective matches?
  - b. Provide specific examples of your most/least effective pairings.
4. On average, about how much time per week did clients spend engaging with mentors, and was it sufficient?
5. How did having a mentor help a client meet their supervision and/or treatment goals? What were both the facilitators of and the barriers to a successful relationship?
6. If a client was referred, but did *NOT* engage with a Mentor, what did the reasons tend to be?
7. How well did the Multi-Disciplinary Team process work (i.e., the joint DCJ/treatment agency case staffing process)?
  - a. How could it be improved?
8. What was the relationship between Mentors and PPOs – how frequent were the contacts and what were the reasons?
  - a. To what extent did *Mentors* help *PPOs* be more effective? (*provide specific examples*).
9. How well do you think clients understood the role and purpose of mentors?
10. Was it possible for a client to change a mentor if they thought it wasn't a good fit, and how often did that occur? What were the reasons?
11. Aside from regular 1:1 communications, what types of activities have mentors/mentees most frequently engaged in?
12. **[For Mentors:]** What do clients most often want to talk about or ask for help with?
13. Are there certain characteristics of clients who *don't* engage with a mentor, or who don't have a successful experience? What are those characteristics, and why is it not successful? [Example: drug dealers]

### **IF TIME PERMITS:**

14. [Paralleling the Post-Mentor Questionnaire,] To your knowledge, which subjects did clients talk about most often with their Mentors: e.g., alcohol/drug treatment, education, employment, relationships with family and friends, health care housing their PPO or supervision experience, transportation, staying out of trouble with the law?
15. Other Comments/Recommendations

## QUESTION GUIDE/DATA COLLECTION FORM -- Mentors

**Preliminary:** Approx. how many months have you worked with MCJRP clients on this project?

1. [Thinking back over the clients referred to you as part of the MCJRP Mentor project,] overall, how beneficial/valuable do you think having a mentor was (i.e., how much of a factor was it):
  - a. First, to a client's successful completion of treatment? [and,]
  - b. Second, to a client's successful completion of supervision?
2. Specifically, how did having a mentor help a client meet their supervision and/or treatment goals?
  - a. What were both the facilitators of and the barriers to a successful relationship? [*Examples?*]
3. How do you get assigned to a new MCJRP client? What is the process, and how well does it work?
  - a. How could it be improved?
4. What *matching* characteristics seem to be most important for a successful mentor/mentee relationship (i.e., engaging with and establishing a connection)? How similar do they need to be (*e.g., primary language, racial/ethnic background, gender orientation, age group, residence neighborhood, religious/spiritual beliefs, criminal justice history, substance use history*)?
  - a. What are the *barriers* to effective matches?
  - b. Provide specific examples of your most/least effective pairings.
5. On average, about how much time per week did you spend with MCJRP clients, and was it sufficient? [Comments on caseload level...?]
6. If a client was referred, but did *NOT* engage with a Mentor, what did the reasons tend to be?
7. How well did the Multi-Disciplinary Team process work (i.e., the joint DCJ/treatment agency case staffing process)?
  - a. How could it be improved?
8. What was the relationship between Mentors and PPOs – how frequent were the contacts and what were the reasons?
  - a. To what extent did *Mentors* help *PPOs* be more effective? (*provide specific examples*).
9. How well do you think clients understood the role and purpose of mentors?
10. Was it possible for a client to change a mentor if they thought it wasn't a good fit, and how often did that occur? What were the reasons?
11. Aside from regular 1:1 communications, what types of activities have mentors/mentees most frequently engaged in?
12. [**For Mentors:**] What do clients most often want to talk about or ask for help with?
13. Are there certain characteristics of clients who *don't* engage with a mentor, or who don't have a successful experience? What are those characteristics, and why is it not successful? [Example: drug dealers]

### **IF TIME PERMITS:**

14. [Paralleling the Post-Mentor Questionnaire,] To your knowledge, which subjects did clients talk about most often with their Mentors: e.g., alcohol/drug treatment, education, employment, relationships with family and friends, health care housing their PPO or supervision experience, transportation, staying out of trouble with the law?
15. Other Comments/Recommendations