Criminal Justice Statistical Analysis Center

September 2008

State of West Virginia
Department of Military Affairs & Public Safety
Division of Criminal Justice Services

Helping Others Pursue Excellence in Public Schools: A Process Evaluation of HOPE CDC's Mentoring Program

Stephen M. Haas, Ph.D., Director
Erica Turley, B.S., Research Analyst

Mentoring is a social intervention that can provide needed guidance and support from caring adults in the lives of youth if developed and implemented effectively. Over the years much enthusiasm for these types of programs has been generated making it relatively easy to gain buy-in from parents, teachers, and other stakeholders. Well known mentoring programs, such as those affiliated with Big Brothers Big Sisters of America, have long been identified as models for best practices in youth mentoring. Research is, however, still mixed regarding the impact of these types of interventions. There is some evidence of the ability of mentoring programs to impact alcohol and drug use, peer and child-parent relationships, school attendance, and attitudes about and performance in school (Tierney, Grossman, and Resch, 1995). However, it is agreed that the success of such programs is contingent upon proper program implementation and design.

The purpose of this evaluation is to determine whether the HOPE (Helping Others Pursue Excellence) Community Development Corporation mentoring program is designed in a manner that would suggest it has potential for producing positive impacts in the lives of youth. This is accomplished by examining the development of the program and comparing it to programs with demonstrated success at reducing antisocial behavior and increasing school performance among at-risk youth. More specifically, this evaluation utilizes information on characteristics or elements of mentoring programs that have been linked to effectiveness. These elements provide evaluation criteria that serve as a framework for assessing the extent to which the HOPE CDC mentoring program is designed in a manner that is consistent with other successful programs. In addition, these criteria are used to guide an examination of the program's implementation. That is, the degree to which services are delivered in a manner consistent with the program's design and evidence-based practices.

The areas that form the basis for the evaluation criteria include: program integrity, staff selection and characteristics, youth identification and selection, mentor-youth matching process, relationship quality, use of community resources, and program monitoring. Multiple data sources are used to examine the congruence between the proposed evaluation criteria and the design of the HOPE CDC mentoring program. Program records/documentation and semi-structured interviews with mentors and school personnel provide information on the organizational structure and workings of the program. Moreover, both parents and students provide insight into the activities and relationships being developed by the program through self-administered surveys. Data on contacts, grades, attendance, and behavior are also used to examine the characteristics of the targeted youth population, as well as the quality of mentor-youth relationships. This report begins with an overview of youth mentoring programs.

Overview of Youth Mentoring Programs

The overall goal of mentoring programs is to establish solid, lasting relationships that will help youth succeed. The mentor offers guidance, support, and encouragement and serves as a role model for the mentee. In turn, the mentee

Table 1.

Overview of Program Differences Between School-Based and Community-Based Mentoring Programs

School-Based	Community-Based
Program Focus	
• Engage in more academic activities • Have more contact with youth's teacher • Feel more effective in affecting school outcomes • Serve more youth who are having problems in school, and are more likely to serve youth who have been held back in school	• Engage in more social activities • Have more contact with youth's parent • Feel more effective in affecting social outcomes • Are more likely to serve delinquent youth
Mentor Characteristics	
• Attract and/or target more older adult and youth mentors • Attract and/or target more minority mentors	• Attract and/or target more 22- to 49-year-old mentors • Attract more Caucasian mentors
Cost and staffing	
• Cost less per match • Use fewer full-time staff	• Cost more per match • Use more full-time staff

Source: Extracted from Mentoring School-Age Children: Relationship Development in Community-Based and School-Based Mentoring Programs, Herrera, Sipe, McClanahan with Arbreton and Pepper, April 2000

receives the benefits of the mentor's knowledge and advice in guiding the development of his or her character and abilities. Programs may seek to reduce antisocial behaviors, improve academic outcomes, improve relationships with family and friends, improve self-concept, or provide social and cultural enrichment.

Two distinct types of relationships related to the role of the mentor have been identified in the literature (Morrow and Styles, 1995). Developmental relationships seek to provide emotional support, build trust, and have youth-centered goals. Relationships that are prescriptive in nature attempt to address specific goals through targeted activities and are more likely to be mentor centered goals (Morrow and Styles, 1995). This is an important distinction given that outcomes have been strongly linked to relationship quality. In particular, matches in developmental relationships were more satisfied, met more regularly, and lasted longer.

Mentoring programs can be further categorized by the context or setting in which they occur. Traditionally programs have been developed through community-based volunteer organizations. More recently site-based mentoring programs have emerged through linkages with schools, work places, or faith-based organizations. Both community and school-based programs can be successful at producing relationships where mentors feel close to their mentees. Mentors typically receive about the same level of training and support in both program models. However, there are definite operational and programmatic differences between the two models that result in advantages for each. Table 1 provides an overview of these differences.

Community-based programs are the more traditional and well known type of mentoring program. These programs

are built upon one-to-one relationships between unrelated adults and youth. Matches can meet whenever and where ever possible and generally spend 2 to 3 hours per week together for at least one year. Community-based matches are more likely to be of the same gender and share common interests. Mentors also tend to have more contact with the parents. The mentor and youth decide together how to spend their time, usually engaging in various social activities.

Site-based or school-based mentoring programs have less history but are said to be one of the fastest growing types of mentoring program in America today. Their growth has been fueled by the proven benefits of community-based mentoring. Matches in these types of programs typically meet only at the school for 1 to 2 hours per week during the school year and are generally more focused on academic success. Cross-gender matches are more common in these programs due to the security of increased supervision. However, this type of matching is less likely to result in shared interests between the mentor and youth. Mentors have more contact with and are supervised by teachers and school staff.

The advantages of school-based mentoring programs are often tied to their ability to recruit mentors and identify the children most in need. School-based programs are more attractive to volunteers because they require less time and have a structured meeting location and time. Volunteers also feel more protected due to the increased supervision. Older and minority volunteers are more likely to participate. Thus, school-based programs have the potential to serve a greater number of youth. Since school personnel are responsible for referrals, the youth who are most at-risk have a better chance of being identified for program participation. Parents of these students may not always have or take the time necessary to seek out and enroll them in community-based programs. Costs may also be lower for school-based mentoring programs.

On the contrary, traditional community-based programs do not have the restriction of being tied to the school calendar. Therefore, problems associated with maintaining an adequate duration for the match may be avoided. In addition, the administrative complexity of gaining acceptance and collaborating with schools is not a barrier for community-based programs. Transitions between schools due to frequent moves are also common for high risk students resulting in a lack of continuity for youth in school-based programs. Community-based mentoring programs often focus less on academics and provide exposure to a wider range of activities. Mentors in community-based programs have been found to be significantly more likely to feel "very close" to their mentees (Herrera, Sipe, and McClanahan, 2000).

Despite operational and programmatic differences in community and school-based mentoring programs, 8 of 9 factors identified as important are relevant to both types. These factors are consistently related to mentors' reports of relationship quality in both types of programs: engaging in social and academic activities, the amount of time spent together, how decisions are made about activities, similarity in mentor and youth interests, prematch postmatch training and support, and age of the mentee (Herrera, Sipe, and McClanahan, 2000). The following section provides a summary of the research on youth mentoring programs and the factors associated with successful outcomes.

Research on Youth Mentoring Programs

While a great deal of research has been conducted on the variety and structure of mentoring programs, far fewer studies have sought to determine the effectiveness or impact of these programs. In addition, most evaluations of youth mentoring programs have examined traditional one-to-one community-based mentoring programs that have been in operation for some time. More recent site-based mentoring programs, often located in schools, have been studied on a less frequent basis. Nonetheless, prior evaluations underscore the importance of quality program structure and implementation for achieving positive results (Tierney, Grossman, and Resch, 1995; Herrera, Grossman, Kauh, Feldman, and McMaken, 2007). It is agreed that positive results are less likely to occur when programs lack the

infrastructure to support the proper delivery of program services. Therefore, a considerable amount of research has centered on specifying the factors associated with mentoring programs that have achieved successful results.

Factors Associated with Program Effectiveness

Research has identified a variety of elements associated with successful mentoring programs. In 1990 a national panel of experts was convened by the MENTOR/National Mentoring Partnership and United Way of America to examine the factors associated with successful mentoring programs. This meeting resulted in the publication of a comprehensive report titled, *Elements of Effective Practice*. In 2003, these national authorities reconvened to review and update what had been learned about effective youth mentoring programs in the U.S. After an exhaustive review of program evaluations, the panel detailed a common set of elements found to contribute to program effectiveness. The report provides guidelines in the areas of program design and planning, management, operations, and evaluation. *The Elements of Practice* related to ensuring strong day-to-day operations include: (a) recruitment of mentors, mentees, and other volunteers, (b) screening of mentors and mentees, (c) orientation and training, (d) matching mentors and mentees, (e) mentoring sessions that fall within program parameters (provide resources/activities), (f) ongoing support and supervision, (g) recognition of all contributions, and (h) helping mentors and mentees reach closure.

Such "best practices" are directly associated with the quality of the match or relationship between the mentor and youth. More frequent contacts, feelings of emotional

Table 2.

Research-Supported Mentoring Program Practices

	Theory-Based[a]	Empirically Based[b]
Monitoring of Program Implementation	X	X
Setting for Mentoring Activities		X[c]
Screening of Prospective Mentors	X	
Mentor Background: Helping Role or Profession		X
Mentor/Youth Matching	X	
Mentor Pre-Match Training	X	
Expectations: Frequency of Contact	X	X
Expectations: Length of Relationship	X	
Supervision	X	
Ongoing Training	X	X
Mentor Support Group	X	
Structured Activities for Mentors and Youth	X	X
Parent Support/Involvement	X	X

Note: Based on findings from a meta-analysis of evaluations of youth mentoring programs (DuBois, Holloway, et al., 2002).
[a]Practices emphasized previously as important in the mentoring program literature (e.g., National Mentoring Working Group, 1991). Higher scores on an index of the number of these practices utilized by a program predicted larger effect sizes. [b]Practices that individually in the meta-analysis were found to predict significantly larger effect sizes. Higher scores on an index of the number of these practices utilized by a program predicted larger effect sizes. [c]Programs in community and other settings outside of school (e.g., workplace) yielded larger effect sizes.

Source: Extracted from Understanding and Facilitating the Youth Mentoring Movement, Rhodes and DuBois, 2006

closeness, and longer participation are important in attaining positive youth outcomes. That is, programs that engage in these practices are generally more successful at establishing quality relationships and thus have greater impact (DuBois, Holloway, Valentine, and Cooper, 2002). Research indicates that the impact of the mentoring program hinges on relationship closeness (Rhodes and DuBois, 2006). Herrera et. al. (2000) also points out that "the bond between the mentor and mentee is at the crux of the relationship." If a bond does not form between the youth and mentor, then the match or relationship may end before any positive results can occur.

In 2002, DuBois and his colleagues published a meta-analysis of 55 research studies on mentoring programs. Overall, the results illustrated that programs were having a positive impact on a range of emotional, behavioral, social, academic, and career development outcomes for youth. However, that impact was relatively small. Perhaps of greater importance, the meta-analysis found that the programs in the study that adhered to certain practices also had a greater impact.

Table 2 provides an overview of the research-supported mentoring practices associated with successful programs based on the meta-analysis (DuBois et al., 2002). DuBois and his colleagues found that programs which provided ongoing training for mentors, offered matches structured activities, set requirements around mentor and youth contacts, offered support services for mentors, or found ways to increase parent involvement showed greater impact. The results also indicated that programs engaging in a greater number of these practices tended to be associated with greater effect size.

Results from Impact or Outcome Evaluations

Despite the widespread popularity of mentoring programs for children and youth in the U.S., there is a surprisingly small amount of scientific evidence that these programs (particularly the newer models like school-based) are effective at establishing the quality relationships necessary for positive outcomes. And even fewer studies have included follow-ups to determine if outcomes are sustained. In their recent article, Rhodes and DuBois (2006) question whether the practice of mentoring has outpaced the research given the mixed results and documented implementation problems. In response they call for better alignment between research and practice and recommend policies that promote the use of evidence-based practices and rigorous evaluation. However, prior research does include some impact studies and two worth noting involve programs under Big Brothers Big Sisters.

In an impact study of local Big Brothers Big Sisters affiliates, Tierney, Grossman, and Resch (1995) provided what has become the most widely cited evidence. The authors noted, however, that their results pertained to experienced, well-structured, and carefully managed programs. For instance, the BBBS programs had established extensive standards related to the screening and acceptance of youth and mentors, training and orientation of staff, the mentor-youth matching process, structured meeting times as well as protocols for the ongoing supervision and monitoring of mentor-youth matches. All of these aspects are thought to be critical in the formation of quality relationships and in turn demonstrating success. Given the fact that these programs adhered to standards associated with proper implementation, Tierney, Grossman, and Resch (1995) found strong evidence for a reduction in the use of alcohol and drugs, enhanced peer and child-parent relationships, better school attendance as well as improved attitudes about and performance in school.

In a more recent evaluation, Herrera and her colleagues applied a rigorous experimental design to evaluate a host of BBBS school-based mentoring programs. This evaluation was designed to test the extent to which school-based programs could provide youth with social, attitudinal, behavioral, and/or academic measurable benefits (Herrera et al., 2007). The programs were primarily operating in schools that had a history of not meeting academic performance standards and were located in low-income areas. In general, the results were promising in that the programs yielded some evidence that they were reaching students with multiple risk factors. The study found positive

outcomes for youth who participated in the program as measured by improved academic attitudes, performance, and behaviors.

The results of this study also noted, however, that longer matches and closer mentor-youth relationships were more strongly associated with improvements in student performance and behavior. In particular, sustained mentor-youth contact through the summer months was found to be associated with both relationship quality and the duration of the match. This is consistent with previous research which indicates that short-term programs and matches that are sustained for a shorter time period are less likely to produce positive results (Herrera, 2004; Grossman and Rhodes, 2002).

As a result, a series of recommendations for enhancing the likelihood of success for mentoring programs were offered by Herrera and her colleagues. The authors suggested that programs begin to focus on ways to increase the length, quality, and continuity of school-based mentoring relationships. They also noted the importance of learning more about how program structure and issues of implementation can impact the success of such programs. The authors noted a large degree of diversity in structure and focus of school-based mentoring programs included in the study, even within the BBBSA organization. While these programs are often structured to meet differing needs and expectations of schools, they noted that it is still not clear whether and how these program characteristics might affect relationship development, length, and impact. Their research and others clearly demonstrate that these characteristics are important for determining a program's success.

HOPE Community Development Corporation: School-based Mentoring Program

The HOPE Community Development Corporation's (HOPE CDC) mentoring program is a faith-based initiative designed to improve the academic performance and behavior of at-risk children and youth.[1] Using elements of both school-based and community-based mentoring programs, the program also seeks to reduce the school dropout rate as well as juvenile delinquency and gang involvement among youth. The in-school mentoring program is only one aspect of the HOPE CDC's efforts to prevent delinquency. Other programs involve assisting youth on reentering society after periods of confinement and working with youth who have been referred to the juvenile justice system.

HOPE CDC works to accomplish these goals by utilizing a combination of strategies involving parents, teachers, and a variety of community resources.[2] HOPE CDC mentors, also referred to as Youth Development Specialists, seek to develop positive relationships with children and youth by engaging them in activities in and out of the school environment. It is anticipated such positive relationships, combined with academic tutoring and lessons related to moral development and leadership skills, will help youth to become better students and citizens.

HOPE CDC has developed a variety of performance indicators that highlight what they hope to accomplish through their mentoring activities. While the day-to-day operations of the program vary by school, the goals and objectives of the program remain the same.[3] As shown in Figure 1, HOPE CDC seeks to accomplish multiple objectives related to school performance and attendance as well as school behavior among youth. Regardless of the grade level for each school (i.e., elementary, middle, or high school), HOPE CDC aims to decrease unexcused absences, limit the number of disciplinary referrals, help students refrain from drug use and violence, and keep youth from being suspended or expelled from school. Moreover, an incentive or reward system is utilized by HOPE CDC to aid in the encouragement of students in these areas.[4] By helping students with academic subjects and changing the attitudes of children and youth, HOPE CDC anticipates they can accomplish these program objectives.

HOPE CDC staff provide the basis for the delivery of mentoring services. Rather than relying solely on adult volunteers, the program is staffed by full-time, paid mentors called "Youth Development Specialist." These mentors

are assigned to a school and a group of students rather than matched to individual students. The Youth Development Specialists are expected to be at their assigned schools all day, everyday. Each mentor is responsible for coordinating the mentoring, tutoring, and case management for youth.[5] While acknowledging that this is a departure from traditional one-to-one mentoring relationships, the HOPE CDC is attempting to provide their services to a greater number of youth with fewer staff. HOPE CDC also tries to incorporate community volunteers to help with mentoring and tutoring these at-risk youth. Meanwhile, a project director oversees the day-to-day operations of the program and project coordinators are responsible for day-to-day activities at the elementary or middle/high schools.

Prior to being assigned to specific schools, all program staff are given an initial training and orientation. Provided by Matthew Watts, the pastor of Grace Bible Church, the training includes an introduction to the TALKS model and curriculum and teaches Youth Development Specialists how to use it.[6] The roles and responsibilities of the Youth Development Specialist are also addressed through training sessions. Other topics covered in the training include: performance measures associated with the program, school rules and regulations (including the "Respect and Protect" policy and student handbook information), and instruction on handling special needs and circumstances of youth. Workshops on how to help students with homework, core subject skills, study skills, and test-taking skills are presented as necessary.

Figure 1. HOPE CDC's Performance Measures

Objectives
- Improve academic performance, attendance, and instances of disciplinary referrals
- Improve interpersonal relationships
- Reduce the dropout rate
- Reduce juvenile delinquency and gang involvement

Measures
- Sustain student/mentor matches
- Improve student performance in core academic subjects
- Decrease unexcused absences from school
- Increase student GPAs
- Improve student attendance rates
- Reduce student disciplinary referrals
- Decrease suspensions and expulsions
- Help students refrain from drug use and violence

TALKS Curriculum

The curriculum that underlies the HOPE CDC mentoring program is TALKS (i.e., Transferring A Little Knowledge Systematically).[7] Developed by Dr. Harold Davis, the TALKS model is based on his experience working with youth in the public schools and as a youth pastor. Originally designed to provide the African-American church community with a tool to effectively mentor young men, the TALKS curriculum has been revised and expanded for use in school and juvenile facility settings and with female children and youth. The TALKS model has been used in public schools in the Champaign-Urbana area of Illinois since 1995.

TALKS is designed to help average adults communicate effectively with youth about relevant issues such as respect, peer pressure, anger management, and work ethics. It contains elements of a cognitive-behavioral approach in that it focuses on the development of leadership skills through adult-to-peer and peer-to-peer interaction (Khan and Reis, 2006). The TALKS program is rooted in three strategic elements (Davis, 2006):

- "Minimal" time commitment
- Triadic Model
- Content-based curriculum

The program involves "minimal" time commitment on the part of mentors. TALKS requires a commitment of less than one hour per week on the part of mentors (see Figure 2). The time restriction is designed to make the program

Figure 2. Key Elements of TALKS

Transferring **A** **L**ittle **K**nowledge **S**ystematically

Purpose is to lead young men and women to make personal commitments to integrity and excellence

Goal is to structure opportunities for constructive dialogue between mature, adult role models and youth, by creating networks between schools, communities and churches that will provide instruction in moral, ethical, and responsible living.

Content-based curriculum
- Talks My Father Never Had With Me, Dr. Harold D. Davis
- Talks My Mother Never Had With Me, Dr. Ollie Watts Davis

Minimal Mentoring
- One hour per week for at least 12 months

One-to-Three Approach
- One mentor to 3 youth
- Positive peer environment: diverse group of youth based on achievement level and/or race and ethnicity

Waves of Wisdom
- The Lesson
- The Questions
- Wisdom from the Elders

easy for adults to participate and structure the kind of interaction that takes place between mentors and youth. All group meetings are intended to take place during regular school hours or in after school programs.

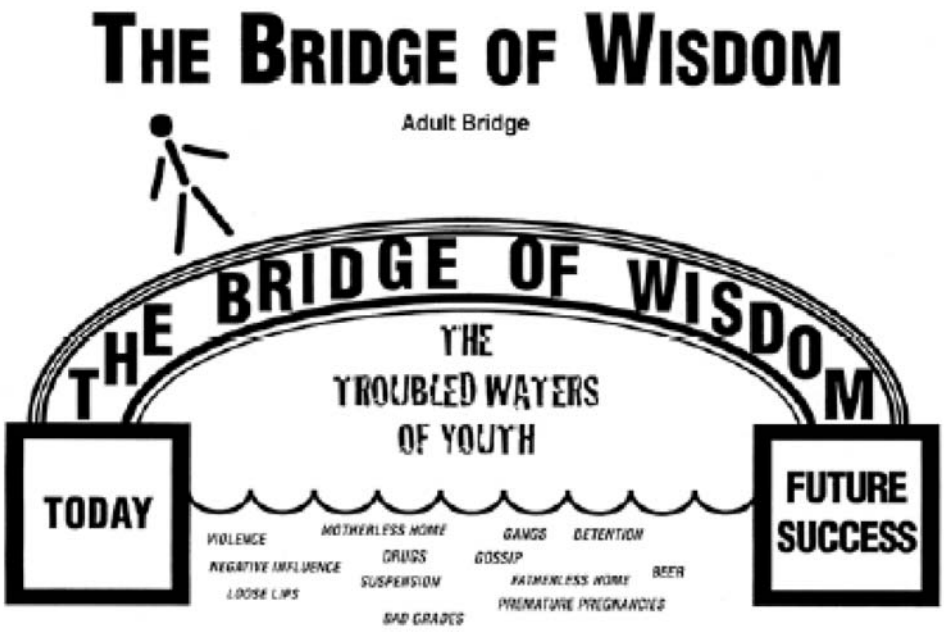
The TALKS curriculum is designed to be implemented in a small group setting, usually one adult mentor to three students. Using this small group "triadic" approach, the children and youth are recruited as future leaders and told that they posses the qualities to be an effective leader (Davis, 2006). The mentor-youth relationship begins with a business-like agreement denoting the responsibilities of each party. Ideally, each "triadic" group should be racially mixed with different levels of achievement. For instance, a group might include one student that excels, one who is average, and one at-risk youth to emphasize the peer-to-peer approach. The idea is to create positive peer pressure for the low functioning child to achieve and at the same time provide some benefits to the other children in the group (Khan and Reis, 2006).

The TALKS curriculum is also content-based in that it provides mentors with material to help structure their interactions with youth and presents issues and topics for consideration. The material provided to mentors covers various topics related to understanding different races and cultures, having a good attitude, respect, enhancing personal relationships, anger management, and so forth. The model involves reading the text "Talks My Father Never Had With Me" or "Talks My Mother Never Had With Me," discussing the content, and reviewing suggested questions. The students then memorize quotes to reinforce the concept and reiterate thesis statements (Davis, 2006). This model aids in the development of reading, writing, and communication skills while teaching social and leadership skills.

It is anticipated that this process will help mentors build a "bridge of wisdom" for mentored children and youth (see Figure 3). By helping children develop the necessary skills to deal with troubling issues in their lives, the authors contend that mentors can help bring about the wisdom necessary for future success (Davis, 2006). According to the program developers, use of this curriculum does not require the mentors to be trained teachers or experts in working with children. The curriculum provides structure for the mentors but also allows them to utilize their own wisdom and experiences. The ultimate goal is to lead the youth to a personal commitment to integrity and excellence.

To date, it is not yet clear whether the TALKS curriculum is successful at changing the behaviors of children and youth. While most information regarding the success of the program is based on anecdotal testimonials

Figure 3. TALKS Bridge of Wisdom



of its effectiveness, few scientific evaluations of the TALKS curriculum have been conducted on the impact of the program. The authors could locate only two reports or studies related to the TALKS curriculum. One thesis project examined whether youth mentoring by working professionals strengthened corporate ties to the community (Williams, n.d.). This project relied solely on survey information gathered from a survey of TALKS mentors and focused on their perceptions of the program's potential for enhancing community ties among working professionals.

The most comprehensive examination of the TALKS curriculum to date consists of a two-year evaluation study involving school-aged children (grades 3-6) and their mentors in Champaign, Illinois (Khan and Reis, 2006). The results suggested that participation in TALKS had the potential to shape children's personality and social development through the learning of conflict resolution and social interaction skills. In addition, support from a mentor was found to have a large effect on the youth's perceived peer support. The authors concluded that the unique curriculum and the experience of the group dynamic were two features of the program that were found to be crucial to its success (Khan and Reis, 2006). In the absence of a control group, however, this study was not able to conclude that the program had a significant impact on student behavior. The authors recommended the longitudinal tracking of youth and the inclusion of a comparison group in future research.

Methods

This report is the first of two studies that examines the quality of the HOPE CDC mentoring program.[8] The purpose of this examination is to assess the extent to which the HOPE CDC mentoring program engages in practices previously shown to be important in the mentoring literature. An important aspect of this research is to ascertain whether HOPE CDC's program contains characteristics shown to be empirically associated with successful mentoring programs. In doing so, this evaluation also examines the degree to which mentoring services were delivered in a manner that is true to the program's design and the TALKS model.

The HOPE CDC mentoring program operates in multiple cities and counties in West Virginia. The schools and student population that serve as the basis for this study, however, are all located in the city of Charleston. The mentoring program currently operates in six schools (i.e., one middle school, one high school, and 4 elementary schools) and works with students in the fourth, fifth, sixth, and ninth grades. This evaluation centers on the services provided by the HOPE CDC's mentoring program in these six schools.

All four elementary schools have been identified by HOPE CDC as "Professional Development Schools." This status is largely determined by low scores among low income students on the WESTEST, a standardized achievement test for the state of West Virginia. According to county-level data obtained from the school district for the 2007-2008 school year, over 85.0% of students in these schools were identified as "needy" based on the percentage of students eligible for free or reduced lunch (West Virginia Department of Education, n.d.). In comparison, just over half of students were identified as "needy" in Kanawha County during the same year. The single high school in the evaluation had the smallest percentage of "needy" students at 49.8%. Nearly three-quarters of middle school students were defined as "needy" (74.1%).

In addition, the four elementary schools included in the study had a much greater minority and transient population compared to the Kanawha County as a whole.[9] During the 2007-2008 school year, the elementary schools combined had a minority population varying between 60-70%, compared to the school population of the county at 15.0%. The middle and high schools were comprised of a 34.0% to 38.0% minority population (West Virginia Department of Education, n.d.).

To recruit students to participate in the HOPE CDC mentoring program and evaluation, school administrators were asked to identify students who they believed could benefit from mentoring services based on specific criteria. HOPE CDC requested that students be identified based on the following criteria: low grades, poor attendance, bad behavior, high disciplinary referrals, family issues, eligibility for free or reduced lunch, and low WESTEST scores. Once a list of students had been generated by the schools, two informed consent forms were sent to parents—one for enrollment in the program and one for enrollment in the evaluation study.[10] A letter was also sent describing the HOPE CDC program, the procedures and data to be gathered as part of the evaluation, and their rights as a study participant.[11] Upon receipt of consent forms from parents, the evaluation team worked with HOPE CDC staff to randomly assign students into treatment and control groups. Once the two groups were established, HOPE CDC began providing services to the treatment group.

Sample

A total of 129 students were ultimately enrolled in the study (i.e., 95 students in the fourth and fifth grades; 34 students in sixth and ninth grades). In terms of the elementary students, 54.7% were female, 70.5% were nonwhite, and 18.9% received free and/or reduced lunch. Just over ten percent had been held back a grade (10.5%) and 25.3% were enrolled in special education programs. In the middle and high schools, 58.8% were male, 67.6% were nonwhite, and 29.4% received free and/reduced lunch. Less than thirty percent had been previously held back a grade (26.5%) or were involved in a special education program (29.4%). HOPE CDC provided services to one-half of these students (i.e., the students assigned to the treatment group), and the delivery of services to these students is the focus of the present evaluation.

Data Sources

This report centers on the results of the process evaluation. As with all process evaluations, emphasis is placed on issues related to proper program implementation and service delivery. The research design and data collection methods applied in previous evaluations of mentoring programs helped to inform the approach used in the present study (e.g., Grossman and Rhodes, 2002; Herrera, 2004; Herrera et al., 2007; Herrera, Sipe, and McClanahan, 2000;

Figure 4. Data Sources

HOPE CDC Program Documents: All program documents and materials obtained during an on-site review. Includes progress reports, policy directives, procedural documents, training curricula, personnel manuals, and any other materials related to the activities and processes of the program.

HOPE CDC Staff Mentor Interviews: Semi-structured face-to-face interviews conducted by SAC staff in May 2008. Interviewees included paid and volunteer program staff. Interviews solicited information on employment, education and training, the nature and frequency of mentor-youth contacts, the variety of activities engaged in, use of resources, and mechanisms by which mentoring took place including the use of the TALKS curriculum.

Mentor-Youth Contact Logs: Two data sources were used to measure mentor contacts with youth and schools. A contact database, developed by the Statistical Analysis Center and maintained by HOPE program staff, recorded the date, location, purpose, and goals of each contact with mentees. In addition, sign-in (and out) log books were placed in each school's central office. Mentors were instructed to complete the log upon entering and leaving the school. The log recorded the date and time mentors visited each school.

School Staff Interviews: Semi-structured face-to-face interviews conducted by SAC staff with teachers, counselors, and school administrators. Interviews measured school staff's attitudes, opinions, and perceptions of the program's impact on children and youth. The nature and quality of interactions between school and HOPE staff and school staff's observations of program activities were assessed. Interviews were conducted in April and May 2008.

Official School Records: Official documentation on student attendance, behavior, and performance for the 2006-2007 and 2007-2008 academic year. Includes data on student absences, grades, behavior reports, WESTEST scores, as well as student demographic and socioeconomic characteristics. Data were obtained from the Kanawha County Board of Education central office.

Student Survey: Pre- and post-intervention self-administered survey for middle and high school students only. Measured student relationships with parents/guardians, friends, and others. Items also measured student attitudes toward school as well as student self-reported behavior in and out of school. The post-intervention survey gathered information on the quality of the mentor-youth relationship and overall satisfaction with the program.

Parent Survey: Self-administered, mail survey given to the parents at pre- and post-intervention. Parents were asked to report on their child's attitudes, behaviors, relationships with friends and others, and feelings about school. The parent-child relationship was also assessed. Parent satisfaction with the program was assessed using the post-intervention survey.

Morrow and Styles, 1995; Rhodes et al., 2005; and Tierney, Grossman, and Resch 1995).[12] Hence, in accordance with previous evaluations, multiple data sources were used to obtain a comprehensive view of the internal workings of the program and how services were provided to students. As shown in Figure 4, data sources including parent and student surveys, school and program staff interviews, and program documents and records were examined.

Data collection began with a review of program records and other documentation with HOPE staff as well as in-person, semi-structured interviews with paid mentors and one volunteer to gather information on the program

operations. The SAC evaluation team met with program administrators at the HOPE CDC office to review (and document the existence of) a program manual(s) and curricula, selection and recruitment criteria for mentors and youth, data collection protocols, and any written policies and procedures that pertained to the program. All seven mentors, also referred to as "Youth Development Specialists," and one volunteer working in the six schools were interviewed. The interviews covered topics related to the employment, education, and training of mentors, the nature and duration of youth-mentor contacts, the specific use of the TALKS curriculum, the use of community resources, and the mechanisms in place for self-monitoring and evaluation. School sign-in logs as well as a database developed by SAC staff were also used to collect information on youth-mentor contacts.

School personnel, including teachers, counselors, administrators, and after-school coordinators, provided their perceptions of the HOPE CDC program. Face-to-face interviews were conducted with school staff. Principals at each school were asked to identify three staff members who had worked with HOPE CDC staff or had intimate knowledge of the program activities. A total of 17 school staff participated in the evaluation. The interviews focused on school staff's perceptions and observations of mentor-youth interactions as well as the knowledge and skills of HOPE CDC staff. School staff were also asked about the activities they had observed mentors engaging in with youth in their respective schools. They were also asked to report on the general strengths and weaknesses of the program based on their knowledge of program staff and activities.

The evaluation team also cooperated with Kanawha County Schools to obtain data from the West Virginia Education Information System (WVEIS). Information on student grades, standardized test scores, attendance, behavior, and basic demographic characteristics were obtained from this system for the 2006-2007 and 2007-2008 school years. For the purposes of this report, these data were utilized to describe the sample of students enrolled in the study.[13] Data on school characteristics was also obtained from WVEIS.

In addition, information on HOPE CDC services was also solicited from students. At the beginning and end of the 2007-2008 school year, students were asked to complete a survey. Only middle and high school students were asked to participate in the self-administered questionnaire. The student survey was completed in the classroom setting. To complete the survey, students were called to a specific classroom identified by school staff. Student assent procedures were followed at that time. Of the 34 middle and high school students enrolled in the study, a total of 23 participated in the post-survey. Eleven of these students received a mentor (i.e., were assigned to the treatment group). Their responses are analyzed for the purposes of this report.

Finally, a survey of parents was conducted to gather information from parents on the services received and their interaction with HOPE CDC staff and mentors. Parents were asked about their child's attitudes, behaviors, relationships with friends and others, feelings about school, as well as their own relationship with the child. Most importantly, for the purposes of the present evaluation, parents of students in the treatment group were also asked their opinions about the services they received from the HOPE CDC mentor.

The survey was mailed to parent and/or guardian homes at the beginning and end of the school year. This report is only concerned with the responses of parents to the post-survey. Address and contact information for parents was provided by individual schools and the District office. In all, a total of 129 parents of elementary, middle, and high school students were sent a survey. Of these 129 parents, a total of 43 completed and returned the questionnaire at the end of the school year. A total of 18 parent post-surveys returned were for students in the treatment group. The present evaluation only reports the results for these 18 surveys (i.e., the parents of students who actually received mentor services).[14]

Figure 5. Evidence-Based Criteria for the Evaluation of HOPE CDC's Mentor Program

Program Integrity: Refers to how closely the activities and practices relate to the program's underlying theory and design. The focus is on the theoretical basis for the program and its use of evidence-based practices. This may be evidenced by the existence of a program manual that outlines, in sufficient detail, the theory underlying the intervention as well as daily tasks, policies, and procedures. Program integrity is concerned with both the quality of the program model and its application.

Mentor/Program Staff Selection and Characteristics: Strategic recruiting processes with careful screening. Presence and use of mentor selection procedures that include criminal background checks, personal/professional references, and personal interviews. Positive qualities of program staff can include dependability and availability, an appropriate developmental attitude toward youth, sensitivity to cultural considerations, experience in helping occupations, being a good role model, a sense of self-efficacy about life and their role as a mentor, and knowledge of developmental and behavioral theories.

Youth Identification and Selection: An established identification/selection criteria for eligible youth based on such factors as academically at-risk, prior delinquency, developmental disabilities, and socioeconomics.

Mentor/Youth Matching Process: The ability of the program to obtain quality matches between the mentors and youth through the use of a rigorous matching process based on such factors as shared interests, gender, geographic proximity, age, race, and ethnicity.

Quality of Mentor-Youth Relationship: Relates to both the quantity and quality of contacts between mentors and youth. Development of close, supportive relationships based on the shared interests of mentors and youth has been shown to be related to program effectiveness. Staff characteristics are important in the development of such relationships. Factors associated with relationship quality can include the frequency, duration, regularity, and type (e.g., face-to-face, telephone, home, office, etc.) of mentor-youth contacts. The nature of contacts in terms of the variety of activities engaged in and the availability and/or accessibility of the mentor.

Use of Community Resources: The leveraging of community resources outside of the program to expose youth to a variety of experiences and services as needed. Includes the involvement of the family, peers, and other conventional adults such as teachers, coaches, and youth advocates. The fostering of relationships with other agencies/organizations working with the child or family.

Program Monitoring: The establishment of mechanisms to monitor program progress, recognize strengths and limitations, and identify and solve problems. A system of monitoring to assess youth progress, the quality of mentor-youth relationships, youth, parent, and community/school partner satisfaction, and service delivery.

Evaluation Criteria

The present report applies a series of evidence-based criteria to the review and assessment of the HOPE CDC mentoring program. Based on the empirical results of previous evaluations, these criteria provide a framework for assessing whether the program contains elements known to be associated with successful programs. In addition, this approach offers a meaningful strategy for comparing the program to widely-adopted standards rooted in scientific research. For the present evaluation, the elements associated

with successful programs in the past are grouped into seven categories: program integrity, mentor/program staff selection and characteristics, youth identification and selection, the mentor/youth matching process, the quality of mentor-youth relationships, use of community resources, and program monitoring. A detailed description of the seven evaluation criteria used in this evaluation are described in Figure 5.

Results

The results of the evaluation are presented in relation to the seven evaluation criteria described above. Using the multiple data sources outlined in the previous section, the HOPE CDC mentoring program is compared to each criterion. Emphasis is placed on the degree to which the program embodies the elements found to be associated with successful programs. Aspects of both program implementation and service delivery are examined. The following discussion presents the evaluation results.

Program Integrity

The integrity of the program, or how it is designed and implemented, is directly related to it's ability to be effective. The HOPE CDC school-based mentoring program is rooted in the TALKS model. While *not* evidence-based, this content-based curriculum is designed in a way that has the potential to promote the types of developmental relationships between mentors and youth that have been shown to be most successful. The text acts as a vehicle to open discussions about important topics that can help mentors build trust while providing support and guidance. In addition, the triadic structure through which TALKS is designed to be implemented allows for both adult-to-youth and peer-to-peer role modeling to take place. However, it is not clear that the TALKS model and curriculum was fully implemented.

The majority of written documentation for the HOPE school-based mentoring program pertains to the underlying TALKS curriculum or model. A TALKS manual, mentor handbook, and mentor and youth texts were provided by the HOPE staff. All of the mentors acknowledge receiving training from the HOPE staff prior to receiving their school assignments and many mentioned the TALKS curriculum specifically. Six of the eight mentors interviewed said that they worked with youth using the curriculum more than once a week. However, only three indicated that there was a designated time either during school hours or after school that they regularly met to cover topics in the TALKS curriculum. Thus, it does not appear that the curriculum is being used on a routine basis.

The program also appears to emphasize the importance of relationship building between mentors and youth. In interviews with HOPE CDC staff, mentors frequently mentioned the desire to build a relationship with the children and youth. School staff also recognized HOPE CDC's efforts to provide support and encouragement to students and act as positive role models. With that said, however, there is reason to believe that the TALKS model was not closely followed by HOPE CDC and their staff.

Based on a review of program documents and interviews with both school and program staff, the TALKS curriculum was modified in several key ways. First, the HOPE program utilized paid mentors who were expected to have a daily presence in schools. This is far greater than the one hour per week recommended by the TALKS curriculum. Second, mentors were assigned to schools rather than carefully matched to individual children and youth. As a result, mentors worked with a large group of mentees rather than the small groups recommended by the TALKS curriculum. Third, rather then selecting youth based on the "triadic" approach recommended by the curriculum developers, all children and youth selected to participate in the program were considered to be at-risk. Lastly, interviews with program and school staff indicate a heavy focus on academic performance and tutoring rather than mentoring. This may in part be due to the needs or expectations of the schools.

A review of program documents yielded little or no documentation of tutoring activities or what was expected from the mentors. Program administrators indicate that the goal in providing tutoring is to fill the gap between the classroom instruction and the student's comprehension of

the lesson. By observing teacher instruction, HOPE mentors are able to help bridge the gap between classroom instruction and understanding important concepts. The HOPE staff did indicate that mentors had been provided various trainings or workshops to help them understand how to help students in reading and math. However, few mentors surveyed felt they had received training on how to be an effective tutor. Most often they cited classroom observation as the method for learning how to work with students on academics. The mentors did indicate, however, that they received training from school officials on a newly developed reading program.

Additional information relating to the infrastructure or program integrity of the HOPE CDC program was limited. Because of this, it is not clear whether necessary support or supervision practices for mentors were in place. Written policies and procedures regarding the organizational structure, daily tasks, and scheduled activities were not sufficiently detailed. When asked about their duties with the program, mentors would provide few details and simply state that they were in the schools to mentor and tutor students. In face-to-face interviews conducted by SAC staff, some mentors stated that they wanted to be a link between students, parents, and teachers. Others noted strategies such as calling parents to discuss a student's performance, encouraging students to perform better, and providing incentives or rewards to encourage better behavior and attendance. Parent responses to the self-administered survey suggested that they had only minimal contact with their child's mentor.

Documentation supporting the existence of administrative agreements between HOPE CDC and each of the schools was available. However, school personnel expressed some frustration regarding aspects of the program's implementation and structure. While a majority of school staff reported that they had received some type of overview or orientation to the HOPE program prior to its implementation, half felt that the purpose or goals of the mentoring program were not fully explained to them. Some staff reported that they were unaware of the program until the mentors showed up in their classroom.

Report Highlights...

While *not* evidence-based, the underlying TALKS curriculum has the potential to promote developmental relationships by opening a dialogue between mentors and youth on important issues.

The HOPE program utilized a modified version of the TALKS model where the majority of mentors were paid staff, they were expected to be present in the schools on a daily basis, and assignments were made to schools rather than individual youth resulting in mentors working with large groups of students who were all identified as at-risk.

Interviews with program and school staff indicated a heavy focus of academic performance and tutoring rather than mentoring.

While mentors did indicate receiving pre-match orientation and training on the HOPE program, few reported that they had been trained on how to be an effective tutor.

More detailed policies and procedures regarding the organizational structure, daily tasks, and scheduled activities are needed to clarify the HOPE program infrastructure.

Despite implementation issues, good working relationships appear to have formed between mentors and school staff by the end of the school year.

Outside of identifying students and/or their weaknesses, many school staff seemed unclear of their role or duties in relation to the mentoring program. Similarly they did not have a clear understanding of the mentor's duties and when to expect them. According to the interview results with school staff, the most common shortcoming of the program was its lack of structure or planning. School staff expected mentors to set a schedule, determine their focus and goals, and target services toward student needs. This degree of structure was not present according to many school staff.

Some teachers also noted that mentors lacked effective class management techniques.

Despite the difficulties in implementation noted above, the relationship between school staff and mentors appeared to improve over the course of the school year. At the time of the interviews in April and May 2008, most school staff said their working relationship with mentors was good or very good. Nearly three-quarters of school staff had a favorable opinion of the program and the mentors assigned to their school. A vast majority of teachers indicated that they would recommend the program to other teachers and schools. Some went as far as to express a desire for more mentors in their school and for more classroom, as well as school involvement. School staff seemed to adopt "the more help, the better" slogan in their support for the program. They would like to see mentors working with students at a younger age.

Mentor/Program Staff Selection and Characteristics

The education, experience, and individual skills of mentors to form close relationships with youth have been shown to be related to program quality. While job descriptions were developed outlining these types of requirements, it is not entirely clear what methods were used by the HOPE CDC to recruit mentoring staff. In addition to the paid mentors or Youth Development Specialists, program documentation indicated that volunteers would be recruited from the faith and business community by Rev. Matthew Watts and HOPE CDC Administrators to assist with mentoring and tutoring. The hiring process did appear to include personal interviews and screening, reference and criminal background checks, and the use of confidentiality agreements.

The fact that the HOPE CDC program was staffed primarily by full-time paid mentors is one potential strength of the program. While this evaluation is not able to assess the long-term dependability and availability of mentors, the fact that mentors are paid staff is likely to make it easier for program administrators to retain staff compared to strictly volunteer programs. According to the results of program staff interviews, all 7 of the paid staff were considered full-time and did not have other occupations.[15] Although HOPE program staff indicated that they had made efforts to recruit volunteers, access to only one, part-time volunteer was provided by the program to be interviewed.

Demographically, the mentoring staff that were interviewed were predominately male (6 of 8) and most appeared to be in their 20's to early 30's. In addition, all of the staff were African American. While cross-gender and cross-race matches are not as uncommon in school-based mentoring programs, these characteristics can be linked to shared interests which are important to relationship quality. Matches across gender or race may be less likely to share common interests.

Self-reported information on education and work experience indicated that most staff met the requirements set forth by HOPE CDC to be qualified as a mentor. Six of the eight mentors interviewed reported having completed a four year college degree. The areas of study ranged from teaching to criminal justice and a variety of business-related fields. In addition, seven of the eight program staff reported previous work experience in mentoring or some other type of helping occupation. Previous occupations reported by mentors included working in youth ministry, day care centers, coaching sports and sports training camps, as well as community service programs such as BBBS, Boys and Girls Clubs, and Harambee.

All of the mentors interviewed by SAC staff indicated that they had received some training from HOPE prior to working with youth. An orientation or vision for the HOPE CDC program and the TALKS curriculum were referenced most by mentors as components of the training. Others reported instruction on methods of observation in the classroom, "on the job training," and how to interact with students and parents as aspects of the training. Only two of the eight staff described training on how to tutor youth in core subjects.

With that said, there is some evidence that HOPE CDC staff were perceived as having the background and skills necessary to be effective mentors. Based on interviews with

the school staff (N = 17), there was widespread agreement that the mentors represented good role models for the students. A majority of school staff also agreed that the mentors "kept them informed of activities with the youth" and that the mentors "met with staff regularly."

In terms of skills or qualities suspected to be important for mentors, the majority of school staff interviewed rated mentors as good or very good. Over ninety percent of school staff rated mentors as good or very good at establishing quality relationships with the youth (93.8%). Over 80.0% indicated that mentors had at least good social interaction and problem solving skills, and made use of age appropriate communication skills. Many school staff also felt that the mentors behaved professionally in that they were good to very good at establishing and keeping times to meet with youth. While only a few school personnel indicated that they had the opportunity to observe the use conflict resolution skills by mentors, most indicated that they believed mentors possessed these skills.

Report Highlights...

HOPE CDC uses personal interviews, reference checks, and criminal background checks to screen mentors.

By using full-time paid mentors, HOPE program administrators may be less likely to encounter problems with retention than strictly volunteer programs.

The HOPE program has selected mentoring staff that meet their established requirements for education and work experience.

The majority of school staff interviewed believe that the mentors are good role models for the students and possess important skills for mentoring.

Youth Identification and Selection

A critical component of mentor programs is the proper identification and selection of a target population of students. According to the evidence-based literature, the impact of mentoring is greatest for those youth who are most at-risk. Research also speaks to the advantage that school-based programs may have over community-based programs in terms of youth identification. When school personnel are involved, students with the greatest needs can be more easily identified. Community-based programs often rely on parents or other family members seeking out services and thus may miss those youth most in need who do not have anyone looking out for them.

The HOPE CDC program did, in fact, utilize the expertise of school administrators in identifying youth. Evidence of an established selection criterion for youth was also available in the program documentation. Youth were selected based on low grades, poor attendance, bad behavior, a high number of disciplinary referrals, low WESTEST scores, free/reduced lunch status or other family issues. Problems in one or more of these areas were thought to be keeping students from achieving their potential for success. This criterion does not, however, allow for the triadic model suggested by TALKS. That is, the groups of only at-risk students do not benefit from the peer-to-peer associations with average or excelling students.

While specific criteria was established by HOPE CDC for the selection of students, results from interviews with school staff seemed to denote confusion on the part of teachers and counselors regarding the student selection process. It is evident that the process of selection and the level of teacher involvement varied considerably by school. Some teachers indicated that they were involved while others felt that the selections should have been based on teacher recommendations. It is clear that many teachers did not understand the selection process and felt that some students selected did not necessarily need mentoring services. Teachers also commented that the timing for the selection of students was too early in the school year and they had

Report Highlights...

HOPE CDC utilized the expertise of school administrators to identify students in need of services.

Selection criterion were developed based on at-risk factors such as low grades, poor attendance, bad behavior, a high number of disciplinary referrals, low WESTEST scores, free/reduced lunch status, or other family issues.

A greater proportion of students appear to be experiencing academic difficulties as opposed to other at-risk factors.

Based on WESTEST scores, more students selected for participation in the study were below mastery than in the county as a whole.

not been given the opportunity to meet with parents and know which students would most benefit from the program.

Based on a review of the demographic and socioeconomic characteristics of students, it appears that an appropriate target population was identified by schools to participate in the program. From the student lists provided by each of the participating schools, 129 students were ultimately enrolled in the study. In the four elementary schools there were 95 students in the fourth and fifth grades enrolled, of which 54.7% were females and 45.3% were males. Similar to the population of students at these schools, the majority of selected participants were nonwhite (70.5%). Of these 95 students, 10 had previously been held back a grade, 24 were involved in a special education program, and 18 received free/reduced lunch.

In the middle and high school a total of 34 students in the sixth and ninth grades were enrolled in the study. In this group there were slightly more males (58.8%) than females (41.2%) and again the majority were nonwhite (67.6%). Less than 30.0% had been previously held back (9), were involved in a special education program (10), or received free/reduced lunch (10).

Some of these students exhibited difficulties in school, including poor behavior and irregular attendance. Less than one-quarter (22) of the elementary students had one or more disciplinary referrals, but 12 students had three or more. An overview of attendance records revealed an average of 14.5 tardies, 7.7 unexcused absences, and 4.2 excused absences per student in the elementary schools. Nearly half of these students (43) had more than 10 tardies and 23 had more than 10 unexcused absences.

Approximately 70.0% (23) of the middle/high school students had at least one disciplinary referral. Three or more referrals were reported for 13 of these students. On average the middle/high school students had 4.1 tardies, 12.8 unexcused absences, and 5.6 excused absences. Only two students had more than 10 tardies, however, 14 students had more than 10 unexcused absences.

Students in the study group seemed to fair the worst in terms of academic performance. The majority (60.9%) of elementary students had received a C or lower in math during the previous school year. Likewise, 62.0% received a C or lower in reading. Table 3 further indicates that average WESTEST scores for students in the study were lower than the average for Kanawha County. Also, more fourth and fifth grade students in the study group were below mastery in all subject areas compared to county figures. In reading, 45.0% of fourth graders in the study group were below mastery while only 21.0% of all county fourth graders were below mastery. Likewise, a greater proportion of fifth graders in the study (47.0%) were below mastery for reading compared to the county (18.0%).

Students selected from the middle and high school to participate in the mentoring program tended to have poorer academic performance. Three-quarters of students earned a C or lower in English while 71.9% had a C or lower in math. Again, WESTEST scores also indicated that students enrolled in the study were not doing as well on average as Kanawha County students (Table 3). Average WESTEST scores across all subjects were lower for both sixth and ninth

Table 3. Comparison of May 2007 WESTEST Results by Grade and Subject Area

	4th Grade		5th Grade		6th Grade		9th Grade	
	Study	County	Study	County	Study	County	Study	County
Mathematics								
Mean	604	619	628	651	641	672	663	692
% Below Mastery	38.0%	28.0%	51.0%	26.0%	82.0%	20.0%	67.0%	34.0%
N	47	2,090	43	2,087	11	2,026	21	2,007
Reading								
Mean	605	631	622	649	638	660	653	680
% Below Mastery	45.0%	21.0%	47.0%	18.0%	50.0%	18.0%	52.0%	22.0%
N	47	2,087	43	2,088	10	2,024	21	2,003
Science								
Mean	610	633	609	645	620	661	674	694
% Below Mastery	36.0%	12.0%	58.0%	18.0%	64.0%	17.0%	39.0%	19.0%
N	47	2,085	43	2,082	11	2,015	18	1,953
Social Studies								
Mean	605	635	624	651	639	658	665	688
% Below Mastery	60.0%	22.0%	52.0%	21.0%	45.0%	21.0%	50.0%	31.0%
N	47	2,084	42	2,078	11	2,016	18	1,959

Notes: County comparison figures shown are for Kanawha County Spring 2007 obtained from the WV Department of Education Website. Since the previous year's data were collected as a baseline for the study group, the previous grade level is also presented for the county comparison (i.e., 4th grade figures are from grade 3 in Spring 2007 etc.). N = number of students tested by subject and grade level.

graders in the study compared to the county average. In addition, the percentage of students in the study that were below mastery on all subjects was greater than that for the county as a whole. For example, 50.0% of sixth graders in the study were below mastery in reading while only 18.0% of all sixth graders in Kanawha County were below mastery in reading. Similarly, 52.0% of ninth graders in the study were below mastery in reading compared to 22.0% of Kanawha County ninth graders.

Mentor/Youth Matching Process

A hallmark of successful mentoring programs is the matching of mentors to the interests and characteristics of youth. Characteristics such as shared interests as well as the geographic proximity, race, gender, and age of mentors are often taken into consideration in this process. In the case of HOPE CDC, however, program mentors were *not* matched to individual youth, but instead assigned to specific schools. All of the mentors interviewed as part of this evaluation reported being assigned to work in a school rather than being matched to particular students. As noted previously, this approach is contrary to what has been found to be associated with successful programs based on previous evaluations.

Instead of the traditional approach to matching mentors with individual youth, HOPE CDC mentors reported working with an average of 25 children and/or youth.[16] The single, nonpaid volunteer reported providing mentor services to 3 students. The caseloads of seven full-time, paid positions were much greater, ranging from 12 to 55 students. Most of the HOPE CDC staff indicated that they had begun

working with youth in their assigned schools at the beginning of the 2007-2008 school year.

According to the results of the interviews with HOPE CDC mentors, the frequency of group contact varied somewhat by mentor. Half of the mentors reported meeting with youth in group settings on a daily basis, while the other half reported having at least one group meeting per week. Five of the eight HOPE CDC mentors and volunteer staff indicated that they had one-to-one meetings with youth at least once a week. All of the mentors were residing in the city of Charleston or the surrounding area.

While a one-to-one matching process was not utilized by the HOPE CDC program, evidence from program documents and mentor interviews indicate that efforts were made to learn about the hobbies and interests of mentors and students. Parent/guardian and student questionnaires were used to collect information about the youth and what he/she likes to do. In addition, in-person interviews with mentors revealed an effort on the part of HOPE CDC staff to learn more about the interests and/or hobbies of youth. All eight HOPE CDC mentors indicated a willingness to receive suggestions and/or input from students on how their time should be spent together. Nonetheless, it is not clear how this information was used by mentors to guide or adjust the actual delivery of services.

A disconnect in the interests of mentors and students was also noted by many students. According to the results of middle and high school student surveys (N = 11), only one-third of students indicated that they "liked to do a lot of the same things as their mentor." On the other hand, however, approximately two-thirds of students indicated that "their mentor thinks of fun and interesting things to do." As a result, while a strong mentor-youth match on individual interests and hobbies does not appear to be the case, many students still appear to enjoy the activities they engage in with their mentors.

Quality of Mentor-Youth Relationship

The importance of the mentor-youth relationship in determining the success of a mentoring program cannot be minimized. Research illustrates that programs which are successful at achieving strong, youth-centered relationships between youth and mentors tend to yield better outcomes. It is suspected that this is largely a function of both the quality and quantity of mentor-youth contacts. The variety of activities engaged in and the availability and/or accessibility of the mentor to youth are also believed to be important.

Report Highlights...

HOPE CDC mentors were assigned to specific schools, not matched to individual students as is suggested by the research.

Mentor caseloads far exceeded the 1-to-3 ratio suggested by TALKS and did not follow the triadic model.

Mentors reported meeting with youth in group settings and one-to-one.

Despite the lack of individual matching and an apparent disconnect on interests, most students appear to enjoy spending time with their mentor.

Multiple data sources were used to assess both the nature and frequency of contacts between youth and mentors as well as the student's perception of the relationship. Both sign-in log books and a database developed by the SAC were used to capture information on mentor-youth contacts. To track the number of contacts made in the school context, mentors were instructed to use sign-in sheets to record each of their visits. Analysis of the sign-in sheets indicated widespread variation in the use of sign-in sheets as well as the actual number of days each school was visited by at least one mentor.[17]

Over the course of the 2007-2008 school year, the number of visits to schools varied from a low of 17 days at Chandler Elementary to a high of 155 days at Stonewall Jackson.[18] Piedmont Elementary and Capital High School were visited a total of 70 days each by at least one mentor. Glenwood Elementary and J.E. Robins Elementary recorded

79 and 81 days in which a mentor had visited their school, respectively.

In addition, a contact database developed by the SAC and maintained by HOPE CDC, recorded the frequency and nature of mentor-youth contacts. Of the students selected to receive mentoring services, a total of 844 contacts were recorded in the database between mentors and students. It is important to note, however, that very few contacts were recorded by HOPE CDC staff prior to December 2007. Thus, the information on contacts is limited to the six month period between December 2007 and May 2008. The school year ended the first week of June 2008.

During this time, the number of contacts for each youth ranged from a total of 1 to 37. The average number of contacts per youth was 14, with a median of 13. Each youth contact lasted an average of 79 minutes. Most contacts were reported to last approximately 30 minutes. According to contacts reported by HOPE CDC staff, nearly all contacts were face-to-face (96.4%), as opposed to written or telephone communication. A small portion of the contacts were with parents of the student (2.4%) or school personnel (2.9%), but the majority of contacts involved the mentor meeting with the youth (94.3%). Over two-thirds of contacts took place at the school (70.8%) while 24.9% were recorded to have taken place at the HOPE CDC program office.

A school staff survey was also used to gather information on the nature of mentor-youth contacts. According to most school staff, significant accommodations were made to provide HOPE CDC staff with the opportunity to meet with students. School staff reported working with school-based mentors to identify specific times during normal school hours to meet with students. Mentors were also given the opportunity to meet with children and youth in after school programs. Virtually all of the 17 school staff interviewed as part of the evaluation indicated that "accommodations had been made to allow mentors to meet with their mentees during school hours."[19]

According to many school staff, the relationship being built between the mentor and youth was seen as the greatest strength of the HOPE CDC program. Teachers reported observing mentors interacting with mentees in a variety of ways. Mentors were viewed by teachers as providing encouragement to students, helping students set goals, engaging in team building exercises, and improving academic skills. They also observed mentors playing sports and taking field trips with youth. Teachers stated that they felt mentors helped to build student confidence, gave them an additional person to rely on and to get help from, and provided much needed role models.

A survey of middle and high school students was also used to identify how frequently they met with their mentors and the type of activities they engaged in. A total of 11 students in sixth and ninth grade participated both in HOPE CDC's program and the evaluation. Based on an analysis

Report Highlights...

The mentoring staff's presence varied greatly among the six schools involved in the study, ranging from 17 to 155 days.

Mentors reported meeting with assigned youth anywhere from 1 to 37 times between December 2007 and May 2008.

While the majority of contacts took place at the school, about one-quarter of the meetings occurred at the HOPE CDC program office.

Significant accommodations were made by schools to allow HOPE CDC opportunities to meet with youth both during school hours and after school.

School staff see the relationships between mentors and youth as the program's greatest strength.

Students appear to be satisfied with the HOPE CDC program despite feelings that it is not youth-centered and low levels of emotional engagement.

of student responses, sixty percent of students (6 of 10) reported spending time at least once a week talking about life with their mentor. Approximately forty percent (4 of 10) of students indicated that they spent time with their mentor completing homework assignments or studying for tests once a week or more (4 of 10). According to students, little or no time was spent with mentors exploring the internet or playing sports.

The student survey further explored the quality of the mentor-youth relationships. Using measures obtained from the national Big Brothers Big Sisters evaluation study, middle and high school students were given a series of statements designed to measure the quality of the mentor-youth relationship. Students were asked to indicate how true each statement was. Three aspects of the mentor-youth relationship were measured by these items–the degree to which the relationship was *youth-centered*, the level of *emotional engagement* on the part of youth, and the youth's level of *dissatisfaction* with the relationship (see Table 4). High scores on the youth-centered and emotional engagement scales indicate more of each construct. A low score on the dissatisfaction scale indicates that students were less dissatisfied with the mentor-youth relationship. The range of each scale is 1 (low) to 4 (high).

The results show little emotional engagement on the part of students and that student relationships with mentors were not perceived as being youth-centered. As shown in Table 4, the sample of HOPE CDC students scored low on youth-centered scale (2.59) compared to the BBBS students (3.69) indicating that they did not perceive the relationship to be youth-centered. In terms of emotional engagement, HOPE CDC students had an average score of 2.81 compared to youth contained in the BBBS evaluation (3.55). This score also signifies a low level of emotional engagement on the part of HOPE CDC students. At the same time, however, students were not particularly dissatisfied with the relationship either. Despite a lack of emotional engagement and feeling that the program was not youth-centered, it appears that HOPE CDC students continued to be satisfied with the relationship. The low average score of 1.45 on the part of HOPE CDC students suggests that students were *not* dissatisfied with the relationship with their mentors.

Table 4. Mentor-Youth Relationship Quality

	HOPE	BBBS
Youth-Centered Relationship	2.59	3.69
Emotional Engagement	2.81	3.55
Youth Dissatisfaction	1.45	1.61

Note: Mentor-youth matches in BBBS programs had been meeting for an average of 12.8 months.

Use of Community Resources

Best practices in mentoring underscore the importance of leveraging community resources, including family members, to expose youth to a variety of experiences and services. Information was gathered from mentors, youth, and parents to examine parent involvement and the use of community resources by HOPE CDC staff.

According to interviews with HOPE CDC mentors, it appears that they did not often engage in the practice of referring youth to services in the community. Mentors were asked to describe ways in which outside resources and/or referrals were used as part of their efforts to mentor students. In most instances, interview responses centered on referrals to the HOPE CDC office and encouraging youth to attend church. Often times the HOPE CDC office was used as a venue for retreats or workshops during breaks from school.

When asked specifically about the amount of time they spent identifying referral sources for students, however, most mentors indicated that they spent very little time in such activities. Only three of the eight mentors interviewed indicated that they spent much time seeking referrals for students. Five of the eight mentors reported spending "not too much" or "very little" of their time identifying referrals for mentees. However, all eight of the mentors indicated

that they spent at least some time helping the youth solve personal problems. Half of the mentors said they spent "a great deal" of time helping youth with personal problems.

An analysis of student survey responses suggested that very little time was spent outside of the school context with mentors. While mentors indicated that field trips to the Clay Center, movies, or ball games were used as rewards for students, nine of the eleven middle and high school students who received the services of a mentor indicated that they never spent time with their mentors outside of school. Moreover, the frequency of such contact varied for the two students reporting some contact with their mentor outside of school. One student reported meeting with their mentor in the community more than once a week. The other student said that such contacts occurred less than once a month. Only 3 of the 11 students surveyed indicated that they had ever spent time going out for food or going some place fun with their mentor.

To examine the efforts on the part of HOPE CDC to involve parents, a survey was sent home to the parents of all students who received mentor services (i.e., elementary, middle, and high school students). A total of 18 parents provided responses to the post-survey. In general, most parents reported little contact with their child's mentor. For instance, ten of the eighteen parents interviewed reported that they had never met with a mentor at school. In like manner, very few parents had contact with mentors at their home. Only three parents indicated that their child's mentor had contacted or visited them at home.

On the other hand, some parents did say that they had received information from the mentor and/or HOPE CDC (9) as often as once a week to less than once a month. A greater number of parents reported receiving phone calls from the mentor (12) compared to any other means of communication. Thus, half of parents said that mentors kept them informed of their child's progress during the school year while half thought they did not. However, parents were mixed on the issue of whether their child's mentor or HOPE CDC program staff had explained to them the purpose of the program as well as the extent to which they were kept informed of the activities taking place between their child and the mentor. Two-thirds of parents wished their child's mentor would ask for their input regarding program activities.

Nonetheless, in spite of the limited amount of contact reported by parents, most had a generally favorable view of the program. Eleven of the eighteen parents stated that interactions with their child's mentor had been positive. Many also believed that their child had been introduced to new experiences that would have not been available otherwise (10).

Report Highlights...

HOPE CDC does not appear to be fully utilizing other resources in the community to benefit youth.

All of the mentors did report spending some time helping youth solve personal problems.

The majority of students interviewed reported that they never spent time with their mentor outside of school.

While parents' views of the program were generally favorable, little parent involvement has been generated by HOPE CDC.

Program Monitoring

An important aspect to all prevention and intervention programs, including mentoring programs, is the capacity to self-evaluate and monitor performance. Programs that are successful at developing mechanisms for self-monitoring are more likely to be able to make the changes necessary to improve service delivery. Common approaches to self-monitoring include the use of customer satisfaction surveys and the routine collection of other forms of data, employee performance appraisals, ongoing training sessions, and the

development of quality assurance protocols. In school-based mentoring programs, such approaches might be evidenced by the use of surveys to assess service delivery from the perspectives of parents, students, school staff, and community partners. Official school records and program documents may also yield information on student progress and employee performance.

Based on the input from HOPE CDC program staff and mentors, there appears to be no formal method of self-monitoring or evaluation in place. Both the HOPE program staff and the mentors indicated that no formal written survey instruments had been used to measure customer satisfaction. That is, no formal means was in place to ask students, parents, and school staff how they felt about the program. Instead, only informal or "word of mouth" communication had been relied upon to obtain feedback about service delivery. It is important to point out, however, that HOPE CDC program staff have plans to develop such self-evaluation surveys in the future.

In terms of other forms of self-assessment and monitoring, only informal procedures were in place during the school year. According to feedback from program staff, the project director and HOPE CDC chief of staff monitor the activities of the in-school mentors on a daily basis and make recommendations for improvements. Informal methods for receiving feedback from teachers and other school staff are used on a regular basis. This primarily involved staff "checking with teachers" to see if their needs were being met. Likewise, if there is a problem that is not getting resolved, the principal will contact the HOPE CDC staff. No formal, written procedures were in place for receiving input from school personnel, parents, or students during the 2007-2008 school year.

This is not to suggest that no quality assurance mechanisms are in place. A review of program documents reveals that HOPE CDC guidelines require all applicants to participate in personal interviews, provide references from previous employers, and pass criminal background checks prior to hiring. In addition, mentor hiring criteria indicate that applicants are expected to have experience in youth development or a related area, have excellent communication skills, knowledge of marketing techniques to promote program engagement, be able to multi-task, and facilitate meetings with diverse groups. Volunteers are also required to pass a criminal background check and are interviewed and screened by HOPE CDC administrators. However, no formal, written procedures for evaluating employee performance were contained in HOPE CDC program documents. As a result, there does not appear to be a system or set of procedures in place for providing mentors with timely, relevant, and accurate feedback on performance.

There is, however, some evidence that the mentoring staff is tracking the progress of youth receiving services as it relates to their established performance measures. To determine which students are eligible for the incentives (i.e., gift certificates), HOPE CDC must review student grade and disciplinary information obtained from the schools. In addition, the mentoring staff monitored student attendance at school on a daily basis.

Report Highlights...

The HOPE CDC program could benefit from the establishment of formal methods for self-monitoring and evaluation.

The degree to which program participants, including school staff, parents, students, and mentors, are satisfied with its progress is not currently being measured.

While limited monitoring may be occurring in the form of "word of mouth" communications, it is unclear how this information influences operational or organizational changes.

Quality assurance mechanisms are in place in the form of written hiring practices for mentors and student performance measure data collection.

Discussion and Conclusions

This evaluation set out to examine the structure and operation of HOPE CDC's mentoring program. The central purpose was to ascertain whether HOPE CDC's program exhibited elements found to be associated with successful mentoring interventions. Previous evaluations of mentoring programs have yielded a great deal of information on the characteristics or elements associated with effective initiatives (MENTOR/National Mentoring Partnership, 2003; DuBois et al., 2002; Grossman and Rhodes, 2002; Herrera, 2004; Herrera et al., 2000; Jekielek et al., 2002; Morrow and Styles, 1995; Rhodes et al., 2005). These elements relate to various aspects of program structure and operation, including the identification and selection of youth participants, the youth-mentor relationship, screening of prospective mentors, the mentor-youth matching process, and so forth. These characteristics or elements formed the basis for this evaluation.

In using these program elements as a basis for comparison, this evaluation was able to systematically contrast HOPE CDC's mentoring program to characteristics of other known successful programs. Given that previous research has found that adequate program implementation is essential for achieving successful outcomes, multiple data sources were used in order to obtain a thorough view of the program's structure and operation. Official school records, HOPE CDC program documents, school and program staff interviews, as well as surveys of both students and parents were utilized. The use of these data sources, combined with the establishment of specific evaluation criteria rooted in previous research, offered a comprehensive framework for examining the potential for HOPE CDC's mentoring program to produce positive results.

Based on the results of this evaluation, the HOPE CDC program did not fully possess many of the elements found to be associated with successful mentoring programs. It is important to note, however, that this may be largely due to the newness of the program. It is not entirely uncommon for prevention and intervention programs to experience difficulties when first initiated. Previous evaluations of similar programs have most often been conducted on well-established programs (e.g., Tierney, Grossman, and Resch, 1995; Herrera et al., 2007). While HOPE CDC has routinely worked with schools in the past, the 2007-2008 school year was the first year it had taken the form of a youth "mentoring" program. As a result, the program encountered significant difficulties in implementation, particularly at the beginning of the school year.

With that said, this evaluation found that the HOPE CDC program did not pair well with more established, successful programs. Many of the elements found to be empirically associated with the most successful programs were only minimally present in the HOPE CDC program. Some of the program's limitations appear to stem from the model chosen to serve as the foundation for the program and its application. As noted previously, the TALKS curriculum was selected by HOPE CDC administrators and staff to serve as the foundation for providing youth with mentoring services.

A close review of the TALKS curriculum and its application, however, discovered that the curriculum is not evidence-based. Nor did it appear that it was being closely followed by HOPE CDC mentors. To date, there is little or no evidence that this program has been successful at improving student performance or reducing antisocial attitudes or delinquent behavior. This evaluation further noted several ways in which the operation of the program departed from the curriculum itself. Such modification to the curriculum and a lack of empirical evidence to support the TALKS model may have had an impact on the integrity of the program.

Perhaps the difficulties in implementing the TALKS model may have been due to the expectations placed on the program by school administrators. Or they could simply be due to the program trying to do too much for too many students. The TALKS program was designed to involve a "minimal" time commitment on the part of mentors. Moreover, it was intended to operate within small groups based on a structured "triadic" approach; thereby, coupling one at-risk youth with two better adjusted students. While

the TALKS curriculum does allow for some modification to this small group dynamic, this evaluation found a mentor-youth ratio (i.e., 1 to 25) that far exceeded most other successful mentoring programs. By the end of the 2007-2008 school year, HOPE CDC program administrators reported serving approximately 255 students in Kanawha County. The SAC evaluation team could account for only seven full-time mentors (i.e.,"Youth Development Specialists") and one volunteer working in the six participating schools.

It is possible that this high mentor-youth ratio is a direct consequence of the process by which students were selected to participate in the HOPE CDC program and subsequently matched to mentors. It might be argued that the first step in creating a successful mentoring program is to identify and select students who can potentially benefit from the services. Once a pool of youth are identified, in this case students, it is important to match the characteristics of mentors to the interests and characteristics of youth. Such factors as geographic proximity, race, gender, and age of mentors are often taken into account in this process. In the HOPE CDC program, however, this process did not take place. Mentors were not matched to individual youth, but instead assigned to specific schools. Therefore, no match was made based on the individual interests or other characteristics of youth. As a consequence, mentors became managers of large caseloads rather than having the emphasis placed on the formation of quality relationships.

Such a process can have a negative impact on the development of quality mentor-youth relationships. While mentors were assigned to schools rather than individual students, there is little question that the mentors worked hard to establish close relationships with students. In fact, the relationships being built between the mentors and youths were seen as the greatest strength of the program according to some school staff. However, the results of this evaluation showed little emotional engagement on the part of students. Likewise, students generally did not view their relationship with mentors as being youth-centered. Previous research has shown that the likelihood of achieving successful outcomes increases when programs are perceived as being youth-centered and are able to get youth emotionally engaged with their mentors (Rhodes et al., 2005; Rhodes and DuBois, 2006; Morrow and Styles, 1995).

This high mentor-youth ratio may also have contributed to other problems in implementation and service delivery. From the onset, it was clear that many school staff and administrators felt that the program lacked adequate structure and planning. While the relationship between the program staff and school officials appeared to improve over the course of the year, some teachers expressed frustration in not knowing how mentors were to be integrated into the school context or classroom. Indeed, it is not clear that mentors received all of the necessary training prior to being assigned to their respective schools. A review of program documents yielded little or no documentation of tutoring activities or what was expected of mentors. Based on face-to-face interviews with program staff, only two of the eight mentors described training on how to tutor youth in core subject areas.

Another important aspect of mentoring programs is the involvement and use of community resources, including family members. Based on interviews with HOPE CDC mentors, it did not appear to be a common practice to refer youth to other community services. In most instances, youth were only referred to the HOPE CDC office or encouraged to attend church. At the same time, it did not appear that the HOPE CDC staff adequately involved parents in the process. Generally, most parents reported little contact with their child's mentor. Most parents reported having never had contact with their child's mentor at school and even fewer had been contacted by the mentor at their home. Parents were mixed on the issue of whether their child's mentor or HOPE CDC program staff had explained to them the purpose of the program or kept them informed of the program activities.

Finally, another important aspect of a mentoring program is its capacity to self-evaluate or monitor performance. Based on the input from HOPE CDC staff and mentors, this evaluation found little or no evidence of a

formal method or protocol to monitor the staff's or program's performance. While information on student grades and attendance was being gathered by program coordinators, it was not clear how this information was being used to assess student progress. The SAC evaluators were only aware of the information being used to determine the allocation of rewards for student performance and behavior. Both program staff and mentors indicated that there was no formal means for gathering input from students, parents, or school staff on the performance of the program. Likewise, a review of program documents yielded no information on a system or set of procedures for providing mentors with timely, relevant, and accurate feedback on their performance.

Many of the positive aspects of HOPE CDC's program can be found in the programs staff's relationship with school personnel as well as the genuine interest on the part of program staff to help children and youth. While school staff were less certain that the program would be effective at improving school attendance and/or reducing unwanted behavior, a vast majority of school officials liked the program and wanted it to continue. Moreover, the relationship between mentors and school personnel appeared to improve over the course of the school year. According to the results of interviews conducted at the end of the 2007-2008 school year, a vast majority of teachers said they would recommend the program to other teachers and schools. In addition, the use of incentives to encourage good student behavior and performance was another important strength of the program. Such incentives can serve as reinforcements for good behavior.

Based on a research design and data collection methods commonly utilized in previous research on mentoring programs, this evaluation provided a detailed examination of the HOPE CDC program. Similar to previous evaluation designs, every effort was made to obtain accurate and reliable information from multiple data sources. However, this evaluation was not able to overcome certain limitations.

First, this study was not able to adequately assess the long-term dependability and availability of mentors. Previous research has identified this to be a key factor in determining whether a particular mentor-youth match will be successful at producing positive outcomes (Herrera, 2004; Grossman and Rhodes, 2002; Rhodes and DuBois, 2006). Given that this evaluation was conducted over the course of a single school year, it was not possible examine this important aspect of the mentor-youth relationship.

Second, a mail survey was utilized to obtain information from parents of children that received the services of a mentor. A survey administration procedure involving multiple follow-up letters and surveys (including a reminder telephone call) was applied in a effort to obtain an adequate response rate. In spite of repeated efforts to encourage parents to complete and return the surveys, a response rate of only approximately 30% was obtained at post-intervention. As a consequence, the results of the parent survey reported in this present evaluation may not be representative of all parents involved in the program.

The results of this evaluation provide useful information for further development of HOPE CDC's mentoring program. While the results imply that the intervention falls short of having many of the elements that characterize other successful programs, these conclusions are not unique in regards to newly developed programs. It is common for programs to experience difficulties in implementation at the onset. Moreover, early evaluations such as the current one can guide future development by helping program staff identify potential areas for improvement. Given that the HOPE CDC program clearly has considerable school and community support, it is hoped that the information will be useful to program administrators as they continue to provide important services for troubled students in the public school system.

Endnotes

[1] HOPE Community Development Corporation is operated by Matthew Watts, Pastor of Grace Bible Church in Charleston, WV.

[2] HOPE CDC seeks to work with entities such as social services, mental health services, community groups, faith-based organizations, and local businesses to accomplish the program's goals. The program also tries to use local colleges

to provide staff for workshops and education on working with at-risk children and youth. HOPE CDC has also sought to develop cooperative relationships with both the court and probation and parole systems.

[3] HOPE CDC operates in multiple schools ranging from elementary to high schools. Given the differences in school administration and operation, HOPE CDC works with each school to establish a plan for delivering services. As a result, the daily activities and operations of the program vary by school. School administrators and staff also have different expectations for the program as well. For example, some schools emphasize WESTEST scores to a greater extent and want the mentors to work closely with students on practice tests. Likewise, some schools provide an entire class period for mentors to meet with youth while others do not provide as much structured time during school hours.

[4] An incentive or reward system was developed by HOPE CDC based on criteria pertaining to grades, attendance, and/or behavior. Middle and high school students can earn $50.00 in gift certificates per nine weeks, while elementary students can earn $30.00 per six weeks. By allowing their child to participate in the program, parents authorize the schools to release report cards, disciplinary referrals and suspension information, and WESTEST scores to HOPE staff.

[5] Duties include providing mentoring for youth, tutoring youth particularly in math and reading, assisting with youth intake and application, maintaining records and tracking activities, and maintaining effective communication strategies.

[6] Reverend Watts received a license and was certified to use the TALKS curriculum in 2006.

[7] The TALKS curriculum is provided in a series of book volumes. The volumes include TALKS My Father Never Had With Me, TALKS My Mother Never Had With Me, and Talks My Daddy Never Had With Me. The curriculum also includes mentor guides and workbooks for youth. The curriculum has multiple versions for different context including schools, juvenile detention facilities, and faith-based organizations. More information can be found at: http://www.talksmentoring.org/index.htm.

[8] The HOPE CDC program evaluation is being conducted in two stages. This study represents the first stage and reports the results of the process evaluation. The second stage seeks to assess the impact of the program on student attendance, grades, behaviors, and attitudes. The follow-up report will present the results of the impact evaluation.

[9] It is also important to note that the four elementary schools served a somewhat transient population and many students transferred between schools during the year. Three of the elementary schools were on an alternative, year-round schedule.

[10] Middle and high school students were also later given assent forms requesting their participation in the self-administered survey.

[11] All procedures related to the protection of human subjects in research were reviewed and approved by Marshall University's Institutional Review Board for the Social and Behavioral Sciences (IRB #2).

[12] This evaluation involves an experimental research design with random assignment of students to treatment and control groups. Students assigned to control groups were placed on a waiting list to receive HOPE CDC services. Both the use of random assignment and the use of waiting lists are common approaches routinely employed in previous impact or outcome evaluations of mentoring programs. The results of the impact portion of this evaluation will be presented in a subsequent report. Given the focus of this first report, however, the analysis centers solely on students and parents of students that were selected to receive the services of a mentor. The purpose is to obtain information from students and parents that had the opportunity to work with a HOPE CDC staff.

[13] These data will be used to examine pre-post differences in grades, attendance, and behavior for students as part of the impact study to follow this report. This information will also be used to assess the impact of attrition and missing data on the study results.

[14] The SAC evaluation team prepared survey packets and delivered them to the schools. School staff distributed the packets to each student with the instructions to take them home to their parent and/or guardian. Parents were instructed to return their surveys via their child or hand-deliver them to the schools. Parents were also given the option of returning the survey by mail using a self-addressed, stamped envelop that was provided. An approach modeled after Dillman's (1978) total design method was used for subsequent follow-up mailings. Two follow-up mailings were distributed with one to two week intervals. Post-surveys were conducted in May 2008 in the same manner. However, due to low response rates an additional attempt was made in July 2008 to contact parents by telephone and then mailing an additional copy of the survey directly to their home. Students were surveyed at both time frames in person at school in a group classroom setting.

[15] There was no turnover in staff working as mentors during the 2007-2008 school year. We are only aware of one situation where a mentor was reassigned to a different school and this occurred near the end of the school year.

[16] Based on communications with HOPE CDC staff, approximately 255 youth from the six schools involved in this study were receiving services by the end of the 2007-2008 school year. Therefore, caseloads may be even higher than those reported by mentoring staff.

[17] The time periods covered by sign-in log books located at each of the participating schools varied considerably for reasons not known to the evaluators. The school name and time period covered is as follows: Chandler Elementary (March 2008–June 2008); Piedmont Elementary (February 2008–June 2008); Capital High School (October 2007-June 2008); Glenwood Elementary (December 2007-June 2008); J.E. Robins Elementary (September 2007-June 2008); Stonewall Jackson Middle School (September 2007- June 2008).

[18] It is worth noting that Stonewall Jackson Middle School reported extensive implementation difficulties at the beginning of the school year. In particular, they experienced difficulty in obtaining parent cooperation with the HOPE CDC mentoring program. In addition, for reasons unknown to the researchers, school administers limited the number of students referred to the program to 25 at the beginning of the year. The limited number of students referred to the program by school administrators, combined with a lack of parent participation, resulted in a very small sample of students from Stonewall Jackson that were eligible to participate in the evaluation (N = 11). Over the course of the school year, however, HOPE CDC and Stonewall Jackson became more successful in the recruitment of student participants. Unfortunately, students contacted for enrollment in the program after November 2007 were excluded from participation in this evaluation. The names of these students were not provided to the evaluation team; thereby, rendering the random assignment of students to treatment and control groups not possible.

[19] Examples of school accommodations include: teachers allowing mentors to spend time in the classroom observing instruction and helping students, permitting mentors to pull students aside for extra help during class, snack time, and lunch, allowing homeroom to be used as a meeting time, and dedicating an entire class period to the HOPE CDC program as an elective course.

References

Davis, H. D. (2006). TALKS mentoring movement-TALKS mentoring of Champaign County-Transferring a little knowledge systematically. Champaign, IL: KJAC Publishing.

Dillman, D. A. (1978). Mail and telephone surveys: The total design method. New York, NY: John Wiley & Sons, Inc.

DuBois, D. L., Holloway, B. E., Valentine, J. C., and Cooper, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology, 30*, 157-197.

Grossman, J. B., and Rhodes, J. E. (2002). Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology, 30*, 199-219.

Herrera, C. (2004). *School-based mentoring: A closer look.* Philadelphia, PA: Public/Private Ventures.

Herrera, C., Grossman, J. B., Kauh, T. J., Feldman, A. F., and McMaken, J. (2007). *Making a difference in schools: The Big Brothers Big Sisters school-based mentoring impact study.* Philadelphia, PA: Public/Private Ventures.

Herrera, C., Sipe, C. L., and McClanahan W. S. (2000). *Mentoring school-age children: Relationship development in community-based and school-based programs*. Philadelphia, PA: Public/Private Ventures.

Jekielek, S., Moore, K. A., and Hair, E. C. (2002). *Mentoring programs and youth development: A synthesis*. Washington, DC: Child Trends.

Jucovy, L. (2002). *Measuring the quality of mentor-youth relationships: a tool for mentoring programs*. Philadelphia, PA: Public/Private Ventures.

Khan, C. T. and Reis, J. (2006). *Promoting youth development through school-based group mentoring: an evaluation study of TALKS mentoring*. Champaign, IL: Champaign School District 4.

MENTOR/National Mentoring Partnership (2003). *Elements of Effective Practice (2nd Edition)*. Alexandria, VA. Retrieved September 12, 2008, from www.mentoring.org.

Morrow, K. V., and Styles, M. B. (1995). *Building relationships with youth in program settings: A study of Big Brothers Big Sisters*. Philadelphia, PA: Public/Private Ventures.

Rhodes, J. E. and DuBois, D. L. (2006). Understanding and facilitating the youth mentoring movement. *Social Policy Report*, Vol. XX, No. III.

Rhodes, J., Reddy, R., Roffman, J., and Grossman, J. B. (2005). Promoting successful youth mentoring relationships: a preliminary screening questionnaire. *The Journal of Primary Prevention*, Vol. 26, No. 2 (147-167).

Tierney, J. P., Grossman, J. B., and Resch, N. L. (1995). *Making a difference. An impact study of Big Brothers Big Sisters.* Philadelphia, PA: Public/Private Ventures.

Williams, M. M. (n.d.). *Youth mentoring by working professionals: TALKS mentoring program curriculum community of practice review*. Capstone project submitted to Jones International University.

West Virginia Department of Education (n.d.). West Virginia Education Information System (WVEIS) Data On-Demand. Accessed online at: http://wveis.k12.wv.us/nclb/pub/index.cfm.

Acknowledgments

The authors would like to thank Rev. Matthew Watts, *HOPE CDC President*, Bonita Perry-Dean, *HOPE CDC Chief of Staff* and all of the HOPE CDC Youth Development Specialists and Coordinators for their support and assistance with the program documentation review and interview process.

We would also like to thank Dr. Ronald Duerring, *Superintendent of Kanawha County Schools* for allowing the research staff access to schools and assistance in obtaining WVEIS data. James Withrow, Jerry Legg, and Nancy Baldwin, of the Kanawha County Board of Education provided and assisted with the interpretation the WVEIS data.

School administrators and staff at Chandler Elementary, Glenwood Elementary, J.E. Robins Elementary, Piedmont Elementary, Stonewall Jackson Middle School, and Capital High School are greatly appreciated for allowing us access to their schools and for their participation and cooperation throughout the interview and survey process.

Finally, the authors would like to acknowledge Monika Sterling, *Statistical Analysis Center* for her invaluable assistance with the many data collection procedures involved with this project.

Funding Source

This project was supported by grant #2007-BJ-CX-K052, awarded by the U.S. Department of Justice, Bureau of Justice Statistics through the State Justice Statistics Program. The views expressed in this report are those of the authors and do not necessarily reflect the opinions of the U.S. Department of Justice, the Bureau of Justice Statistics, or the West Virginia Division of Criminal Justice Services.

Recommended Citation

Haas, S. M. and Turley, E., (2008). *Helping others pursue excellence: A process evaluation of HOPE CDC's mentoring program*. Charleston, WV: Criminal Justice Statistical Analysis Center, Division of Criminal Justice Services, Department of Military Affairs and Public Safety. Available online at www.wvdcjs.com/statsanalysis.

DCJS Administration

J. Norbert Federspiel, *Director*
Jeff Estep, *Deputy Director*

Division of CRIMINAL JUSTICE SERVICES

1204 Kanawha Boulevard, East
Charleston, WV 25301
Phone: 304-558-8814
Fax: 304-558-0391
www.wvdcjs.com