

Mentoring Children Affected by Incarceration

An Evaluation of the Amachi Texas Program



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Executive Summary

Each year in the United States, millions of parents are removed from their communities, separated from their children, and sent to prison or jail. Available data indicates that approximately 1.7 million minor children had an imprisoned parent in 2007 (Glaze and Maruschak, 2008). The loss of a parent to the criminal justice system has the potential to be one of the most traumatic experiences that children will have to endure in their lifetime. Research suggests that parental incarceration can significantly impact a child's emotional and psychological development and well-being. Although estimates vary, research studies suggest that children with incarcerated parents are more likely than other children to be involved with the criminal justice system and to be incarcerated at some point in their lives (Phillips, Burns, Wagner, Kramer, and Robbins, 2002; Young and Smith, 2000).

To date, few resources are available and little is known about how best to alter the potentially negative effects of parental incarceration on children. However, researchers maintain that a strong, close, and supportive relationship with a caring adult is a strategy that may help to mediate the negative effects of having an incarcerated parent. Since 2006, Amachi Texas, which operates out of Big Brothers Big Sisters (BBBS) agencies in Texas, has matched volunteer mentors with children affected by family incarceration, with the goal of breaking the cycle of incarceration. This evaluation report presents findings from a longitudinal randomized controlled trial (RCT) designed to examine the impact of Amachi Texas on improving outcomes for children affected by incarceration.

Amachi Texas Program Evaluation

In 2007, ICF International (ICF) and Baylor University designed and implemented a longitudinal RCT study to determine the impact of the mentoring offered by Amachi Texas. The evaluation used a multi-method approach that included process and outcome components to describe not only *how* the program is implemented across sites but *what* effect the program has on improving outcomes for children affected by family incarceration. This experimental study primarily sought to answer the following question about the efficacy of mentoring relationships:

What is the impact or “value-added” of one-to-one mentoring on improving individual-level outcomes—including attitudes toward school, social competence, prosocial behaviors, relationships with family and caring adults, and hopes for the future—for children with an incarcerated parent and/or relative?

The three-year study was designed to test the impact of the Amachi Texas program on outcomes for children affected by family incarceration. The study was implemented in three Amachi program sites—Abilene/Dallas, Austin, and San Antonio—operating in three BBBS organizations in the state of Texas. Together these organizations represent approximately 80 percent of the Amachi matches in Texas.

Key Findings

Findings from the main impact analysis indicate that the presence of a caring, supportive adult mentor improves short-term outcomes for children affected by family incarceration. Additionally, the evidence suggests that the impact of one-to-one mentoring on child-family relationships and child well-being outcomes is sustained and improves as the duration of the mentoring relationship increases.

Findings from the process component of the study pointed to several key features of successful matches. Generally, stakeholders identified the characteristics of the volunteer mentor (such as gender, age, consistency, people skills, and flexibility) as the most important drivers in the mentoring relationship. Many noted consistency and commitment as critical character traits of mentors in successful matches.

Together, the findings from the study suggest that Amachi Texas makes a difference and that these mentoring relationships positively influence short- and long-term outcomes for children affected by family incarceration.

I. Introduction

The United States has the highest incarceration rate in the world, with more than 1 in 100 adults behind bars (Warren, Gelb, Horowitz, and Riordan, 2008). Children with an incarcerated parent represent one of the fastest growing at-risk populations in the country. Of the 74 million children under the age of 18 in the United States in 2007, about 1 in every 43 had a parent in prison (Eddy and Poehlmann, 2010). These children are vulnerable to an array of short- and long-term negative outcomes, including low educational attainment and school failure, drug and alcohol abuse, mental health problems, juvenile delinquency, and incarceration.

Mentoring relationships have been identified as a strategy to help children with incarcerated parents, potentially providing a measure of stability and support (U.S. Department of Health and Human Services, 2008). Available research suggests that well-designed and implemented mentoring programs—those that provide opportunities for children and youth to establish a relationship with a caring adult—have the potential to reduce the risk factors and promote positive outcomes among vulnerable children and youth (Grossman and Rhodes, 2002).

Organized mentoring programs have emerged over recent years, becoming a popular preventive intervention. To understand the importance of mentoring relationships, and more specifically mentoring relationships with children affected by incarceration, the Office of Juvenile Justice and Delinquency Prevention awarded a field-initiated research grant to ICF International (ICF) and Baylor University to implement a randomized controlled trial (RCT) to determine the impact of the Amachi Texas mentoring program on children with incarcerated parents and/or family members. The three-year study included an outcome and process evaluation intended to: 1) determine the impact of the program on children, and 2) provide an understanding of how mentoring is being delivered to this population of children.

This report summarizes the key findings from the study and is organized into seven sections.

- Section I introduces the report
- Section II presents a review of the literature
- Section III describes the evaluation of the Amachi Texas mentoring program and highlights key program components
- Section IV provides an overview of the evaluation design and methodology
- Section V presents key findings from the study
- Section VI highlights the limitations of the findings; and
- Section VII provides a summary of the findings, implications for practice, and general conclusions.

II. Literature Review

Each year in the United States, millions of parents are removed from their communities, separated from their children, and sent to prison or jail. In 2008, 1 in every 100 American adult was incarcerated, reflecting a surge in the nation's prison population that dates back to the 1980s (Warren, Gelb, Horowitz, and Riordan, 2008). By the end of 2009, over 1.6 million adults were in federal or state jail or prison (West, Sabol, and Greenman, 2010) and an additional 5 million were under federal, state, or local probation or parole (Glaze, Bonczar, and Zhang, 2010). The large number of imprisoned adults in the U.S. population and the potential negative effects of imprisonment on individuals, families, and communities has recently become a focus area for advocates, researchers, policymakers, and service providers. In particular, much attention is being paid to addressing the risk factors of the unintended adverse consequences of parental incarceration on children.

Over the past several years, the number of federal and state inmates with one or more minor children has grown at an alarming pace. Available data indicates that approximately 1.7 million minor children had an imprisoned parent in 2007 (Glaze and Maruschak, 2008). The loss of a parent to the criminal justice system has the potential to be one of the most traumatic experiences that children will have to endure in their lifetime. Research suggests that parental incarceration can significantly impact a child's emotional and psychological development and well-being. The separation from a parent can make children vulnerable to a variety of short- and long-term emotional and behavioral challenges, making them one of the largest at-risk populations in the country. A parent's incarceration can lead to disruptions, uncertainty, and feelings of abandonment. The trauma of parental incarceration and its consequences are exacerbated when parents cycle in and out of jail and in and out of their children's lives.

2.1 Consequences of Parental Incarceration

When a parent is incarcerated, children may feel confused, guilty, and traumatized by the separation. These reactions, the circumstances of the parent's arrest, and the type of relationship between parent and child will vary. Children who witness their parent's arrest are more likely to experience nightmares and mental health problems than those not present during the arrest (Miller, 2006). Similarly, parental separation is likely to be more difficult for children who lived with or had continual contact or a strong relationship with the incarcerated parent. Generally, children with incarcerated parents face myriad challenges that range from family instability to disrupted living arrangements to financial hardships.

Although we do not know with certainty the precise impact of parental incarceration on children, research suggests that the shame, stigma, and trauma associated with parental incarceration may develop into long-term as well as short-term emotional, psychological, and behavioral challenges for children (Lange, 2000). These children are at risk of negative outcomes, including both internalizing behaviors such as depression, anxiety, and difficulty forming attachments, and externalizing behaviors such as aggression, disciplinary problems, and "acting out" behavior (Phillips, Burns, Wagner, Kramer, and Robbins, 2002). They are at-risk of long-

term negative outcomes including mental health problems, drug use, school failure, delinquent activity, and intergenerational incarceration (Trice and Brewster, 2004; Simmons, 2000; Murray and Farrington, 2007). Although estimates vary, research studies suggest that children with incarcerated parents are more likely than other children to be involved with the criminal justice system and to be incarcerated at some point in their lives (Phillips, Burns, Wagner, Kramer, and Robbins, 2002; Young and Smith, 2000).

To date, few resources are available and little is known about how best to alter the potential negative effects of parental incarceration on children. These children, often referred to as an “invisible” and “forgotten” population, traditionally have been understudied and underserved. Although more studies are now available that explore the impact of incarceration on children, few studies have identified the needs that arise from such circumstances. Further, although many programs reach out to those incarcerated, very few address the specific needs of the children affected by this situation. Although the research in this area is growing, the field is still in its infancy and more research is needed to fully understand the service needs of this population or how best to meet them. Identifying the issues that these children face and understanding how best to address their needs is essential to reducing the risk factors and promoting positive outcomes for this vulnerable population.

2.2 Supporting Children of Incarcerated Parents

Researchers maintain that a strong, close, and supportive relationship with a caring adult is a strategy that may help to mediate the negative effects of having an incarcerated parent. Specifically, well-designed and implemented mentoring programs, with quality mentor-mentee relationships, have been shown to be effective at increasing children’s well-being, including their academic competence and achievement, and at reducing problem behaviors (Grossman and Rhodes, 2002). Importantly, mentoring programs can provide children affected by incarceration with opportunities to develop a trusting relationship with a caring adult who can serve as a positive role model and provide appropriate guidance and support to help children reach their full potential.

2.3 Amachi: Mentoring Children of Promise

Given the potential benefits of mentoring, several initiatives have been developed to make mentoring available to children with incarcerated parents. Among these is the Amachi program, which aims to break the inter-generational cycle of crime and incarceration by matching children of incarcerated and formerly incarcerated parents with a caring adult mentor. The first Amachi program was established in September 2000 in Philadelphia, PA as a result of the leadership and vision of Dr. W. Wilson Goode, Sr., former two-term mayor of Philadelphia, as well as the collaborative thinking of stakeholders from the University of Pennsylvania, Pew Charitable Trusts, Public Private Ventures, and Big Brothers Big Sisters of America. Amachi has quickly expanded across the nation with financial support from public and private stakeholders, including the Annie E. Casey Foundation and the William Simon Foundation. There are currently at least 350 programs in 250 cities and all 50 states that have adopted or were

inspired by the Amachi model. To date, these programs have served more than 300,000 children.

2.3.1 Amachi Texas

In Texas, the Amachi program was established in 2006 as a public-private partnership and joint initiative of the Office of the Governor, the Texas Department of Criminal Justice, the Texas Education Agency, OneStar Foundation, and all BBBS organizations in the state. The program is funded by the state of Texas with BBBS Lone Star as the fiscal/operating agent for the initiative.

Amachi Texas is the first statewide model to offer children of prisoners one-to-one mentoring intervention. The program's mission is to prevent the inter-generational cycle of crime and incarceration by helping children of prisoners realize their maximum potential through safe, positive, one-to-one mentoring relationships. Since its inception, the program has provided mentors to approximately 8,000 children across the state of Texas.

III. Evaluation of Amachi Texas

In 2007, ICF and Baylor University designed and implemented a longitudinal RCT study to determine the impact of the mentoring offered by Amachi Texas. The evaluation used a multi-method approach that included process and outcome components to describe not only *how* the program is implemented across sites but *what* effect the program has on improving outcomes for children affected by family incarceration. By combining quantitative and qualitative data, the evaluation enables an understanding of how community-based mentoring relationships affect children with incarcerated parents and/or relatives as well as the potential benefits of mentoring relationships for mentors and parents/caregivers.

3.1 Randomized Controlled Trial Study

This experimental study primarily sought to answer the following question about the efficacy of mentoring relationships:

What is the impact or “value-added” of one-to-one mentoring on improving individual-level outcomes—including attitudes toward school, social competence, prosocial behaviors, relationships with family and caring adults, and hopes for the future—for children with an incarcerated parent and/or relative?

By impact, we mean the difference between the outcomes observed for children matched with a mentor and what *would have been observed for these same individuals had they not been matched*. The goal of this study was to use information from children matched with a mentor and a statistically equivalent group of students who did not receive mentoring to determine whether the mentoring relationship *caused* the observed outcomes.

3.2 Amachi Texas Program Activities

Programming for Amachi Texas is provided through BBBS, which strives to meet the needs of children in the community by reaching those children who need and want a mentor.

3.2.1 Core Mentoring Programs

BBBS agencies offer a variety of mentoring programs that allow volunteer mentors (also known as “Bigs”) to come together with children who have expressed interest in a mentor (also known as “Littles”). These services are available to all children, including Amachi-eligible children (i.e., children with an incarcerated parent and/or relative).

The two main programs are the *school-based program*, in partnership with local elementary and middle schools, and the *community-based program* through which Bigs and Littles participate in activities in their community. Several agencies also offer variations of the school-based program, including high school-based mentoring programs that give high school students and/or graduates the opportunity to serve as mentors to a younger child in the school setting or in the community. In addition, BBBS agencies may offer Beyond School Walls, a workplace mentoring program through which partnering companies support and encourage their

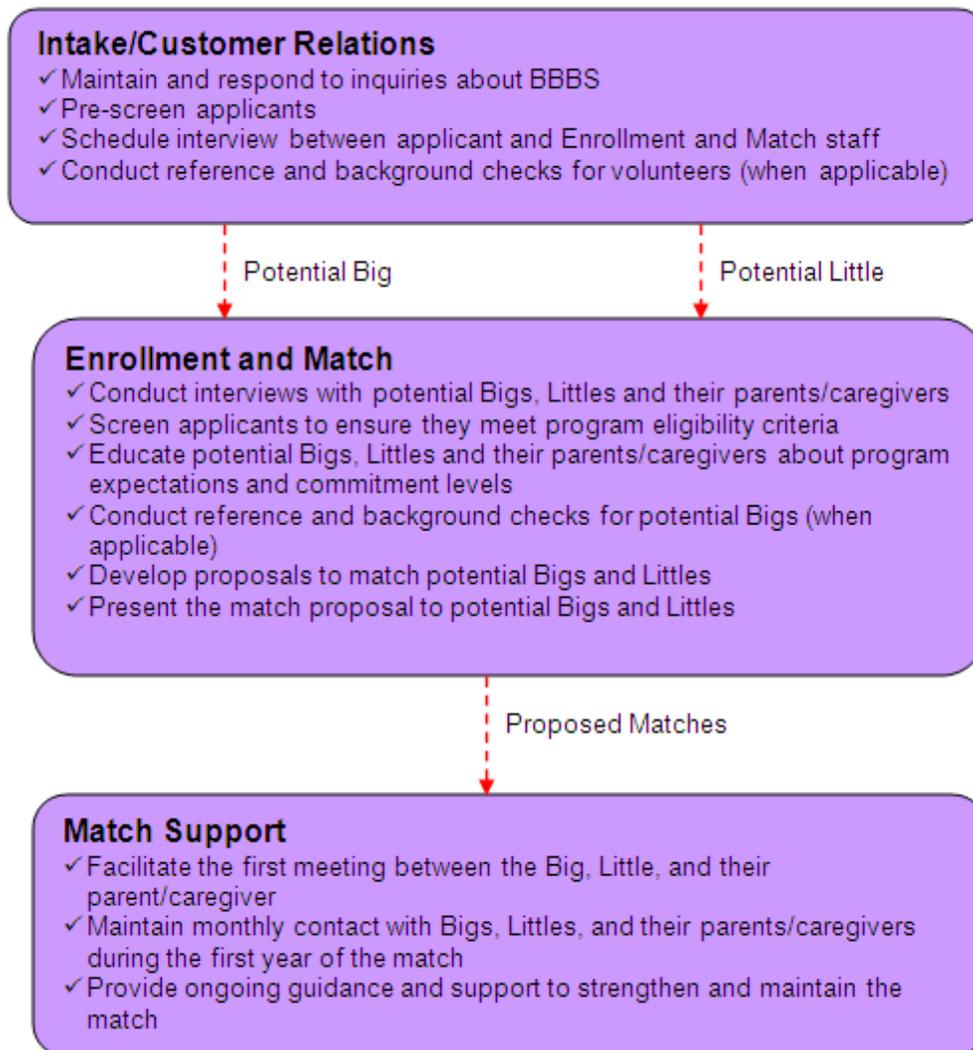
employees to become BBBS mentors to Littles from a nearby school. This initiative exposes children to the business world while providing a positive mentoring relationship.

As shown in Table 1 below, each program has specific requirements related to volunteer eligibility, meeting locations (school versus community setting), frequency of meetings between Bigs and Littles, and type of interaction (one-to-one versus group meetings).

Table 1: Big Brothers Big Sisters Core Programs				
Program	Characteristics			
	Mentor Eligibility Criteria	Meeting Locations	Frequency of Meetings	Type of Interactions
Community-based	Adult	Community	One to four times per month (one hour a week/ few hours every month)	One-to-one meetings
School-based	Adult	School setting	Once a week/ every other week during the academic year	One-to-one meetings
High School-based	High school student	School setting	Once a week	Structured and supervised group meetings
Beyond School Walls	Adult	Workplace setting	Every other week during the academic year	One-to-one meetings / group meetings

The BBBS organizations use a consistent, youth-centered service delivery model, which takes into account both the needs and interests of the child throughout the entire matching process and the duration of the match. The model is implemented by program staff with specialized functions in customer relations, enrollment, and match support. As shown in Exhibit 1, program staff perform a variety of activities within these functions to screen volunteers, orient children and families to the program, and match children and volunteers. Although the specific activities may vary from site to site, the functions are the same across BBBS agencies and across its many programs (i.e., the same for the Amachi community-based program and for the general community-based program).

Exhibit 1: BBBS Program Activities



Enrollment: Enrollment specialists conduct individual interviews with volunteer applicants, parents/caregivers, and children before they enroll in the program. In general, the role of the enrollment specialist is to obtain as much information as possible during the interviews to make the best match possible. To assess potential volunteers, enrollment staff explore their interest and motivation for enrolling in the program as well as their willingness to mentor children from a variety of backgrounds. Enrollment specialists also educate applicants about the commitments and expectations of the program. Program participants are asked to make a one-year commitment (at least) and to meet two to four times per month with their Little.

Once interviewed and enrolled (after the background check has cleared), volunteers are encouraged to participate in training prior to being matched with a child. The training—Mentoring 101—provides general information about the expectations of the mentoring

relationship (e.g., qualities of an effective mentor and keys to a successful match) and enables volunteers to learn about the experiences of other Bigs.

When all of the interviews are completed, enrollment staff develop a match proposal that includes a recommendation for matching a specific child and volunteer. Generally, the match proposal is based on the child's needs and characteristics and the volunteer's experience. In addition, matches are based on geographic location, interests, and preferences. Children and volunteers who cannot be matched immediately are placed on the agency's waiting list.

Match Support: Once a child has been matched with a volunteer, the goal of the program is to provide all stakeholders in the match—the Big, Little, and his/her parent/caregiver—with the supports necessary to ensure the success of the match. A match support specialist is assigned to oversee and “case manage” each match; these staff serve as coaches and provide a support system for the Bigs, Littles, and parents/caregivers. They schedule the first introductory face-to-face meeting between the Big and the Little, help clarify program guidelines and expectations, and maintain monthly contact with all participants to assess their satisfaction with the match and to offer advice and support to ensure the relationship is progressing. By being available to support the match, match support specialists seek to maintain the match and reduce the number that discontinue.

IV. Methodology

This three-year study was designed to test the impact of Amachi Texas on youth-level outcomes. Study participants consisted of children and youth, ages 7 to 13, enrolled in the Amachi mentoring program in three BBBS sites between August 2008 and April 2010. Children were randomly assigned to either a mentor list (to be matched with a mentor) or to a “ready to match” (i.e., wait list)¹; those assigned to the “ready to match” list would be tracked and become eligible to be matched with a mentor 18 months after assignment to the list.

At most BBBS program sites, the number of children in need of a mentor far exceeds the number of mentors available; the average time on the wait list is 12 months or longer. Because of this circumstance, the assignment of children to a non-match or control group was feasible and perceived as a fair and equitable manner in which to distribute mentoring services. However, given the high risk population of children under study, allowances were made to ensure that children with the greatest need, as identified by program staff and the parent/caregiver, were excluded from randomization and participation in the study; that is, the evaluators did not want these children to run the risk of being assigned to the wait list. The advantage of this research design is that, if random assignment is properly implemented with a sufficient sample size, program participants should not differ in any systematic or unmeasured way from non-participants, except in their access to the treatment or one-to-one mentoring services.²

4.1 Site Selection

To maximize the number of children included in the study, site selection was based on the proportion of Amachi matches within each site relative to the total number of matches for the state. Five sites, operating in four BBBS programs, were initially selected for the evaluation:³

- BBBS Lone Star (Abilene and Dallas)
- BBBS of Central Texas (Austin)
- BBBS of Greater Houston (Houston)
- BBBS of South Texas (San Antonio)

Before the evaluation got underway, the Houston site underwent numerous organizational challenges that restricted the site’s ability to participate in the evaluation. Outreach to program sites also clarified that the Abilene and Dallas sites were one and the same, thus reducing the number of sites to three.

The study was implemented in three Amachi program sites—Abilene/Dallas, Austin, and San Antonio—operated by three BBBS organizations in the state of Texas. Together these organizations represent approximately 80 percent of the Amachi matches in Texas. Consistent

¹ Program staff refer to the wait list as the “ready to match” list.

² More precisely, there will be differences between individuals in the two groups, but the expected or average value of these differences is zero, except through the influence of the program (i.e., selection bias is removed by random assignment).

³ At the time of site selection, the Abilene and Dallas community agencies were part of BBBS of North Texas. In 2010, BBBS of Greater Houston merged with BBBS of North Texas, now BBBS Lone Star.

with their affiliation with the national BBBS, these organizations share similar structures and program operations. Differences in program operations are based largely on organizational resources and capacity since revenue sources and amounts vary across the three organizations.⁴

4.2 Orientation Trainings

The evaluation team met with BBBS program staff in August and October 2008 to review the study design and recruitment procedures. At these meetings, the Amachi evaluation was introduced and RCT processes and procedures were reviewed. The meetings also enabled program staff to share concerns about the RCT. For example, program staff expressed apprehension and sought strategies for implementing the randomization procedures among families with multiple children. Staff were concerned that assigning one child in a family group to the treatment group and his/her siblings to the control group, might harm the family. Together with program staff, the evaluation team devised strategies to address this potential challenge (see randomization procedures below).

Upon the request of BBBS program staff after these meetings, the evaluation team produced a procedures/guidelines document and supporting materials to facilitate implementation of the study. Supporting materials included:

- A list of frequently asked questions detailing the purpose of the evaluation and its related activities, the roles and responsibilities of evaluation and program staff, and a timeline for the evaluation. This document included specific guidance to facilitate the assignment of children in a family group.
- A one-page handout for parents/caregivers outlining the implications and benefits of participating in the study.

4.3 Randomization Procedures

The outcome evaluation is based on a randomized controlled trial design in which children eligible for the Amachi Texas program were randomly assigned to a treatment or control group. Within the program sites, children were invited to participate in the evaluation once the following criteria were met:

- 1 They were determined to be eligible for the Amachi program (i.e., one or both parents, or a biological family member, was incarcerated, on probation, or parole)

⁴ The Austin site had limited staff capacity that affected the site's ability to recruit children for the study and engage in data collection activities. Specifically, only 16 children enrolled in the study and completed the baseline survey. None of the children completed the follow-on surveys required for the evaluation.

2 They were between the ages of 7 and 13.⁵

Once enrolled in the program, Amachi-eligible children and their parents/caregivers were contacted by the designated program staff to determine their interest in participating in the evaluation. They received information about the study, including the possibility of being placed on a wait list for 18 months before being matched with a mentor, and asked to indicate their consent/assent (yes/no) to participate in the evaluation.

When both the parent/caregiver and child gave their consent/assent, each completed a baseline survey⁶; those that chose not to participate in the evaluation were placed on the program's "ready to match" (i.e., wait list) to be matched with a mentor as one became available (i.e., staff followed the program's typical protocol). A list that included the child's birth date and the date of consent to participate in the evaluation was provided to the designated program staff. Children were randomly assigned by their birth dates (see Appendix A) to either the treatment group to be matched with a mentor within three months or the control group to be placed on the "ready to match" list and tracked for 18 months.⁷ Exhibit 2 presents a flow diagram of the randomization process.

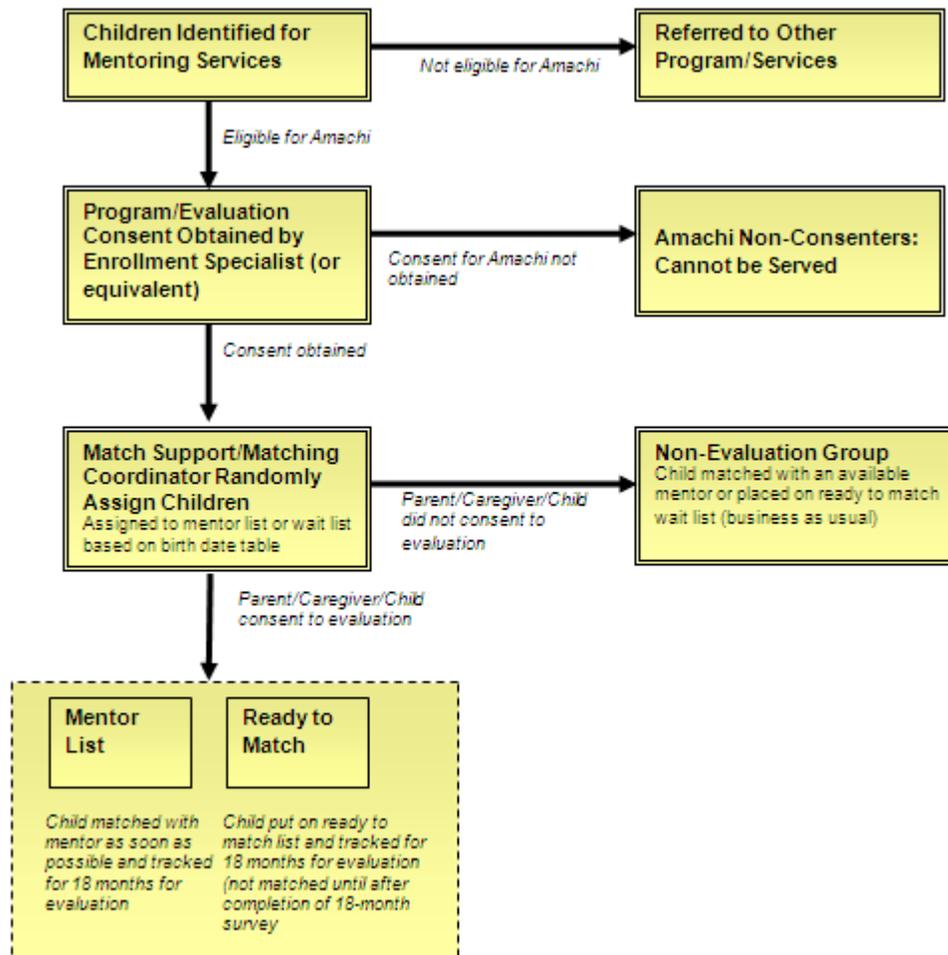
It was also determined that children who were considered by a parent/caregiver or enrollment specialist as high risk or in great need of a mentor should not be offered the opportunity to participate in the evaluation and run the risk of being assigned to the control group (i.e., these children were excluded from the randomization process).

⁵ Including children within this age group ensured that children were old enough to understand and independently complete the child survey and that older children (beyond 13) did not run the risk of being randomly assigned to the wait list and potentially age out of the program before they were matched with a mentor.

⁶ When members of a family group gave their consent/assent to participate in the evaluation – if all children qualified for Amachi – all members completed the child survey. The parent/caregiver completed a survey for each child in the family group.

⁷ To determine the assignment of children in a family group, the person making the assignment selected the first child on the list from the family group (that met all of the eligibility criteria) and used the birth date table to randomly assign the child to the treatment or control group. Wherever the child fell on the list (mentor list or match list), his/her siblings were also placed on that list. Program staff maintained a list of all study participants including a designation of the child whose birth date was used to make the random assignment. This information was used to determine which children should be excluded from the final analysis sample.

Exhibit 2: Amachi Randomized Controlled Trial Assignment Flowchart



4.4 Recruitment

Based on the proportion of children served in each site, the evaluation team identified enrollment targets for each site. To meet these targets, BBBS staff initially were asked to implement randomization procedures on all eligible Amachi children from September 2008 through January 2009, with the caveat that the timeline might be extended if the need arose. Due to difficulties in identifying Amachi-eligible children to engage in the study and challenges obtaining consent to participate in the study, recruitment took place between September 2008 and December 2009. During that time, across the three sites, 351 children and their parents/caregivers consented to participate in the study and an estimated 700 children and parents/caregivers refused to participate.⁸

⁸ The large majority of the non-consenters ($n=664$) represented children served by BBBS Lone Star, the largest BBBS organization in the country.

Exhibit 3: Sample Sizes at Different Stages of the Study								
	Abilene/Dallas		San Antonio		Austin		Total	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
Recruitment Target	168	168	57	57	31	31	256	256
Number Recruited	131	125	54	25	7	9	192	159
Final Analysis Sample	101	115	30	10	7	9	138	134

Following the randomization procedures, 192 children were assigned to the treatment group to be matched with a mentor and the remaining 159 were assigned to the wait list (control). As shown in Exhibit 3, the final baseline analysis included 272 children, 138 in the treatment group and 134 in the control group.⁹

4.5 Data Sources

The evaluation team gathered a variety of quantitative and qualitative data. Data sources included child surveys, parent/caregiver surveys, and mentor surveys. Interview and focus group protocols were also developed to gather qualitative data during site visits.

Child Surveys (treatment and control group)

Children completed a 72-item survey that examined their behaviors, attitudes, and perceptions about school and community, and their relationships with family. Exploratory factor analysis conducted on a sample of BBBS-enrolled children identified several constructs based on this survey including: encouraging and caring parents (4 items); closeness with parents/family (2 items); parental supervision/awareness (3 items); attitudes toward school (4 items); literacy (2 items); self-worth/self-esteem (7 items); connection to school, community, and family (3 items); ability to make friends (4 items); caring adult other than a parent (1 item); and sense of future (1 item). Appendix B provides a full listing of all constructs.

The survey was designed to be completed at enrollment in the study (baseline) and at three follow-on periods. Twenty-three additional items regarding youth-mentor relationships were included for each follow-on survey administration.

Parent/caregiver Surveys (treatment and control group)

Parents/caregivers completed a survey focusing on their perception of their child’s attitudes and behaviors. Survey items covered the following constructs: confidence (5 items), school

⁹ This total excluded 74 siblings who were not randomly assigned but who followed their sibling’s assignment into the treatment or control list. As noted previously, this approach was necessary to ensure that children in the same family group had an equal opportunity to be matched with a mentor or assigned to the wait list.

competence (6 items), avoidance of risk behaviors (3 items), caring (4 items), substance abuse (3 items), religious activity (2 items), property damage (2 items), and violence (2 items).

Mentor Surveys

Mentors had the opportunity to respond to an online survey that examined their experience with the mentoring relationship and perceptions of their mentee's level of confidence, competence, and caring.

Interviews and Focus Group Protocols

Protocols, interview guides, and focus group guides addressed the BBBS service delivery model, including its processes for recruiting, enrolling, and matching children and volunteers, as well as the perceived benefits of mentoring. Program staff protocols and interview guides included questions about the roles and responsibilities of program staff; caseloads; processes and procedures for recruiting, enrolling, and matching children and volunteers; training and professional development for staff and volunteers; and program successes and challenges. In addition, parent/caregiver, mentor, and mentee focus group guides covered the following topic areas: knowledge of Amachi; delivery of mentoring services and supports; effectiveness of the Amachi mentoring program in addressing the needs of children; and impact of mentoring on children and mentors.

4.6 Data Collection

Data collection included child, parent/caregiver, and mentor surveys administered at four time points during the evaluation (baseline, 6, 12, and 18 months). In addition, site visits were conducted to gather in-depth information regarding BBBS Amachi mentoring supports and services.

Student and parent/caregiver surveys were administered by program staff on a rolling basis from September 2008 to April 2011. Surveys were administered at enrollment into the study (baseline), 6, 12, and 18 months following enrollment (see survey in Appendix C). Mentors who were matched with children in the treatment group had the opportunity to complete four online surveys (at the time of the match, 6, 12, and 18 months following the match).¹⁰

Site visits were conducted to each BBBS program site at three time points during the evaluation (September 2008, April 2009, and April 2010). During these site visits, evaluation staff conducted individual and group interviews with program staff, and focus groups with parents/caregivers, mentors, and mentees at each site. Staff also participated in meetings between program staff and local organizations that partner with BBBS to support the recruitment of children and volunteer mentors.

¹⁰ Evaluation staff engaged in monthly outreach activities, via email and phone contact, to encourage completion of the volunteer mentor online surveys; however, few mentors completed the survey and a fewer number completed the four iterations of the survey.

4.7 Analysis Description

This evaluation had two major analytic components. The primary focus was to conduct an intent-to-treat impact analysis (main impact analysis) for the purpose of determining the impact of one-to-one mentoring on core outcomes, including child-family/community relationships, child well-being, and academic/school performance. The second analytic component involved exploratory analyses that examined differences between the treatment and control groups at different time points of the study, and illustrated changes in outcomes over the life of the evaluation. Findings from the exploratory analyses were useful in documenting the potential long-term impacts of mentoring relationships on children affected by family incarceration.

Specifically, the analytic methods that addressed the effectiveness of one-to-one mentoring included: simple treatment and control mean differences, application of univariate analysis of covariance (ANCOVA) models to assess the statistical significance of these differences, and calculation of corresponding effect sizes (Glass's Δ).

4.8 Study Sample

The study aimed to gather longitudinal survey data from children and parents/caregivers in the treatment and control groups (at baseline, 6, 12, and 18 months after enrollment). An analysis of retention data from Amachi Texas suggested that 81 percent of the matches were viable at 6 months; however, by 12 months post-enrollment, slightly more than half (54 percent) of the matches continued. Although the standard for the length of the match is 12 months, this suggests that the program has the greatest chance to impact the most children during the first 6 months of the match. The main impact study was therefore defined as the period between baseline and 6 months.¹¹ Subsequent data points were used to examine long-term impacts and sustained changes over time.

¹¹ A sufficient number of surveys were collected at the 6-month survey administration to meet the Department of Education's What Works Clearinghouse (WWC) standards of attrition rates in a randomized controlled trial study. In other words, the number of drop-out cases at 6 months can be considered acceptable and did not create significant bias in the main impact analysis.

Given the length of the study, the high mobility rates of the target population, the number of data collection points, and the high drop-out rates, obtaining participant responses at all time points of the survey administration was difficult. Specifically, there were substantial losses in the number of study participants that completed the surveys administered at 12 and 18 months. Therefore, the sample size for the exploratory trend analysis, which was based on participants who completed all follow-up surveys, was much smaller than the sample size in the main impact analysis (Exhibit 4). Non-response analysis indicated that there were no statistically significant differences between the samples with complete data and those with incomplete follow-up data (see Appendix D).

Although the attrition rates of the exploratory analysis did not fall within the acceptable range for low attrition standards established by the What Works Clearinghouse, these findings point to the potential long-term impact of one-to-one mentoring for children with incarcerated parents or family members. Nevertheless, results from the exploratory analysis should be interpreted with caution given the bias that might be introduced by the significant attrition in the sample.

Exhibit 4: Sample Sizes and Attrition Rates

		Main Impact Analysis (Baseline to 6 Months)	Exploratory Analysis (Baseline to 18 Months)
Sample Size	Treatment	108	54
	Control	114	85
Attrition Rate	Overall	18.4%	48.9%
	Differential	6.8%	24.3%

V. Findings

This section presents the main findings of the impact analysis and exploratory trend analysis across the Abilene/Dallas and San Antonio Amachi program sites. Site-specific findings are presented in Appendix E.

5.1 Baseline Information

5.1.1 Baseline Demographics and Baseline Equivalence

In theory, randomized experimental designs ensure that differences in the average outcomes between treatment and control groups can be attributed to the intervention under investigation. This rigor is possible, however, only if the random assignment process generates treatment and control groups with similar characteristics, on average, at the time of random assignment. Thus, the benefits of the random assignment design can be realized only if random assignment is implemented correctly and produces equivalent research groups. In this subsection, the characteristics of treatment and control groups are compared to establish the baseline equivalence between the two groups.

Exhibit 5 displays demographic characteristics of children and parent/caregiver respondents by treatment condition. Nonparametric tests (i.e., Chi-square tests) conducted on the overall baseline sample indicated no significant difference on any demographic variables between the two groups.

Exhibit 5: Participant Demographics

	Treatment	Control
Children		
# of respondents	138	134
Average Age (range)	10.5 (6.9-13.9)	10.5 (6.1-14.8)
Race/Ethnicity (Child)	(n=138)	(n=133)
African American	56.5%	61.7%
Hispanic	23.2%	24.8%
White	8.7%	7.5%
Other ¹²	11.6%	6.0%
Gender (Child)	(n=138)	(n=134)
Male	63.0%	67.2%
Female	37.0%	32.8%
Parents/Caregivers		
# of respondents	138	133
Race/Ethnicity (Parent)	(n=138)	(n=132)
African American	58.7%	62.9%
Hispanic	25.4%	25.0%
White	10.1%	8.3%
Other ¹³	5.8%	3.8%
Relationship of child to legal guardian	(n=136)	(n=132)
Mother	85.3%	80.5%
Grandmother	10.3%	17.3%
Father	1.5%	0.0%
Other Relative(s)	2.9%	1.5%

Children in both groups were on average 10½ years of age, the majority were African-American, males, and living with their mother. Although there appeared at first to be more African-American children in the control group, further examination of the data showed that the Other category selected by both the treatment and control groups represents children who identify as multi-racial, primarily African-American with another race.

Core outcomes at baseline were compared between the treatment and control groups. As Exhibit 6 shows, children with a mentor were not significantly different from their peers without a

¹² The majority of cases in the Other category were children who identified as multi-racial.

¹³ The majority of cases in the Other category were parents/caregivers who identified as multi-racial.

mentor on most core outcomes, with the exception of the following: closeness; connection to school, community, and family; caring adult other than parents/caregivers; and literacy, for which significance levels are larger than .05 and/or effect sizes are larger than .20.

Existing differences between treatment and control group participants might confound the treatment effects. In order to estimate the program effects accurately, these core outcomes were included as covariates in our ANCOVA models to correct for initial group differences. In doing so, we remove the non-treatment variances from the program effects and increase our confidence that the impacts are attributable to the intervention.

Exhibit 6: Core Outcomes at Baseline

	Treatment (n=138)	Control (n=133)	P value	Effect Size
Child-Family/Community Relationship Outcomes				
Encouraging and caring parents	4.1	4.1	0.83	0.03
Closeness	4.1	3.9	0.06	0.31
Parental supervision/awareness	4.3	4.2	0.55	0.10
Connection to school, community, and family	4.2	4.1	0.23	0.20
Caring adult other than parents/caregivers	4.6	4.2	0.01	0.31
Child Well-being Outcomes				
Self-worth/Self-esteem	4.4	4.3	0.22	0.19
Ability to make friends	4.0	4.0	0.78	-0.03
Sense of future	4.1	4.1	0.95	-0.01
Academic/School-related Outcomes				
Attitudes toward school	4.6	4.6	0.87	0.03
Literacy	4.1	3.9	0.21	0.20
School Competence	5.6	5.5	0.51	
Alternative Education Program (AEP) for disciplinary reasons	5.9%	8.3%	0.46	-0.02
Suspensions	26.9%	22.7%	0.43	0.11

5.2 Impact of Amachi Texas

In this section, we present the results of the main impact analysis (baseline to 6 months) and exploratory trend analysis (baseline to 18 months). These analyses were conducted to examine

the short- and long-term outcome differences between children matched with a mentor and their peers who were not matched with a mentor. Impacts were estimated for the following outcomes:

Child-Family/Community Relationship Outcomes

- Encouraging and Caring Parents
- Closeness with Parents/Family
- Parental Supervision/Awareness
- Connection to School, Community, and Family
- Caring Adult Other than Parents/Caregivers

Child Well-being Outcomes

- Self-worth/Self-esteem
- Ability to Make Friends
- Sense of Future

Academic/School-Related Outcomes

- Attitudes toward School
- Literacy
- School Competence
- Alternative Education Program Placement
- Suspensions

5.2.1 Child-Family/Community Relationship Outcomes

Exhibit 7 provides the mean scores, statistical significance level, and effect sizes for child-family/community relationship indicators. The main impact analysis showed that children with a mentor reported more positive relationships with parents/caregivers at 6 months than children in the control group. Specifically, children with mentors reported that their parents/caregivers were more encouraging and provided positive reinforcement (encouraging and caring, $p < .001$, $ES = .64$), were aware of where they were when not at home, knew who their friends were, and set rules that they were expected to follow (parental supervision/awareness, $p < .01$, $ES = .50$). The large effect sizes of these indicators show an important effect of mentoring on improving child-family relationships.

Exhibit 7: Child-Family/Community Relationship Outcomes¹⁴

	Baseline				6 Months			
	Treatment (n=108)	Control (n=107)	P value	Effect Size	Treatment (n=108)	Control (n=107)	P value	Effect Size
Encouraging and Caring Parents	4.1	4.1	0.14	-0.20	4.4	4.2	0.00***	0.64
Closeness	4.1	3.9	0.10	0.26	4.2	4.1	0.47	0.13
Parental Supervision/Awareness	4.3	4.2	0.90	0.02	4.5	4.3	0.01**	0.50
Connection to school, community, and family	4.3	4.1	0.74	0.06	4.3	4.3	1.00	0.00
Caring adult other than parents/caregivers	4.5	4.3	0.15	-0.05	4.5	4.5	0.99	0.00

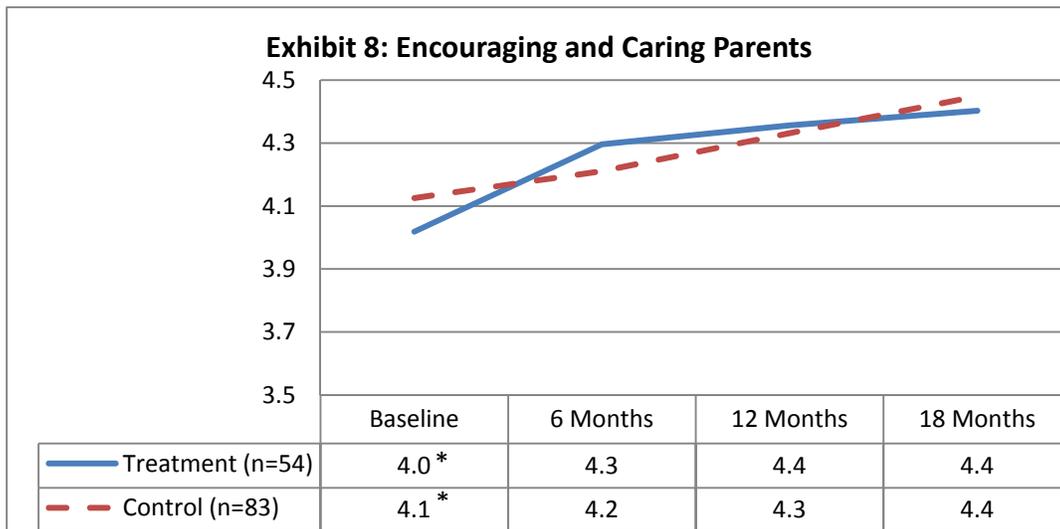
** $p < .01$; *** $p < .001$

A subgroup analysis was conducted to compare the effects of mentoring on child-family/community relationships among boys and girls in the treatment and control groups (see Appendix F). Findings revealed that the effects on encouraging and caring parents were more evident among girls than boys. Starting with a lower average score at baseline relative to the control group, girls in the treatment group reported that their parents/caregivers were more encouraging and provided positive reinforcement six months after being matched with a mentor, (encouraging and caring, $p < .05$, $ES = .54$). Although being matched with a mentor also had a positive effect on boys, the effect size was smaller compared to girls, but still significant (encouraging and caring, $p < .05$, $ES = .38$). The effects were similar for parental supervision/awareness, with both boys and girls with a mentor reporting higher average scores with larger effect sizes than their peers without a mentor.

¹⁴ Outcome measures are scaled 1 to 5; 1= Not at all true, 2=Not very true, 3= Neutral, 4=Sort of true, 5=Very true.

No significant differences between the treatment and control groups were found regarding connection to school, community, and family; sense of closeness to family; and the presence of caring adults other than parents/caregivers. These findings may suggest either that six months is not sufficient time to observe the impact of mentoring on these outcomes, or that mentoring does not have an impact on these outcomes.

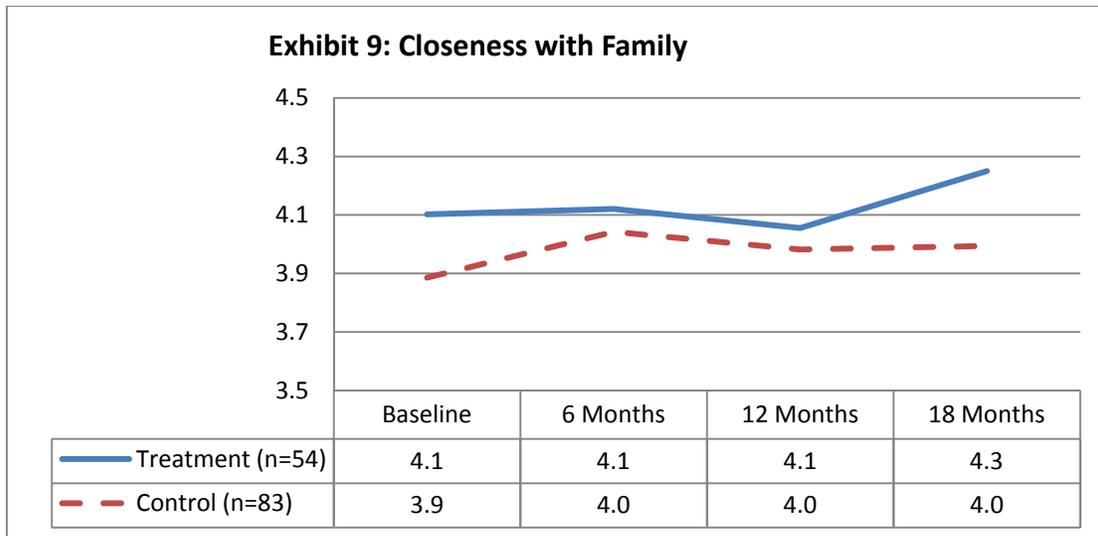
Exploratory trend analysis¹⁵ was conducted to compare changes in child-family and community relationships between treatment and control groups across time (Exhibit 8). Compared to their peers in the control group, children with a mentor started with significantly lower ratings on encouraging and caring parents at baseline ($p < .05$); however, no significant differences were found between the two groups at follow-on time points.



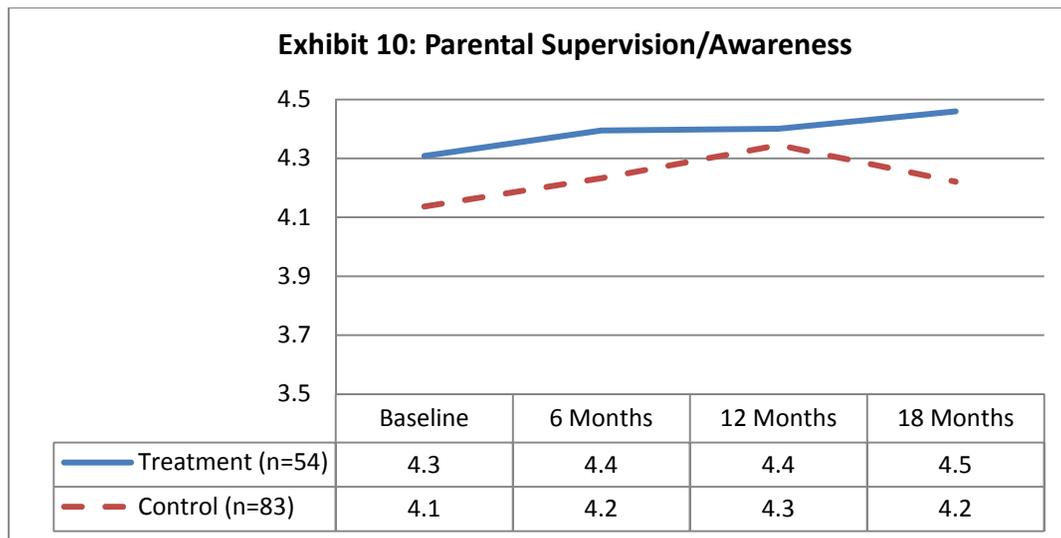
* $p < .05$

¹⁵ Trend analyses were based on the sample of children that completed all follow-up surveys. Therefore, the means and the significance levels differed from the main impact analysis.

Exhibit 9 shows the trend of children’s sense of closeness toward their family. Although no statistically significant findings were evident, in contrast to their control peers, children with a mentor reported relatively higher ratings in this indicator across all time points, especially at 18 months.

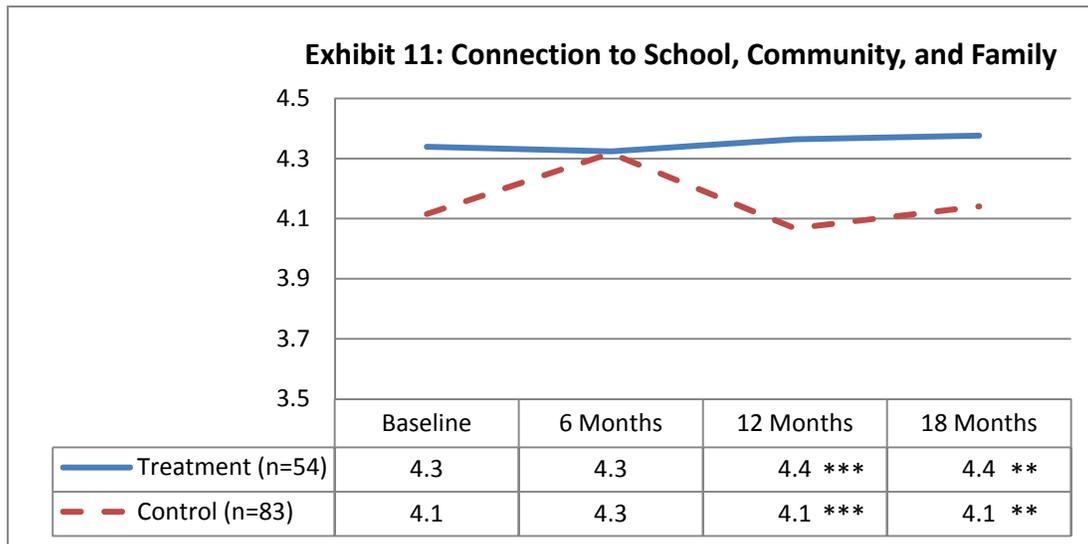


Exploratory trend analysis showed no significant differences between treatment and control groups across time on children’s rating of parental supervision/awareness (Exhibit 10). However, the treatment group increased ratings on this indicator across time, while ratings dropped at 18 months among children in the control group.



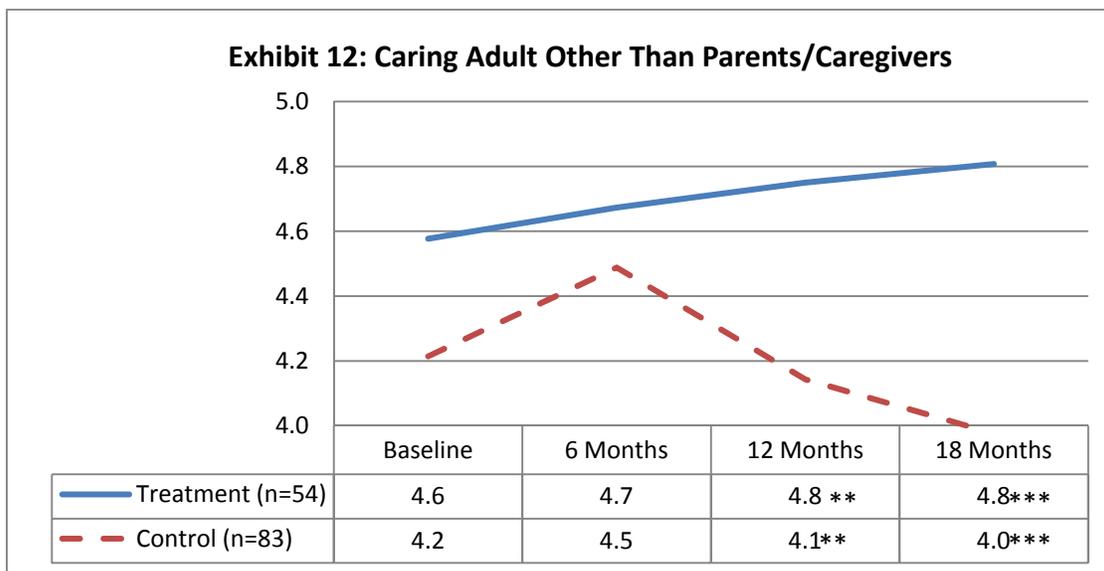
Neither the main impact analysis nor the exploratory trend analyses found significant differences between the two groups’ perceptions of their connection to school, community and family (Exhibit 11). However, at the last two follow-on time points (12 and 18 months), mentored children reported a greater connection to school, community, and family than children without a mentor. Similar findings were observed at 12 months for girls ($p < .01$, $ES = 1.14$) and boys

matched with a mentor (see Appendix H). This statistically significant finding suggests that, in the long run, mentors are able to help children get more involved in, and feel more connected to, their school and community. Similarly, longer term mentoring relationships positively influence children’s feelings and connections toward their family, potentially leading to a stronger family bond.



p<.01; *p<.001

Consistent with the program’s mission, more mentored children continued to report that they had a caring adult other than a parent/caregiver in their lives, while children without a mentor had an opposite trend. Specifically, significant differences were found between the two groups at 12 and 18 months, indicating that longer lasting youth-mentor relationships strengthen children’s feelings about the presence of caring adults in their life (Exhibit 12).



p<.01; *p<.001

As shown in Appendix F, these findings were consistent among boys and girls, but were even more evident among girls ($p < .01$, $ES = .81$ at 12 months; $p < .01$, $ES = 1.08$ at 18 months).

5.2.2 Child Well-being Outcomes

Exhibit 13 displays three child well-being outcomes at baseline and at 6 months post-enrollment. Compared to the control group, children with a mentor reported more positive feelings about themselves (self-worth/self-esteem, $p < .05$, $ES = .37$) and about their sense of having a real future (sense of future, $p < .05$, $ES = .43$). Mentored children also reported that it was easier for them to make friends, although no significant differences were found between the two groups.

Exhibit 13: Child Well-being Outcomes¹⁶

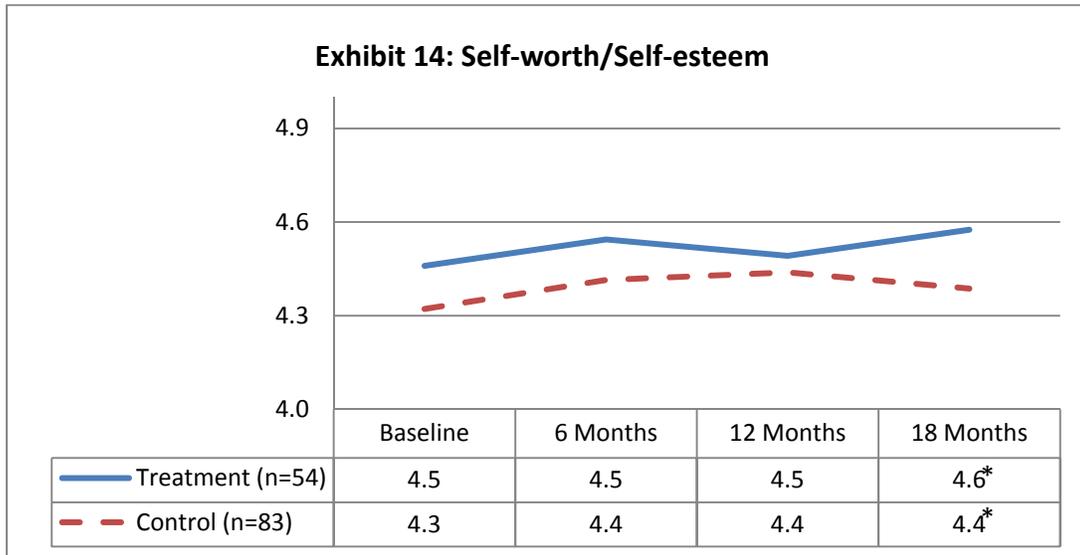
	Baseline				6 Months			
	Treatment (n=108)	Control (n=107)	P value	Effect Size	Treatment (n=108)	Control (n=107)	P value	Effect Size
Self-worth/ Self-esteem	4.4	4.3	0.95	0.01	4.5	4.4	0.04*	0.37
Ability to Make Friends	3.9	4.0	0.16	-0.20	4.3	4.1	0.12	0.23
Sense of Future	4.0	4.1	0.35	-0.13	4.5	4.0	0.00***	0.43

* $p < .05$; *** $p < .001$

The data showed that the effects of having a mentor on child well-being outcomes were larger among boys than girls when compared with their peers without a mentor. Specifically, boys with a mentor reported significantly higher scores in self-esteem/self-worth and sense of future than their counterparts, with effect sizes of 0.39 and 0.52, respectively. Although the differences in the ability to make friends between boys in the treatment and control groups were not statistically significant, the effect size (0.30) achieved was meaningful (see Appendix F)

¹⁶ Outcome measures are scaled 1 to 5; 1= Not at all true, 2=Not very true, 3= Neutral, 4=Sort of true, 5=Very true.

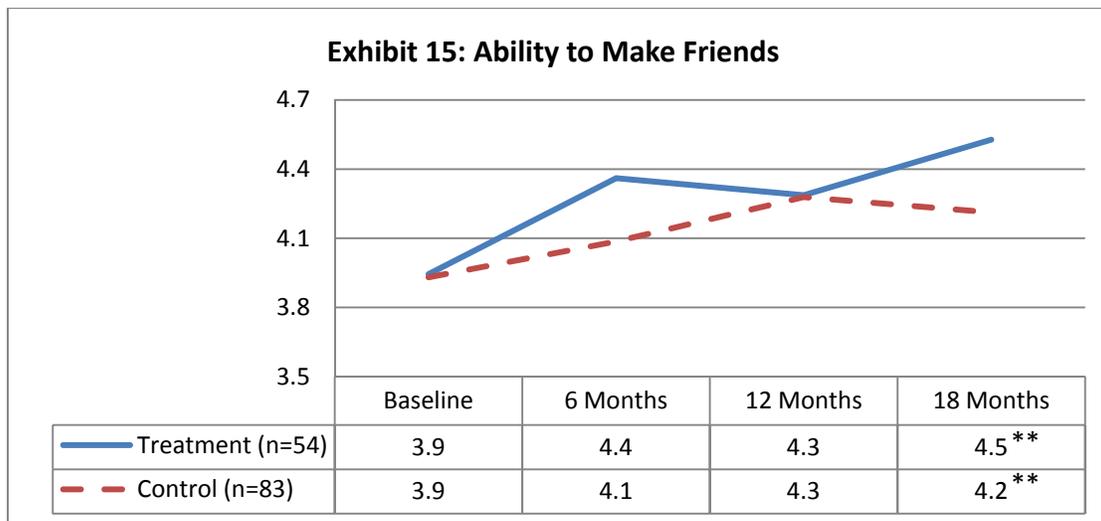
Exhibits 14 and 15 illustrate the trends and changes across time for each child well-being outcome.¹⁷ Similar to the main impact analysis findings, children with a mentor consistently reported more positive feelings about themselves compared to those in the control group (Exhibit 14). Significant differences in self-worth/self-esteem levels were found between the treatment and control groups at 18 months ($p < .05$), which indicates that having a mentor has both a short- and long-term effect on raising children’s perceptions about themselves.



* $p < .05$

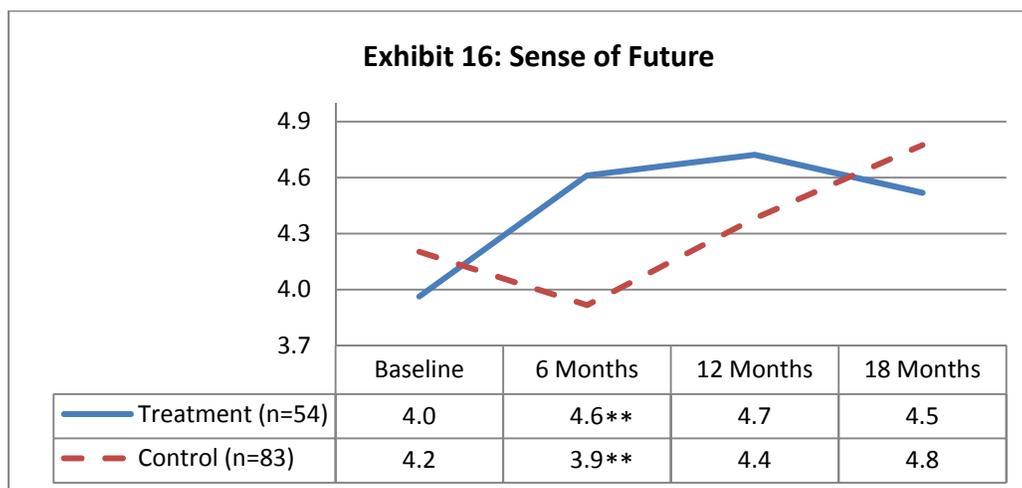
¹⁷ Trend analyses were based on children that completed all follow-up surveys; therefore, the means and significance levels differed from main impact analysis.

Exhibit 15 presents children’s self-assessment of their ability to make friends. At baseline, both treatment and control groups had very similar ratings about their ability to make friends. Although both groups had increased ratings at 6 months, children with a mentor outperformed their peers in the control group at 18 months post-enrollment ($p<.01$).



** $p<.01$

Starting with a lower sense of their future, mentored children showed a sharp increase at 6 months post-enrollment, while those without a mentor experienced a substantial drop over the same period (Exhibit 16). Statistically significant differences between treatment and control groups were found at 6 months ($p<.01$), and the difference between the two groups approached statistical significance at 12 months. Also at 12 months, girls matched with a mentor reported significantly higher ratings in their sense of future ($p<.05$) compared to girls without a mentor. At 18 months post-enrollment, children in the control group reported a relatively higher rating than the treatment group, but this difference was not statistically significant.



** $p<.01$

5.2.3 Academic/School-Related Outcomes

Exhibit 17 provides mean scores, statistical significance levels, and effect sizes for academic/school-related outcomes, including attitudes toward school, literacy, competence in school, referral to alternative education programs for disciplinary reasons, and suspensions.

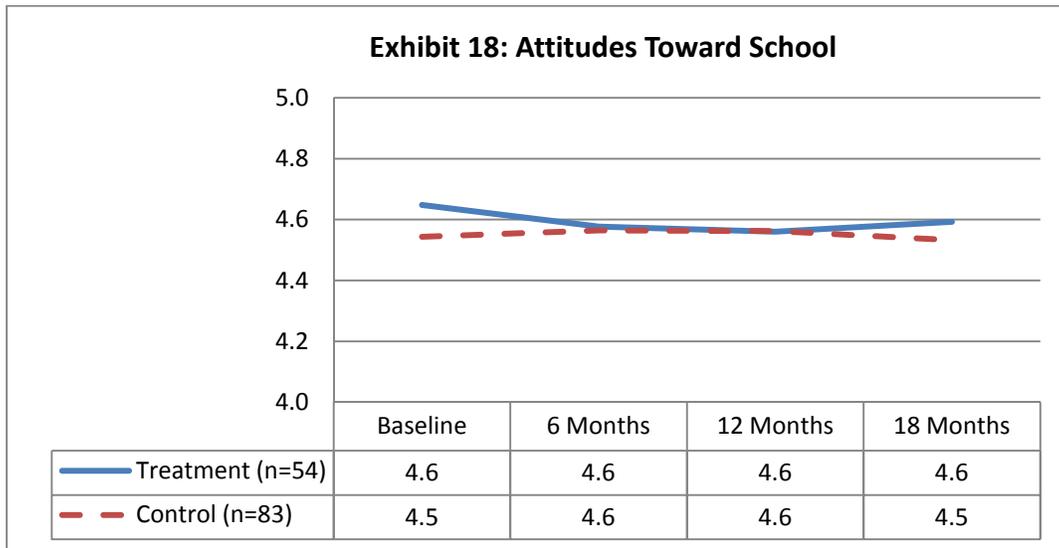
The main impact analysis did not find any significant differences between treatment and control groups on these outcome measures. The only differences that are notable are associated with behavior rather than competency and performance. Specifically, at baseline, the treatment group had a relatively higher suspension rate than the control group, while at 6 months, the trend reversed with a higher suspension rate among children in the control group. None of these differences were statistically significant.

Exhibit 17: Academic/School Related Outcomes

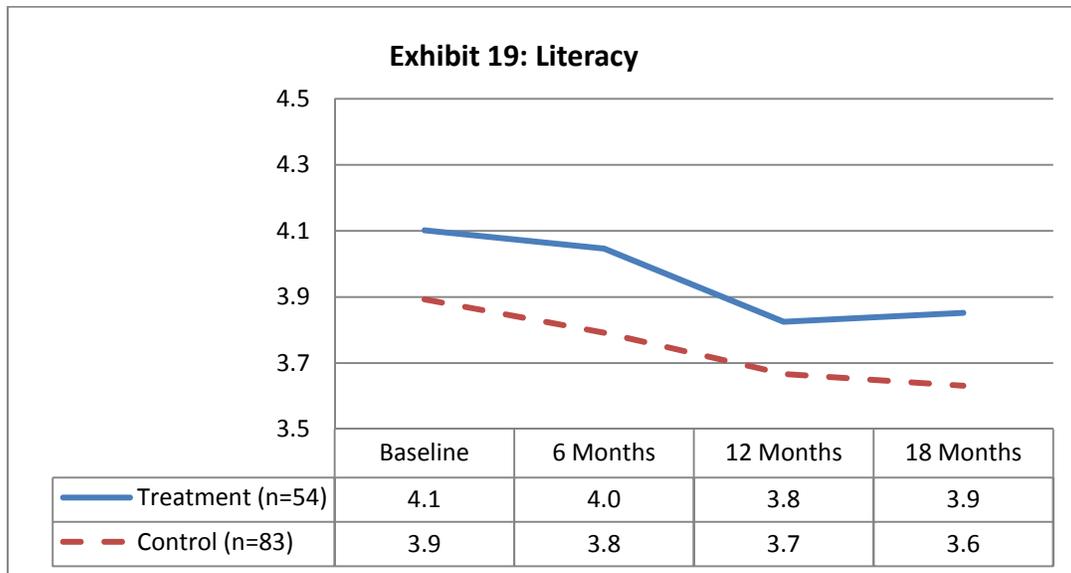
	Baseline				6 Months			
	Treatment (n=108)	Control (n=107)	P value	Effect Size	Treatment (n=108)	Control (n=107)	P value	Effect Size
Attitudes toward school	4.6	4.6	0.53	-0.10	4.6	4.6	0.69	0.08
Literacy	4.1	3.9	0.23	0.20	4.0	3.8	0.38	0.13
School Competence	5.7	5.6	0.29	0.16	5.6	5.8	0.85	-0.03
Alternative Education Program (AEP) for disciplinary reasons	6.7%	7.3%	0.30	-0.14	4.8%	9.2%	0.18	-0.12
Suspensions	27.9%	22.9%	0.69	-0.05	5.8%	11.9%	0.70	-0.03

Exhibits 18 and 19 illustrate the changes in academic/school-related outcomes across time. Similar to the main impact analysis, no statistical significances were found between mentored children and their peers without a mentor.

From baseline to 18 months post-enrollment, children’s attitudes toward school remained positive and stable in both groups across time (Exhibit 18).



Literacy indicators assessed whether children were confident about their reading skills and enjoyed reading. Children with a mentor had a higher rating on this construct than those without a mentor, although none of these differences were statistically significant.



The school competence indicator was reported by parents/caregivers and reflected parents/caregivers’ perceptions of children’s general school performance. As shown in Exhibit 20, few differences were found between the two groups on this construct.

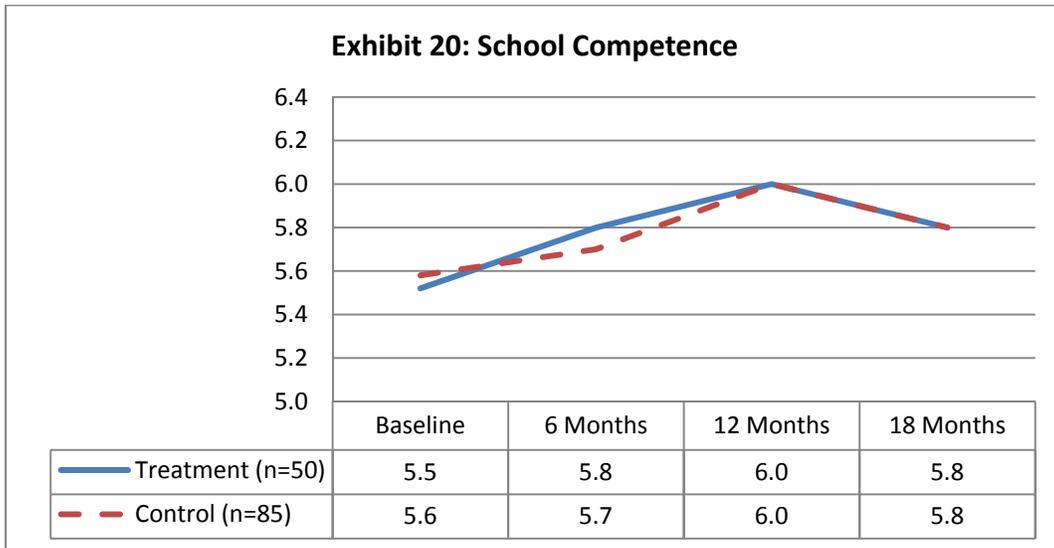
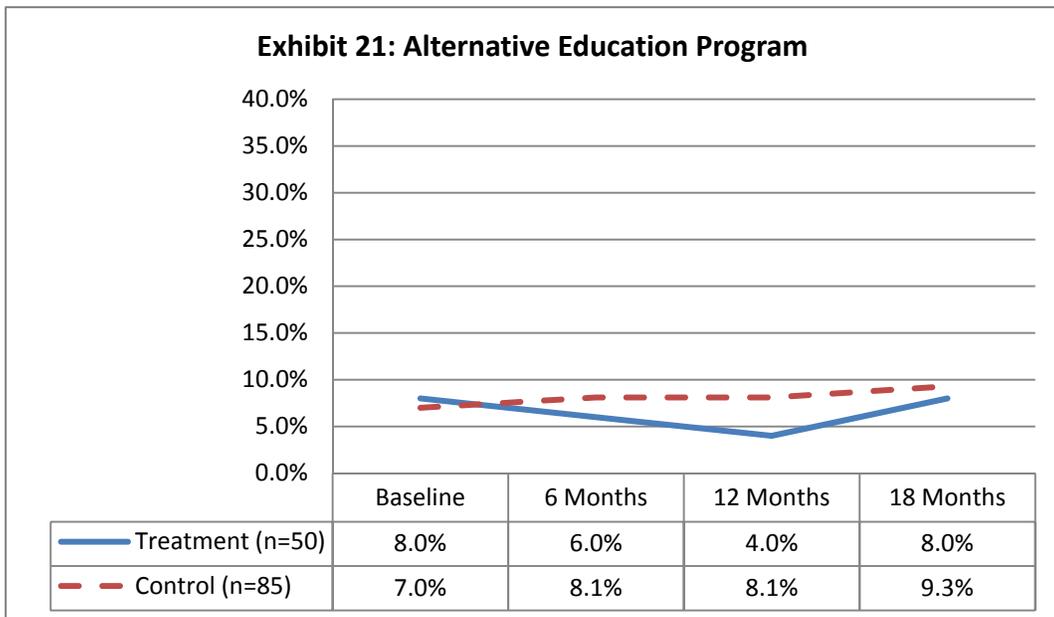
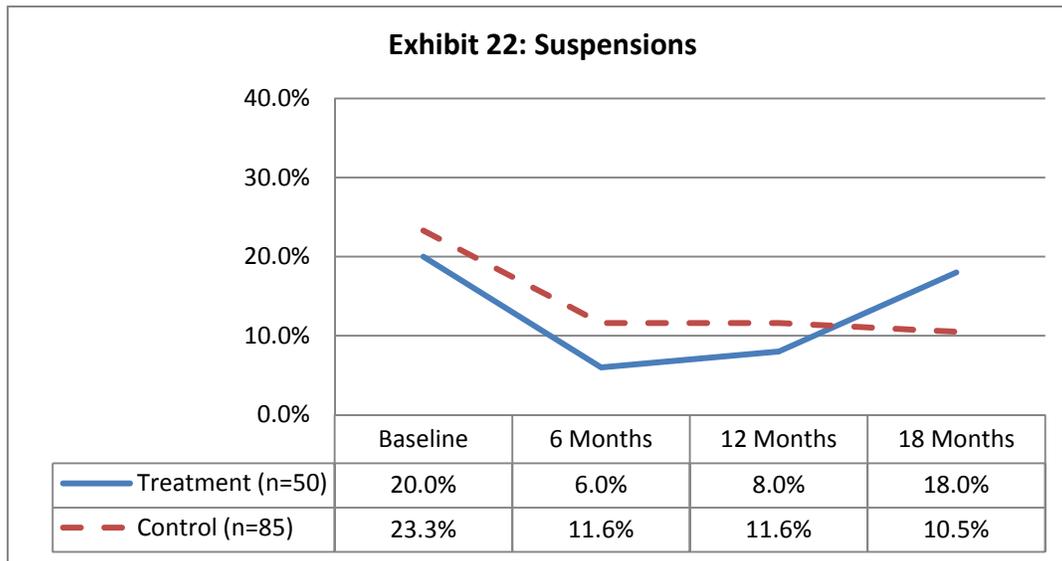


Exhibit 21 presents the proportion of children who received alternative education programs for disciplinary reasons. Less than 10 percent of children in the treatment and control groups were placed in alternative education programs. During the first year of matching, there was a continuous decrease in the number of mentored children in alternative education programs, while percentages remained stable and relatively higher among children without a mentor.



Parents/caregivers were asked whether their children had been suspended from school at each time point. Exhibit 22 shows that both groups experienced decreases in suspensions during the first 12 months of the study. However, the trend reversed afterwards in the treatment group, which had more children suspended from school at 18 months. This finding, however, was not statistically significant.



5.3 Youth-Mentor Relationships

This section provides analyses of data gathered from children in the treatment group, focusing on their relationship with their mentors and examining the quality of the youth-mentor relationship.

To assess the influence of the quality of the youth-mentor relationship, we used the mentor-youth relationship instrument (Grossman and Johnson, 1999), which measures three different but related qualities of youth-mentor relationships:

- ***The extent to which the relationship is centered on the youth.*** This construct measures the degree to which the youth feels that the mentor takes his/her preferences and interests into account.
- ***The youth’s emotional engagement.*** This construct measures the degree to which the youth enjoys the relationship and is emotionally engaged in it (for example, whether the youth feels happy, special, mad, or bored).

- **The extent to which the youth is satisfied with the relationship.**¹⁸ This construct measures the degree to which the youth feels satisfied with the mentor and the relationship.

Children that had been matched with a mentor were asked to evaluate their relationship with the mentor at 6, 12, and 18 months after the match. Findings are presented for all data at each time point.

Exhibit 23 provides the average scores and the proportion of children who gave high, medium, and low scores for the three quality factors of the youth-mentor relationship. Higher scores indicate that the relationship was more youth-centered and the child was more emotionally engaged and satisfied with the mentor.

Exhibit 23: Youth-Mentor Relationship

Youth-Centered Relationship				
	Average Score	Very Youth-centered	Somewhat Youth-centered	Not Youth-centered
6 months (n=100)	3.6	22.0%	73.0%*	5.0%
12 months (n=78)	3.6	34.6%	56.4%	9.0%
18 months (n=65)	3.6	40.0%	50.8%*	9.2%
Youth's Emotional Engagement				
	Average Score	Very Engaged	Somewhat Engaged	Not Engaged
6 months (n=100)	3.9	71.0%	26.0%	3.0%
12 months (n=78)	3.8	66.7%	30.8%	2.6%
18 months (n=65)	3.9	72.3%	26.2%	1.5%
Youth's Satisfaction				
	Average Score	Very Satisfied	Somewhat Satisfied	Not Satisfied
6 months (n=100)	3.4	49.0%	51.0%	0.0%
12 months (n=78)	3.5	55.3%	44.7%	0.0%
18 months (n=65)	3.5	57.4%	42.6%	0.0%

*p<.05

¹⁸ The original instrument measures youth's dissatisfaction with the relationship. We reversed the scale of this construct to be consistent with the other two constructs and facilitate the presentation of the findings.

Generally speaking, at the beginning of the relationship, most children recognized that to some extent their mentors took their preferences and interests into account in the relationship. As the relationship developed, more and more children considered their relationship very youth-centered, with about 40 percent believing so at 18 months. However, the percentage of children who considered the relationship somewhat youth-centered declined at each survey administration, from 73 percent at 6 months to just over 50 percent at 18 months. This finding was statistically significant ($p < .05$).

In terms of emotional engagement, the majority of children considered themselves very emotionally engaged in their relationship with mentors. This trend remained quite stable across time.

Finally, no children reported dissatisfaction with their mentor. As the youth-mentor relationship developed across time, more children reported being very satisfied in the relationship at 18 months than did in the first 6 months of the relationship (+8 percentage points).

5.4 Characteristics of Successful Matches

Given the large number of matches that ended within six months, evaluation staff sought to understand the characteristics of the most successful mentoring relationships, defined as those matches lasting twelve months or longer. To gain an understanding of the factors that can facilitate the success of the matches and the perceived impact of mentoring relationships, evaluation staff analyzed data gathered from interviews with key stakeholders, mentor surveys,¹⁹ and match support case notes from a random sample of 9-12 matches in the Abilene/Dallas and San Antonio Amachi programs. An overview of the findings is provided below, and Appendix J includes two vignettes that exemplify the themes culled from the data analysis.

5.4.1 Mentor Traits Needed for a Successful Match

Most program staff identified the characteristics of the volunteer mentor (such as gender, age, consistency, people skills, and flexibility) as the most important driver in the mentoring relationship. They noted that the most stable matches are those in which the mentor wants to be involved, give back to the community, and demonstrates a commitment to the program and his/her mentee. In general, flexibility and patience were viewed as the most important characteristics. According to one match support specialist, other traits such as race and class “...can be transcended with

“You really don’t need a lot of experience to be a good mentor and a lot of it is being open-minded, easy-going, [and to have] a lot of patience...you can see that in their personality when they’re doing the interview. Things don’t get to them, they’re not easily offended, they roll with the punches. They’re just there to have fun and it’s not about the family, it’s about the kid.”

~ Match Support Specialist

¹⁹ A total of 24 mentors completed both baseline (within three months of the match) and follow-up surveys (six or more months into the match).

commitment, self-awareness, and humility.” On the other hand, the mentors who are least successful are those that have unrealistic expectations about the relationship. For example, they may want the child to see them as a best friend or they may feel the need for constant validation. Others get over-involved— *“they want to change everyone in the family”*—and quickly become overwhelmed with the relationship.

Many of the individuals interviewed noted that consistency and commitment are critical character traits in mentors in successful matches. Beyond just spending time with their mentee, mentors need to be involved on a regular, long-term basis. One parent/caregiver reported concerns about *“wishy washy”* involvement. This resonated with a match support specialist’s caution that volunteers need to know what they are getting into because their impact can be *“...great or horrible.”* Other individuals emphasized the importance of mentors spending time and maintaining constant communication with the child. According to one parent/caregiver, *“[The mentor] is willing to spend the time [with my child], and that’s a major thing.”* The mentor’s ability to be consistent was perceived as an important element to help establish a bond over time. As one match support specialist stated, *“Given that these children have suffered from a parent leaving them, it is helpful for Bigs to be there consistently to establish a trusting relationship.”* Similarly, a mentor noted that his mentee expressed the desire to *“always stay in touch”* and had evident fear of another loss in his/her life. Most mentors expected to continue their relationship with their mentee beyond their participation in the mentoring program. According to one mentor *“I feel invested in his future and look forward to what he will do as he grows up.”*

“This kid has already been alienated so we have to send the message even more specifically than with our other kids to our Amachi volunteers that you need to commit to this kid right away.”

“...there’s a real need for them to understand their commitment because of the circumstances. This child isn’t only without their dad but their dad is in prison and that affects their social well-being. If it scares a volunteer, that volunteer may be better [suited for a match] with another kid.”

~ Match Support Specialist

Across the matches, stakeholders also discussed the need for mentors to be compassionate listeners. One mentor described herself as an *“...outlet for the Little to share personal information that he may not be willing to share with anyone else.”* Similarly, parents/caregivers noted the benefit of their children being able to contact the mentor when they encountered problems. Match support specialists noted that in order for the mentoring relationship to be successful, it is important that mentors be non-judgmental sounding boards that children can open up to when they are comfortable. In particular, when working with children affected by family incarceration, mentors need to be supportive and open-minded as family structures and values may be different from their own. Mentor survey data indicates that most mentors felt that it was challenging to get their mentees to be comfortable opening up and many expressed an eagerness for mentees to seek them out for support, share issues that bother them, and develop a sense

“She made a big difference in my life. I’m more responsible now with homework and other things.”

~ Little

of trust. However, survey data indicate that there was gradual progress over time; at follow-up, approximately 69 percent of mentors indicated that their mentees were able to trust people, a 19 percent increase from their responses at baseline.

Serving as a mentor in the Amachi program provides volunteer mentors and children with the opportunity to establish both a deep friendship and a mentoring relationship characterized by guidance, instruction, and encouragement from the adult to the child. Many respondents described mentors as positive role models who were more than friends to the child. In some cases, mentors help guide children through the normal issues they face growing up (e.g., getting along with others, school engagement). One parent/caregiver stated, *"It makes it easier for me to know there is someone else there to guide them and someone else there that is a successful, positive role model."* A few match support specialists noted that mentors with careers in the military and law enforcement provide children with an incarcerated parent/relative with a unique experience of having a role model that represents *"the other side."* At the same time, a match support specialist cautioned that *"It's important that they [mentors] remember to have fun and not just rescue the child or fix a problem."* Many parents/caregivers and staff recognized that mentors take personal responsibility to care unconditionally for their mentees. Their willingness to go above and beyond the role of a friend provides children with a sense of security and trust.

Being flexible and understanding helps mentors to have realistic expectations for their mentees, especially with children who have an incarcerated family member and thus may have atypical behavior/development. A few individuals noted that familiarity with the penal system (such as mentors who themselves have an incarcerated parent or related professional experience) helps volunteers guide their mentees' understanding and acceptance of family incarceration. These mentors can also help parents/caregivers know what to anticipate when a family member is incarcerated. When mentors address issues related to incarceration, it helps if they do not treat it as a taboo topic. According to a volunteer mentor, *"There are benefits if the Little has contact with the incarcerated family member but it can be challenging when they face disappointments."* Another mentor's willingness to meet his mentee's father during his house arrest demonstrated the mentor's ability to sensitively navigate the role mentors can play when a parent is absent.

Volunteer mentors who have experience working with at-risk youth may be equipped with a range of strategies and approaches to support children affected by family incarceration. Regardless of the experiences and skill sets that volunteer mentors possess, match support specialists emphasized the importance of providing mentors with training and information about the circumstances, challenges, and implications of mentoring these particular children (e.g., family instability, atypical behavior) to ensure that mentors know what to expect and enable them to *"meet the kids where they are."* Volunteer mentors acknowledged that they cannot solve every problem the child will encounter, but they believed that they could help minimize or delay the onset of negative behaviors. Across respondents, there was a general consensus that most children need a mentor who can be both a friend and a supportive adult.

5.4.2 Other Key Ingredients of Successful Matches

Common interests: Stakeholders identified common interests between the volunteer mentor and the child as a key ingredient of successful matches. Most mentors and mentees meet a couple of times a month for an outing, typically during the weekend, and correspond via weekly phone conversations, e-mail, and/or texts in between meetings. Respondents indicated that most mentors and mentees select activities together, ranging from trips to the museum and the library, to sporting events and art classes, with mentors typically providing options or suggestions. Matches also participate in BBBS-sponsored events (including camping trips) and holiday celebrations, and some children have the opportunity to travel with their mentors to meet and participate in family events. Parents/caregivers and match support specialists noted that many of the mentors introduce children to new experiences such as dramatic performances, woodworking, chess, pet parades, spa treatments, rodeos, and ice skating. Several stakeholders observed that because many of the children come from low-income, single-parent households, one-on-one activities with their mentor provide mentees with a *“valuable opportunity that the youth may not otherwise be afforded.”*

“I think giving kids the opportunity to have someone like [my mentor] or someone else to help them fill their lives with fun activities would really help them in their future.”

~ Little

Parental involvement: In order for long lasting and successful matches to occur, all stakeholders have to be invested and engaged in the match. Parental involvement was perceived as essential to the stability of the match. Specifically, parents/caregivers need to understand and accept the role of the mentor in their child’s life, make an effort to communicate regularly with the mentor, and make outings between the child and mentor a priority. During interviews, many parents/caregivers expressed a high level of trust when their child is with their mentor, noting that, *“...they are in good hands.”*

“The best matches are the ones where the family and the Big are both committed to meeting and making sure the relationship progresses in a positive manner.”

~ Match Support Specialist

According to one parent/caregiver, *“My son’s like part of their family and [the mentor] is part of our family.”*

Although lack of parental support and engagement can sabotage the mentoring relationship, respondents cautioned that even if both the mentor and the family member are actively involved, the child needs to be “interested and excited to have a mentor in [his/her] life.”

Match Support: Many individuals reported that support from the match support specialists is also beneficial for the match. Match support specialists communicate with their matches via phone calls and emails; they share information about upcoming events and BBBS activities, and they are a source of encouragement for the mentor. Mentors and parents/caregivers noted that their match support specialist is able to make suggestions to help the mentor and mentee overcome challenges that are interfering with their ability to meet on a regular basis, such as identifying low-cost creative activities in the community. They also provide mentors with

information about the child’s home environment, which helps mentors to better understand behaviors and priorities. Others acknowledged that some matches need more intensive involvement from their match support specialists to set appropriate expectations among stakeholders about the role of the mentor or to help mentors navigate their relationship with non-supportive parents/caregivers. During interviews, mentors and parents/caregivers unanimously agreed that consistency in the match support specialist assigned to the match is critical to the success of the match.

5.4.3 Perceived Impacts of the Mentoring Relationship

The elements mentioned above appear to maximize the impact of mentoring relationships on children as well as the direct benefits to parents/caregivers. Respondents perceived that participation in the Amachi program leads to academic and social/emotional improvements among children. Many of those interviewed specifically spoke of mentors helping the child improve in school and establish aspirations for the future. As one child reported, the mentor taught that: *“If you go to school, you can do anything.”* In addition, mentors help their mentees *“become more outgoing,”* and *“feel comfortable trying new things.”* During interviews, some children stated that their mentors encouraged them to be more grateful and respectful to their parents. Similarly, in follow-up surveys, approximately 76 percent of mentors reported that their mentees had positive relationships with adults (a slight increase from the baseline survey). Finally, parents/caregivers also described positive changes in their child’s social skills (e.g., improved manners, positive interactions with peers) as a result of the mentoring relationship.

“He taught me life lessons, like to treat people the way you would want to be treated and not being mean.”
~ Little

Although the primary goal of the Amachi program is to provide a positive outlet and role model for children affected by family incarceration, stakeholders indicated that the program also benefits the adults. Specifically, most parents/caregivers viewed their relationship with their child’s mentor as a partnership that helps lift some of the burdens of parenthood. According to one parent/caregiver, *“To know there is someone else who has my son’s best interests in mind and exposes him to things I can’t expose him to alleviates [the] pressures of single parenting.”* A few parents/caregivers expressed appreciation for the brief respite and quiet time provided during the mentor and mentee’s outings. Others credited changes in themselves to the mentoring relationship. For one mother, the relationship between her child and mentor helped her develop a more positive perspective about her child’s academic ability, improved her ability to communicate with her child, and enabled her to become less overprotective. Finally, others noted that the mentor helped them cope with expectations and emotions related to incarceration issues.

5.5 Program Infrastructure

The information gathered during site visits provided context for the findings of the experimental study. Interviews and focus groups were conducted with program staff, parents/caregivers, volunteer mentors, and children in the treatment group to ensure a complete understanding of the Amachi program and the programming within each site included in the RCT. Interviews and focus group guides emphasized BBBS/Amachi processes and outcomes, including descriptions of program strengths.

- **Engagement of children and volunteers is a critical program component.** Children and volunteers who cannot be matched immediately are placed on the agency's "ready to be matched" list (i.e., waiting list). Through its *Magic While You Wait* program, BBBS offers bi-monthly activities to keep children and parents/caregivers on the wait list engaged in the program. Agency staff invite volunteer groups to participate in BBBS-sponsored events where they are matched with a child for the day. These events provide an opportunity for children and volunteers on the wait list to come together for a fun activity and meet others who are waiting to be matched. In addition to keeping them engaged in the program, agency staff hope that these events will lead to the development of mentoring relationships between participants.
- **Agencies target a broad array of organizations to facilitate volunteer recruitment.** Program leaders and staff recognize the important role that community-based organizations can play in the success of the Amachi program, particularly to identify and recruit potential volunteers for the program. Across BBBS sites, staff make an effort to connect with local businesses, colleges/universities, churches (particularly those that run Prison Ministries and Angel Tree programs), faith-based groups such as United Methodist Men, and the military community. Across the BBBS sites in the study, there is a shortage of African-American and Hispanic male volunteers. Program leaders and staff recognize the need to increase volunteer recruitment efforts and to conduct targeted recruitment to increase the participation of African-American and Hispanic male volunteers in the program. Increasing the participation of these volunteers is important given the demographics of the population of children served by the programs and the preferences expressed by parents/caregivers, particularly single mothers with sons, for same-race and same-gender matches for their children. Sites have made significant progress in this area, including building on the initiatives established by the national BBBS, for example, the partnerships with Alpha Phi Alpha and the Hispanic Scholarship Fund.
- **Preparing volunteers matched with Amachi-eligible children is a priority for program sites.** As they continue to increase the number of Amachi-eligible children served, sites have developed and/or adapted training materials to more adequately prepare the volunteers matched with a child impacted by family incarceration. All program staff cited the importance of this training in helping volunteers better understand the issues that a child impacted by family incarceration may experience, as well as the

potential impact of the mentoring relationship in the child's life. Several staff discussed the need to prepare volunteers about the issues that may arise when the incarcerated parent returns home, in order to maintain the stability of the mentoring relationship. Several volunteer mentors expressed a similar desire for training on how to communicate with a parent/caregiver formerly incarcerated, particularly if the caregiver was unaware of the child's participation in the Amachi program and/or was not supportive of the program.

- **Partnership development is recognized as critical to the success of the Amachi program.** Partnerships with public, private, and non-profit organizations in the community were perceived as critical to increasing child and volunteer enrollment and identifying resources to support families in the program. In particular, partnerships with faith-based organizations, reentry and transition programs, and social service organizations were identified as areas for further development and exploration. The development of statewide partnerships and corporate partnerships for fundraising and child and volunteer recruitment was identified as an important strategy and resource to support the program's long-term sustainability.
- **Careful screening of volunteer mentors is at the foundation of the program.** Volunteer screening is at the forefront of BBBS programs, including the Amachi program. Screening practices, which go beyond background checks, not only aim to keep children safe but also avoid the damaging effects that children may experience when matches fail. During interviews with Amachi volunteers, staff share their own personal experiences mentoring children with incarcerated parents/relatives, discuss different aspects of the relationship, including challenges and successes, and give the applicant an opportunity to ask questions about the relationship. The goal is to assess whether the applicant is prepared to address the challenges and issues that may arise during an Amachi match. Close collaboration between program staff helps ensure the quality and stability of Amachi matches. For example, intake and enrollment staff play a lead role in "feeling the volunteer out" and paying close attention to the volunteer's interests as well as his/her motivation for joining the program. Similarly, when a match ends prematurely (i.e., before the one-year commitment), match support specialists use their knowledge and experience to make recommendations about potential volunteers and/or children that enrollment staff can consider for a rematch. By working together, enrollment and match support specialists are able to quickly rematch the child and volunteer.
- **Program sites are staffed by individuals who can relate to, and understand, the circumstances and challenges of the children and families in the program.** Most program staff have a social work or similar background and have worked with at-risk children and families. As a result, they understand the issues and challenges that many of the families who come to the program experience on a day-to-day basis and the supports and resources that those families have available to them. In some sites, program staff have personal experience mentoring a child, some of whom have an incarcerated parent or relative. By sharing their own experiences (e.g., about the

children they mentor, the challenges these children may experience, and the successful aspects of the relationship), they are able to more effectively recruit and enroll volunteers and support the match, particularly when volunteers are hesitant about mentoring a child with an incarcerated parent or family member.

- **Staff training is seen as a critical program element across sites.** Program sites recognize that staff training is an important practice that can influence the quality of match support services. Consequently, sites have invested resources to develop the skills and competency of program staff serving children, families, and volunteers. A large portion of training opportunities are provided on-the-job by more experienced staff to enable newer staff to learn the organization's service delivery model and approach. In some sites, program staff have access to professional development opportunities in their communities—e.g., training offered by other non-profit organizations—on behavioral topics and issues that affect children and youth and that can assist them in their roles with the volunteers and families. Nevertheless, continued training and professional development were identified as a priority resource need by all program staff. There was unanimous agreement among program staff that additional training would help them do a better job and increase their capacity to support the volunteers and families in the match.

VI. Study Limitations

The evaluation of the Amachi Texas program applied a combination of quantitative and qualitative data collection over an 18 month period to explore the impact of one-to-one mentoring relationships on children affected by family incarceration. Nevertheless, there were some important limitations regarding the study findings.

The study was limited to a few Amachi program sites operating in several BBBS agencies in Texas. Although these results may be generalizable to other populations in Texas (i.e., because the study sites served 80 percent of mentored children in the state), the external validity of these findings beyond Texas has yet to be tested. Further, the results might not be applicable to mentoring programs operating outside of BBBS (i.e., with varying infrastructures, policies, and practices).

Baseline data were not collected in some cases until up to three months post-enrollment. It is possible that some program effects may have already accrued to children by the time these baseline data were collected, which would serve to underestimate the true effects of the Amachi program. In addition, although follow-up data were collected 6, 12, and 18 months post-enrollment, attrition rates were substantial at the 12 month and 18 month data collection time points. This limits our ability to take full advantage of the RCT design and attribute long-term findings to the presence of the Amachi program. Attrition rates at the 6 month time point, however, are sufficiently low to generate strong and valid conclusions.

Finally, although one goal of the study was to assess the satisfaction of mentors and mentees with the mentoring relationship, few data sources were available to measure satisfaction. Specifically, few volunteer mentors completed the online survey about their experience and satisfaction with the mentoring relationship. Although the evaluation team used the Youth Satisfaction scale to measure mentee satisfaction with the relationship, the scale's low internal consistency ($\alpha=.44$) suggests that some items in the scale may not be reliable measures of this construct.

VII. Summary, Implications, and Conclusion

This study was designed to test the impact of the Amachi Texas program on outcomes for children with an incarcerated parent. This section highlights key findings from the study, their practice implications, and general conclusions.

7.1 Summary

The greatest impact of the program was observed during the first six months of the mentoring relationship. These characteristics included significant and positive differences in children's relationships with their parents/caregivers, their sense of self-worth/self-esteem, and sense of having a real future. These findings indicate that mentoring improves short-term outcomes for children affected by family incarceration.

Additionally, the evidence suggests that the impact of one-to-one mentoring on child-family relationships and child well-being outcomes is sustained and improves as the duration of the mentoring relationship increases. Children in mentoring relationships that lasted 12 months or longer reported a greater connection to school, community, and family. At 18 months, children with a mentor reported higher levels of self-worth/self-esteem than their peers and more positive perceptions about their ability to make friends. These children also reported stronger feelings about the presence of caring adults in their life. As the youth-mentor relationship developed across time, more and more children reported that the relationship was very youth-centered; they considered themselves very emotionally engaged in their relationship; and more children reported being very satisfied in the relationship with their mentors.

The presence of a mentor did not produce significant differences in children's academic/school related-outcomes. However, children's attitudes toward school remained positive and stable across time, and during the first year of the match, there was a continual decrease in the number of mentored children in alternative education programs.

Findings from the process component of the study identify as critical elements of successful mentoring relationships the volunteer mentor's personal characteristics and acceptance of family incarceration issues, as well as parental involvement and support of the match. Finally, consistent with best practices identified in the research on youth mentoring programs, the qualitative data point to key elements of program infrastructure and capacity, including the role of the match support specialist, that facilitate the success of the mentor-mentee match.

7.2 Implications

Best practices in youth mentoring programs suggest that the most successful mentor-youth relationships exist for at least a year. However, only slightly more than half of the Amachi mentoring matches met the 12 month standard for the length of match. Given the critical role that mentors can play in improving short- and long-term outcomes for children affected by family incarceration, what can programs do to prolong the relationship? Three key strategies stand out from the process evaluation findings.

First, children affected by family incarceration may have different needs and concerns than other at-risk populations. To be successful in a mentoring relationship with a child dealing with incarceration issues, volunteer mentors need access to training that goes beyond basic mentoring. Training for volunteers must focus on developing their knowledge about the child's family circumstances, and the potential impact and implications of family incarceration on their social, emotional, and behavioral well-being.

Second, without question, parental involvement, support, and buy-in are critical to the success of the mentoring relationship. Accordingly, programs need to invest resources in parent/caregiver training and engagement. Training for parents/caregivers should focus on defining the role of the mentor vis-à-vis the parent/caregiver with the goal of setting expectations and demystifying fears where they exist. Similarly, the active engagement of parents/caregivers as key stakeholders in the match can help improve the relationship and communication between the volunteer, child, and parent/caregiver and other family members who can influence the mentoring relationship.

In addition, program staff should also consider strategies for engaging the incarcerated parent—when s/he continues to play a role in the child's life—in the mentoring relationship. By engaging the incarcerated parent early and regularly throughout the life of the match, mentoring programs can minimize disruptions in the mentoring relationship that can be introduced when the incarcerated parent returns home or is reintegrated into the child's life.

Finally, mentoring programs need to develop connections and strong partnerships with other organizations in the community that can expand the range of supports and resources available to children and families and provide access to a broader pool of volunteers who can become mentors. Given that geographic proximity is a criterion during the match process, mentoring programs should look to establish partnerships in the communities where children live, with organizations that can serve as resources for volunteer recruitment. By matching children with volunteers from their own communities, programs can reduce the likelihood that matches will end due to geographic distance.

7.3 Conclusion

Together, findings from the study suggest that the mentoring relationships established through Amachi Texas made a difference and positively influenced short- and long-term outcomes for children affected by family incarceration. Given the potential risk factors and long-term consequences of parental incarceration on children, these findings support the notion that mentoring programs are an important prevention strategy that merits further investments. These include investments in programs like Amachi Texas that target the most at-risk population of children as well as investments in research to uncover “what works,” support further replication, and enable the field to grow. Specifically, more research is needed to understand the types of strategies that most effectively increase volunteer retention with programs and support longer-lasting matches at the individual match-level.

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Appendices

Appendix A: Randomization Lookup Table

Random Assignment Table

Participants with Birthdays Underlined are to be assigned to the Matched (Treatment) Group.

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4				1	2	3	4			
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18
<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	19	20	21	22	23	24	25	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>
<u>29</u>	<u>30</u>	<u>31</u>					<u>26</u>	<u>27</u>	<u>28</u>					26	27	28	29	30	31	

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1														
<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	7	8	9	10	11	12	13	4	5	6	7	8	9	10
9	10	11	12	13	14	15	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>
16	17	18	19	20	21	22	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>
23	24	25	26	27	28	29	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>				<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	
30																				

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1														
<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>			<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>
30	31																			

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>														
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	10	11	12	13	14	15	16
<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	19	20	21	22	23	24	25	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>
<u>29</u>	<u>30</u>	<u>31</u>					<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>			24	25	26	27	28	29	30
														31						

Appendix B: Survey Constructs

Reliability of Child and Parent Survey Scales

Reliability analysis was conducted on core outcome constructs to ensure that the items are measuring the same theoretical concept. All calculations were based on overall samples at baseline, except for the youth-mentor relationship scale, which was calculated based on the 6-month sample.

Child Survey Scales

Exhibit B-1: Child Survey Scales			
Part I. Relationship with parent/caregiver			
	Item	n	alpha
Encouraging and Caring Parents/ Caregivers (item = 4)	1.1 My parent/caregiver notices when I am doing a good job.	266	0.607
	1.2 My parent/caregiver tells me he/she is proud of me.		
	1.3 My parent/caregiver listens to what I have to say		
	1.9 My parent/caregiver insults me or puts me down.		
Closeness with Parents/ Family (item = 2)	1.4 I am closed to my family.	263	0.430
	1.5 I share my thoughts and feelings with my parent/caregiver.		
Parental Supervision/ Awareness (item = 3)	1.6 When I am not at home, one of my parents/caregivers knows where I am.	268	0.358
	1.7 My parent/caregiver makes rules and holds me to them.		
	1.8 My parent/caregiver knows who my friends are.		
Religious Services (item = 1)	1.10 My parent/caregiver encourages me to attend religious services.	N/A	N/A

Part II. Feelings about school, peers and self			
	Item	n	alpha
Attitudes Toward School (item = 4)	2_2.It is important to me to be a good student	271	0.437
	2_1.I think it is important to work hard in school		
	2_4.I try to do my best in school		
	2_5.My school classes are interesting to me		
Literacy (item =2)	2_3.I like to read	270	0.662
	2_9.I am a strong reader		
Self-worth/ Self-esteem (item = 7)	2_8.I always try my best in whatever I do	262	0.622
	2_14.I feel like I can make a difference in my community/neighborhood		
	2_7.I make decisions that help me achieve my goals		
	2_10.I feel good about myself		
	2_17.Helping other people is something everyone should		

Part II. Feelings about school, peers and self			
	Item	n	alpha
	do including me		
	2_11.I feel that I can do things as well as other kids my age		
	2_25: I feel like I can't do anything right		
Religion (item = 2)	2_21.My faith helps me find meaning in the ups and downs of life	266	0.483
	2_16.I consider myself to be a religious person		
Connection to School, Community, and Family (item =3)	2_15.I feel like I am part of a community/neighborhood	261	0.433
	2_6.I feel that I am part of my school		
	2_23.I feel unwanted at home		
Ability to Make Friends (item = 4)	2_18.I feel sad and lonely at school	268	0.705
	2_19.I have a hard time making friends		
	2_20.The kids I know are not friendly to me		
	2_12: I have friends who care about what happens to me		
Caring Adult Other than Parent/Caregiver (item = 1)	2_13.There is at least one adult in my life, other than my parent/caregiver that I can talk to if I have a problem (Caring adults other than parents)	N/A	N/A
Sense of Future (item = 1)	2_24.I am afraid my life will be unhappy in the future (negative feeling about future)	N/A	N/A

Part III. Risk Behaviors			
Construct	Item	n	alpha
Substance Abuse (item = 3)	3_7.In the past 30 days, have you 'Used marijuana or other drugs'?	266	0.830
	3_8.In the past 30 days, have you 'Smoked cigarettes or chewed tobacco'?		
	3_5.In the past 30 days, have you 'Drank alcohol'?		
Religious Activity (item =2)	3_1.In the past 30 days, have you 'Participated in a religious group or activity other than a religious/church service'?	271	0.631
	3_2.In the past 30 days, have you attended a religious/church service'?		
Property Damages (item =2)	3_11.In the past 30 days, have you' Damaged someone else's property or belongings'?	269	0.381
	3_13.In the past 30 days, have you 'Took something on purpose that did not belong to you'?		
Violence	3_9.In the past 30 days, have you 'Got in a fight where you hit or	270	0.111

Part III. Risk Behaviors			
Construct	Item	n	alpha
(item =2)	were hit by someone'?		
	3_6.In the past 30 days, have you 'Carried a weapon (gun or knife)'?		

Part IV. Youth – Mentor Relationship ²⁰			
Construct	Item	n	alpha
Youth-Centered Relationship (item = 7)	4-1. My mentor almost asks me what I want to do.	95	0.816
	4-3. My mentor is always interested in what I want to do.		
	4-7. My mentor and I like to do a lot of the same things.		
	4-8. My mentor is directly involved in the concerns of my life.		
	4-11. My mentor thinks of fun and interesting things to do.		
	4-15. My mentor and I do things I really want to do.		
	4-23. When something is bothering, my mentor listens while I talk about it.		
Youth's Emotional Engagement (item = 6)	4-4. When I'm with my mentor, I feel special.	98	0.729
	4-9. When I'm with my mentor, I feel sad.		
	4-12. When I'm with my mentor, I feel important.		
	4-13. When I'm with my mentor, I feel bored.		
	4-18. When I'm with my mentor, I feel mad.		
4-21. When I'm with my mentor, I feel happy.			
Youth's Dissatisfaction (item = 7)	4-2. My mentor makes fun of me in ways I don't like.	98	0.446
	4-5. Sometimes my mentor promises we will do something, then we don't do it.		
	4-6. When my mentor gives me advice it makes me feel stupid.		
	4-10. I feel I can't trust my mentor with secrets – my mentor would tell my parent/caregiver.		
	4-14. I wish my mentor asked me more about what I think.		
	4-19. I wish my mentor knew me better		
	4-22. I wish my mentor spent more time with me.		

²⁰ Baseline survey has no questions of youth-mentor relationships. Reliability of the three youth-mentor relationship constructs was conducted base on data collected on 6-month follow-on survey.

Exhibit B-2: Parent Survey Scales

Part I. Child's Confidence, Competence, Behaviors, and Caring as Reported by Parent/Caregiver			
Construct	Item	n	alpha
Confidence (item = 5)	1-1. My child is able to express his/her feelings appropriately.	268	0.776
	1-2. My child can make good decisions for him/herself.		
	1-3. My child has interests or hobbies.		
	1-4. My child practices good personal hygiene.		
	1-5. My child has a positive outlook on the future.		
School Competence (item =6)	1-7. My child uses resources in the school.	260	0.915
	1-8. My child performs well in school.		
	1-9. My child has a positive attitude toward school.		
	1-10. My child is always prepared for school (e.g., does homework)		
	1-11. My child participates in class.		
Avoidance of Risk Behaviors (item =3)	1-12. My child demonstrates positive behavior in the classroom.	261	0.779
	1-13. My child is able to avoid getting involved in delinquent behaviors (e.g., skipping school, vandalism, violating curfew)		
	1-14. My child is able to avoid using drugs.		
Caring (item =4)	1-15. My child is able to avoid early pregnancy.	265	0.818
	1-16. My child shows trust in other people.		
	1-18. My child gets along well with his/her family.		
	1-19. My child has positive relationships with pro-social peers/friends.		
	1-20. My child has positive relationships with adults other than his/her parents/caregivers		

Part III. Child's Risk Behaviors as Reported by Parent/Caregiver			
	Item	n	alpha
Substance Abuse (item = 3)	1-3. Smoked cigarettes or used smokeless tobacco	259	0.563
	1-4. Crank alcohol		
	1-5. Used marijuana or other drugs		
Religious Activity (item =2)	1-6. Attended a religious/church service	261	0.621
	1-7. Attended a religious group/activity other than a religious/church service		
Property Damages (item =2)	1-8. Stole something from another person/place of business	259	0.503
	1-10. Damaged someone else's property or belongings		
Violence (item =2)	1-1. Carried a weapon illegally (gun, knife)	262	0.025
	1-2. Got in a fight where someone was hit		

Appendix C: Survey Item Descriptives

Exhibit C-1: Descriptive Information for Child Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=134)	Treatment (n=108)	Control (n=107)	Treatment (n=81)	Control (n=102)	Treatment (n=68)	Control (n=104)
Part I. How often do you feel that... (1=Hardly ever; 2=Not very often; 3=Sometimes; 4=Pretty often; 5=Always)								
1) My parent/caregiver notices when I am doing a good job.	4.11	4.04	4.47	4.05	4.43	4.18	4.40	4.21
2) My parent/caregiver tells me he/she is proud of me.	4.09	4.02	4.36	4.06	4.46	4.35	4.47	4.28
3) My parent/caregiver listens to what I have to say.	4.14	4.05	4.18	4.25	4.20	4.15	4.29	4.34
4) I am close to my family.	4.49	4.35	4.58	4.50	4.48	4.33	4.66	4.38
5) I share my thoughts and feelings with my parent/caregiver.	3.71	3.37	3.84	3.77	3.79	3.60	3.88	3.51
6) When I am not at home, one of my parents/caregivers knows where I am.	4.48	4.36	4.57	4.39	4.60	4.32	4.64	4.46
7) My parent/caregiver makes rules and holds me to them.	4.24	4.21	4.65	4.40	4.53	4.49	4.50	4.33
8) My parent/caregiver knows who my friends are.	4.07	4.05	4.33	4.03	4.32	4.17	4.38	3.90
9) My parent/caregiver insults me or puts me down.	1.78	1.63	1.31	1.64	1.42	1.33	1.44	1.20
10) My parent/caregiver encourages me to attend religious services.	3.80	3.91	3.80	3.81	4.04	4.05	4.19	3.89
Part II. How true are the following statements? (1=Not at all true; 2=Not very true; 3=Neutral; 4=Sort of true; 5=Very true)								
1) I think it is important to work hard in school.	4.80	4.83	4.77	4.89	4.85	4.89	4.78	4.85
2) It is important to me to be a good student.	4.80	4.81	4.78	4.87	4.77	4.88	4.84	4.84
3) I like to read.	4.04	3.72	3.88	3.79	3.67	3.62	3.78	3.54
4) I try to do my best in school.	4.71	4.57	4.66	4.72	4.72	4.56	4.68	4.53
5) My school classes are interesting to me.	4.01	4.06	4.11	3.82	4.15	3.92	4.09	3.79

Exhibit C-1: Descriptive Information for Child Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=134)	Treatment (n=108)	Control (n=107)	Treatment (n=81)	Control (n=102)	Treatment (n=68)	Control (n=104)
Part II - Continued.								
How true are the following statements? (1=Not at all true; 2=Not very true; 3=Neutral; 4=Sort of true; 5=Very true)								
6) I feel that I am part of my school.	4.27	4.33	4.26	4.25	4.37	4.14	4.35	3.98
7) I make decisions that help me achieve my goals.	4.43	4.27	4.55	4.62	4.56	4.51	4.53	4.38
8) I always try my best in whatever I do.	4.62	4.62	4.70	4.55	4.81	4.49	4.69	4.37
9) I am a strong reader.	4.07	4.09	4.21	3.91	4.07	3.74	4.03	3.77
10) I feel good about myself.	4.71	4.66	4.64	4.71	4.69	4.66	4.72	4.68
11) I feel that I can do things as well as other kids my age.	4.51	4.22	4.48	4.32	4.58	4.45	4.74	4.36
12) I have friends who care about what happens to me.	4.28	4.36	4.69	4.42	4.67	4.32	4.78	4.28
13) There is at least one adult in my life, other than my parent/caregiver that I can talk to if I have a problem.	4.55	4.23	4.52	4.53	4.68	4.20	4.79	4.03
14) I feel like I can make a difference in my community/neighborhood.	3.97	3.86	4.00	4.17	3.80	3.81	4.13	3.56
15) I feel like I am part of a community/neighborhood.	4.12	3.97	4.02	4.22	4.21	3.59	3.97	3.64
16) I consider myself to be a religious person.	4.01	4.20	3.95	4.23	4.00	4.25	4.21	4.17
17) Helping other people is something everyone should do including me.	4.54	4.57	4.75	4.73	4.77	4.79	4.63	4.88
18) I feel sad and lonely at school.	2.11	2.14	1.79	2.02	1.53	1.61	1.37	1.67
19) I have a hard time making friends.	2.13	2.22	1.93	2.02	1.74	2.00	1.53	2.01
20) The kids I know are not friendly to me.	2.20	2.01	1.86	1.92	1.88	1.71	1.56	1.69
21) My faith helps me find meaning in the ups and downs of life.	4.05	4.13	3.56	4.25	3.70	4.21	4.19	4.05

Exhibit C-1: Descriptive Information for Child Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=134)	Treatment (n=108)	Control (n=107)	Treatment (n=81)	Control (n=102)	Treatment (n=68)	Control (n=104)
Part II - Continued.								
How true are the following statements? (1=Not at all true; 2=Not very true; 3=Neutral; 4=Sort of true; 5=Very true)								
22) I do things I know are wrong just to be more popular with my friends.	2.11	2.18	1.65	1.94	1.72	1.64	1.43	1.49
23) I feel unwanted at home.	1.67	1.95	1.43	1.55	1.28	1.40	1.18	1.25
24) I am afraid my life will be unhappy in the future.	1.91	1.90	1.53	2.04	1.20	1.63	1.38	1.24
25) I feel like I can't do anything right.	2.04	2.08	1.50	2.01	1.23	1.44	1.40	1.43
Part III. In the past <u>30 days</u>, have you..... (1=I have never done this; 2=I have, but not in the past 30 days; 3=I did it 1-2 times; 4=I did it once a week; 5=I did it almost every day)								
1) Participated in a religious group or activity other than a religious/church service (Bible study, youth group activity, musical program, religious education activity)?	2.91	2.86	2.66	2.81	2.73	3.18	2.87	2.94
2) Attended a religious/church service?	3.38	3.21	3.10	3.14	3.19	3.33	3.22	3.17
3) Spent time doing something fun with your parents/caregivers?	3.90	3.87	3.87	3.64	3.60	3.45	3.59	3.27
4) Volunteered in your community/neighborhood?	2.11	2.00	1.94	1.80	1.78	1.89	1.82	1.61
5) Drank alcohol?	1.05	1.02	1.01	1.02	1.02	1.14	1.06	1.07
6) Carried a weapon (gun or knife)?	1.07	1.10	1.02	1.01	1.05	1.06	1.03	1.08
7) Used marijuana or other drugs?	1.02	1.02	1.00	1.00	1.01	1.02	1.01	1.04
8) Smoked cigarettes or chewed tobacco?	1.06	1.05	1.00	1.03	1.01	1.00	1.00	1.04
9) Got in a fight where you hit or were hit by someone?	1.82	1.70	1.50	1.47	1.57	1.54	1.41	1.53

Exhibit C-1: Descriptive Information for Child Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=134)	Treatment (n=108)	Control (n=107)	Treatment (n=81)	Control (n=102)	Treatment (n=68)	Control (n=104)
Part III - Continued.								
In the past 30 days, have you..... (1=I have never done this; 2=I have, but not in the past 30 days; 3=I did it 1-2 times; 4=I did it once a week; 5=I did it almost every day)								
10) Read a book for fun (not as part of homework)?	2.95	3.21	2.94	2.84	2.92	2.59	2.77	2.33
11) Damaged someone else's property or belongings?	1.29	1.21	1.08	1.18	1.17	1.21	1.13	1.20
12) Lied to your parent/caregiver about something you did that you knew was wrong?	1.89	1.94	1.81	2.31	1.86	1.93	1.66	1.91
13) Took something on purpose that did not belong to you?	1.38	1.39	1.24	1.32	1.19	1.31	1.18	1.22
14) Skipped school without permission?	1.06	1.14	1.04	1.06	1.04	1.04	1.09	1.09
Part IV. Youth-Mentor Relationship (1=Not at all true; 2=Not very true; 3=Sort of true; 4=Very true)								
1) My mentor almost always asks me what I want to do.	-	-	3.68	-	3.63	-	3.69	-
2) My mentor makes fun of me in ways I don't like.	-	-	1.05	-	1.10	-	1.05	-
3) My mentor is always interested in what I want to do.	-	-	3.71	-	3.73	-	3.78	-
4) When I'm with my mentor, I feel special.	-	-	3.75	-	3.70	-	3.80	-
5) Sometimes my mentor promises we will do something, then we don't do it.	-	-	1.36	-	1.51	-	1.49	-
6) When my mentor gives me advice it makes me feel stupid.	-	-	1.07	-	1.06	-	1.11	-
7) My mentor and I like to do a lot of the same things.	-	-	3.52	-	3.60	-	3.66	-

Exhibit C-1: Descriptive Information for Child Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=134)	Treatment (n=108)	Control (n=107)	Treatment (n=81)	Control (n=102)	Treatment (n=68)	Control (n=104)
Part IV. Youth-Mentor Relationship (1=Not at all true; 2=Not very true; 3=Sort of true; 4=Very true)								
8) My mentor is directly involved in the concerns of my life	-	-	3.18	-	3.35	-	3.31	-
9) When I'm with my mentor I feel sad.	-	-	1.03	-	1.04	-	1.03	-
10) I feel I can't trust my mentor with secrets- my mentor would tell my parent/caregiver.	-	-	1.35	-	1.47	-	1.43	-
11) My mentor thinks of fun and interesting things to do.	-	-	3.78	-	3.68	-	3.65	-
12) When I'm with my mentor I feel important.	-	-	3.83	-	3.73	-	3.85	-
13) When I'm with my mentor, I feel bored.	-	-	1.16	-	1.17	-	1.25	-
14) I wish my mentor asked me more about what I think.	-	-	1.83	-	1.60	-	1.78	-
15) My mentor and I do things I really want to do.	-	-	3.61	-	3.59	-	3.55	-
16) My mentor helps me with my homework.	-	-	1.93	-	2.24	-	2.34	-
17) My mentor and I read together.	-	-	1.62	-	1.96	-	2.03	-
18) When I'm with my mentor, I feel mad.	-	-	1.05	-	1.01	-	1.03	-
19) I wish my mentor knew me better.	-	-	1.91	-	1.50	-	1.65	-
20) I look forward to meeting with my mentor.	-	-	3.83	-	3.77	-	3.89	-
21) When I'm with my mentor, I feel happy.	-	-	3.87	-	3.83	-	3.89	-
22) I wish my mentor spent more time with me.	-	-	2.63	-	2.44	-	2.31	-
23) When something is bothering me, my mentor listens while I talk about it.	-	-	3.55	-	3.71	-	3.72	-

Exhibit C-2 Descriptive Information for Parent Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=133)	Treatment (n=104)	Control (n=109)	Treatment (n=78)	Control (n=101)	Treatment (n=68)	Control (n=105)
Part I. Please rate your child on each of the statements. (1=Strongly disagree; 7=Strongly agree)								
1. My child is able to express his/her feelings appropriately.	5.46	5.39	5.77	5.66	6.21	5.91	6.06	5.76
2. My child can make good decisions for him/herself.	5.34	5.24	5.51	5.56	5.68	5.52	5.94	5.49
3. My child has interests or hobbies.	6.15	6.28	6.28	6.58	6.00	6.54	6.40	6.30
4. My child practices good personal hygiene.	5.88	6.02	6.10	6.26	6.44	6.29	6.41	6.50
5. My child has a positive outlook on the future.	5.79	5.78	6.17	5.94	6.35	6.18	6.25	6.14
6. My child uses resources in our neighborhood.	4.49	4.50	5.02	5.23	5.04	5.38	5.28	5.29
7. My child uses resources in the school.	5.57	5.50	5.90	6.21	5.83	6.12	5.88	6.07
8. My child performs well in school.	5.76	5.60	5.84	5.87	6.18	5.81	5.79	5.83
9. My child has a positive attitude toward school.	5.64	5.65	5.79	5.90	5.95	6.08	5.79	5.66
10. My child is always prepared for school (e.g., does homework).	5.57	5.56	5.76	5.72	5.96	6.05	5.60	5.55
11. My child participates in class.	5.74	5.64	5.86	5.94	6.26	6.13	5.97	5.88
12. My child demonstrates positive behavior in the classroom.	5.54	5.28	5.69	5.72	6.01	5.88	5.93	5.73
13. My child is able to avoid getting involved in delinquent behaviors (e.g., skipping school, vandalism, violating curfew).	5.99	6.13	6.16	6.81	6.24	6.65	6.44	6.45
14. My child is able to avoid using drugs.	6.63	6.76	6.60	6.96	6.62	6.92	6.84	6.90

Exhibit C-2 Descriptive Information for Parent Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=133)	Treatment (n=104)	Control (n=109)	Treatment (n=78)	Control (n=101)	Treatment (n=68)	Control (n=105)
Part I – Continued								
Please rate your child on each of the statements. (1=Strongly disagree; 7=Strongly agree)								
15. My child is able to avoid early pregnancy.	6.58	6.70	6.58	6.88	6.61	6.82	6.85	6.96
16. My child shows trust in other people.	5.56	5.67	5.71	5.67	5.90	5.71	6.16	5.37
17. My child respects other cultures.	6.17	6.28	6.25	6.52	6.41	6.47	6.54	6.18
18. My child gets along well with his/her family.	5.92	6.07	6.26	6.19	6.12	6.24	6.28	6.17
19. My child has positive relationships with pro-social peers/friends.	6.00	5.90	6.07	6.38	6.09	6.51	6.31	6.19
20. My child has positive relationships with adults other than his/her parents/caregivers.	6.12	6.09	6.22	6.45	6.31	6.48	6.43	6.04
Part II. Please provide the information requested regarding your child’s academic performance and behavior.								
1. Has your child ever been placed in an Alternative Education Program (AEP) for disciplinary reasons?								
- YES	5.9%	8.3%	4.9%	9.2%	2.6%	7.9%	5.9%	8.6%
- NO	94.1%	91.7%	95.1%	90.8%	97.4%	92.1%	94.1%	91.4%
2. Has your child ever been suspended from school?								
- YES	26.9%	22.7%	5.9%	11.9%	6.4%	11.1%	13.2%	14.3%
- NO	73.1%	77.3%	94.1%	88.1%	93.6%	88.9%	86.8%	85.7%
3. Has your child ever been expelled from school?								
- YES	7.4%	3.0%	-	1.8%	2.6%	1.0%	1.5%	-
- NO	92.6%	97.0%	100%	98.2%	97.4%	99.0%	98.5%	100.0%

Exhibit C-2 Descriptive Information for Parent Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=133)	Treatment (n=104)	Control (n=109)	Treatment (n=78)	Control (n=101)	Treatment (n=68)	Control (n=105)
Part II – Continued								
Please provide the information requested regarding your child’s academic performance and behavior.								
4. Has your child ever been referred to the juvenile justice system?								
- YES	-	1.5%	1.0%	0.9%	1.3%	-	1.5%	3.8%
- NO	100.0%	98.5%	99.0%	99.1%	98.7%	100.0%	98.5%	98.5%
5. Has your child ever been arrested?								
- YES	0.7%	0.8%	-	-	-	-	-	2.9%
- NO	99.3%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%
6. Does your child regularly attend school?								
- YES	99.3%	99.2%	96.2%	99.1%	93.6%	96.0%	94.1%	96.2%
- NO	0.7%	0.8%	3.8%	0.9%	6.4%	4.0%	5.9%	3.8%
7. How many times has your child missed school during the past grading period?								
- 1 to 2 times	76.6%	75.6%	81.7%	71.6%	77.6%	77.8%	79.1%	77.7%
- 3 to 5 times	17.7%	17.3%	15.1%	22.9%	19.7%	18.2%	14.9%	17.5%
- 6 to 8 times	3.2%	4.7%	1.1%	2.8%	1.3%	2.0%	1.5%	1.9%
- 9 or more times	2.4%	2.4%	2.2%	2.8%	1.3%	2.0%	4.5%	2.9%
8. Please tell us how your child performed in school during the past grading period. Mostly:								
- A’s and B’s	63.2%	50.4%	58.8%	52.3%	59.0%	55.0%	56.7%	49.5%
- B’s and C’s	27.8%	36.1%	35.3%	38.5%	33.3%	34.0%	29.9%	42.9%
- C’s and D’s	8.3%	12.0%	3.9%	9.2%	6.4%	11.0%	11.9%	7.6%
- F’s	0.8%	1.5%	2.0%	-	1.3%	-	1.5%	-
Part III. Using the following scale, please indicate how often you and your child have engaged in each of the activities listed in the table below in the <u>past 30 days</u>. (1=I have never done this; 2=I have, but not in the past 30 days; 3=I did it 1-2 times; 4=I did it once a week; 5=I did it almost every day)								
1. Carried a weapon illegally (gun, knife)								
- Parent	1.10	1.08	1.00	1.00	1.03	1.10	1.00	1.00
- Child	1.01	1.00	1.00	1.00	1.03	1.01	1.00	1.00

Exhibit C-2 Descriptive Information for Parent Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=133)	Treatment (n=104)	Control (n=109)	Treatment (n=78)	Control (n=101)	Treatment (n=68)	Control (n=105)
Part III – Continued								
Using the following scale, please indicate how often you and your child have engaged in each of the activities listed in the table below in the <u>past 30 days</u> . (1=I have never done this; 2=I have, but not in the past 30 days; 3=I did it 1-2 times; 4=I did it once a week; 5=I did it almost every day)								
2. Got in a fight where someone was hit								
- Parent	1.04	1.17	1.02	1.03	1.05	1.07	1.02	1.00
- Child	1.19	1.28	1.17	1.19	1.15	1.15	1.19	1.27
3. Smoked cigarettes or used smokeless tobacco								
- Parent	2.39	1.92	1.88	1.95	1.84	2.10	2.24	1.58
- Child	1.01	1.05	1.00	1.00	1.01	1.01	1.00	1.01
4. Drank alcohol								
- Parent	2.07	1.82	1.55	1.77	1.62	1.83	1.71	1.81
- Child	1.00	1.06	1.00	1.00	1.01	1.00	1.03	1.00
5. Used marijuana or other drugs								
- Parent	1.04	1.00	1.00	1.01	1.00	1.06	1.05	1.07
- Child	1.00	1.07	1.00	1.00	1.03	1.01	1.00	1.01
6. Attended a religious/church service								
- Parent	3.03	3.25	3.17	3.21	2.93	3.33	3.11	3.09
- Child	3.25	3.24	3.16	3.35	3.24	3.52	3.31	3.18
7. Attended a religious group/activity other than a religious/church service								
- Parent	1.96	2.29	2.05	2.41	2.37	2.78	2.42	2.61
- Child	2.09	2.31	2.22	2.45	2.55	2.96	2.61	2.67
8. Stole something from another person/place of business								
- Parent	1.02	1.00	1.00	1.02	1.03	1.00	1.02	1.01
- Child	1.18	1.14	1.05	1.09	1.07	1.04	1.01	1.06
9. Lied about something								
- Parent	1.53	1.43	1.35	2.19	1.23	1.99	1.42	1.67
- Child	2.38	2.20	2.05	2.81	2.07	2.27	2.01	2.15

Exhibit C-2 Descriptive Information for Parent Survey Items								
	Baseline		6-months		12-months		18-months	
	Treatment (n=138)	Control (n=133)	Treatment (n=104)	Control (n=109)	Treatment (n=78)	Control (n=101)	Treatment (n=68)	Control (n=105)
Part III - Continued								
Using the following scale, please indicate how often you and your child have engaged in each of the activities listed in the table below in the <u>past 30 days</u> . (1=I have never done this; 2=I have, but not in the past 30 days; 3=I did it 1-2 times; 4=I did it once a week; 5=I did it almost every day)								
10. Damaged someone else's property or belongings								
- Parent	1.06	1.06	1.00	1.02	1.00	1.03	1.02	1.00
- Child	1.22	1.20	1.06	1.05	1.11	1.06	1.09	1.17
11. Volunteered in the community/neighborhood								
- Parent	1.88	1.67	1.92	1.80	1.64	1.59	1.94	1.55
- Child	1.66	1.52	1.56	1.71	1.67	1.51	1.85	1.56
12. Did something fun with your family								
- Parent	4.07	3.95	4.15	3.89	3.93	3.97	3.63	3.50
- Child	4.10	3.92	4.06	3.90	4.07	4.04	3.64	3.47
13. Spent time reading together as a family								
- Parent	3.41	3.61	2.99	3.68	2.97	2.97	2.68	2.36
- Child	3.51	3.59	2.84	3.75	2.97	3.01	2.44	2.31
14. Skipped school/work								
- Parent	1.08	1.08	1.07	1.06	1.15	1.17	1.15	1.04
- Child	1.07	1.10	1.06	1.02	1.08	1.05	1.08	1.08

Appendix D: Non-response Analysis

This appendix examines the representativeness of the analysis sample. As noted in Section IV, the study sample was randomly selected with probability methods that are expected to provide an unbiased representation of the target population. However, due to the mobility of the population of children in the study, a substantial number of children and families in the sample were not able to complete all follow-up surveys. These non-responses can bias the representativeness of the study sample.

To test whether the sample was biased by the non-responses, we examined all survey respondents' demographic characteristics. Specifically, we compare the characteristics of the children and parents/caregivers that completed all follow-up data to those that completed only some of surveys. As presented in Exhibit D-1, there were no statistically significant differences between the samples with complete data and those with incomplete follow-up data (i.e., the study sample was not biased by the non-responses).

Exhibit D-1: Non-Response Analysis				
	Treatment		Control	
	Complete Follow-up Data	Incomplete Follow-up Data	Complete Follow-up Data	Incomplete Follow-up Data
Children				
# of respondents	54	84	85	49
Average Age	10.5	10.5	10.4	10.7
Race/Ethnicity (Child)	(n=54)	(n=84)	(n=85)	(n=48)
African American	53.7%	58.3%	65.9%	54.2%
Hispanic	24.1%	22.6%	21.2%	31.3%
White	9.3%	8.3%	7.1%	8.3%
Other ²¹	13.0%	10.7%	5.9%	6.3%
Gender (Children)	(n=54)	(n=84)	(n=85)	(n=49)
Male	54%	69.0%	70.6%	61.2%
Female	46%	31.0%	29.4%	38.8%
Parents/Caregivers				
# of respondents	54	84	85	48
Race/Ethnicity (Parent)	(n=54)	(n=84)	(n=84)	(n=48)
African American	59.3%	58.3%	65.5%	58.3%
Hispanic	27.8%	23.8%	22.6%	29.2%
White	9.3%	10.7%	8.3%	8.3%
Other ²²	3.7%	7.1%	3.6%	4.2%
Relationship of child to legal guardian	(n=54)	(n=82)	(n=85)	(n=47)
Mother	87.0%	84.1%	77.6%	87.2%
Grandmother	9.3%	11.0%	21.2%	10.6%
Father	1.9%	1.2%	0.0%	0.0%
Other Relative(s)	1.9%	3.7%	1.2%	2.1%

²¹ The majority of cases in the Other category were multi-racial.

²² The majority of cases in the Other category were multi-racial.

Appendix E: Core Outcomes by Site²³

²³ The subgroup analysis by site only includes data from BBBS Lone star and San Antonio. Data from BBBS Austin were not included because evaluation participants did not complete the 6-month survey which was required for the main impact and Exploratory analyses.

Exhibit E-1: Main Impact Analysis - Lone Star								
	Baseline				6-months			
	Treatment (n=79)	Control (n=101)	P value	Effect Size	Treatment (n=79)	Control (n=101)	P value	Effect Size
Child-Family/Community Relationship Outcomes								
Encouraging and Caring parents/ Caregivers	4.11	4.13	0.43	-0.11	4.51	4.19	0.00	0.62
Closeness	4.10	3.86	0.32	0.17	4.30	4.15	0.49	0.13
Parental Supervision/ Awareness	4.35	4.16	0.19	0.24	4.57	4.30	0.04	0.42
Connection to School, Community, and Family	4.32	4.12	0.37	0.15	4.39	4.32	0.79	0.04
Caring Adult other than Parents/Caregivers	4.61	4.27	0.11	0.20	4.60	4.54	0.94	0.01
Child Well-being Outcomes								
Self-worth/Self-esteem	4.43	4.30	0.33	0.14	4.62	4.46	0.03	0.39
Ability to Make Friends	3.91	3.98	0.25	-0.16	4.35	4.11	0.08	0.25
Sense of Future	4.10	4.16	0.73	-0.05	4.70	3.95	0.00	0.50
Academic/School-related Outcomes								
Attitudes Toward School	4.62	4.57	0.45	-0.11	4.64	4.58	0.49	0.13
Literacy	4.12	3.90	0.39	0.15	4.09	3.85	0.51	0.11
School Competence	5.78	5.60	0.32	0.15	5.91	5.90	0.92	0.00
Alternative Education Program (AEP) for Disciplinary Reasons	5.33%	6.79%	.125	-0.06	2.66%	9.71%	.158	-0.28
Suspensions	28.00%	24.27%	.933	0.08	2.66%	10.67%	.934	-0.31

Exhibit E-2: Exploratory Analysis – Lone Star

	Baseline				6-months				12-months				18-months			
	Treatment (n=38)	Control (n=75)	P value	Effect Size	Treatment (n=38)	Control (n=75)	P value	Effect Size	Treatment (n=38)	Control (n=75)	P value	Effect Size	Treatment (n=38)	Control (n=75)	P value	Effect Size
Child-Family/Community Relationship Outcomes																
Encouraging and Caring Parents	4.04	4.09	0.10	-0.30	4.35	4.20	0.22	0.34	4.51	4.34	0.09	0.44	4.55	4.45	0.68	0.11
Closeness	4.11	3.87	0.51	0.15	4.17	4.07	0.91	-0.03	4.21	4.04	0.61	0.13	4.37	4.01	0.08	0.46
Parental Supervision/Awareness	4.43	4.07	0.12	0.38	4.41	4.26	0.96	-0.02	4.51	4.35	0.61	0.14	4.53	4.22	0.37	0.23
Connection to School, Community, and Family	4.42	4.06	0.09	0.40	4.38	4.30	0.81	0.07	4.48	4.08	0.00	0.86	4.49	4.14	0.01	0.68
Caring Adult other than Parents/Caregivers	4.64	4.16	0.28	0.26	4.75	4.49	0.20	0.33	4.69	4.11	0.01	0.75	4.81	3.92	0.00	1.17
Child Well-being Outcomes																
Self-worth/Self-esteem	4.54	4.29	0.48	0.15	4.65	4.43	0.07	0.15	4.45	4.47	0.08	0.44	4.67	4.38	0.00	0.73
Ability to Make Friends	3.98	3.88	0.61	-0.14	4.41	4.04	0.08	0.47	4.66	4.26	0.00	0.73	4.76	4.21	0.00	0.93
Sense of Future	4.08	4.13	0.23	-0.32	4.79	3.85	0.00	0.84	4.95	4.36	0.03	0.53	4.63	4.77	0.33	-0.32
Academic/School-related Outcomes																
Attitudes Toward School	4.70	4.55	0.42	0.18	4.65	4.57	0.43	0.19	4.70	4.59	0.31	0.26	4.68	4.53	0.31	0.26
Literacy	4.03	3.91	0.53	-0.14	4.07	3.81	0.56	0.14	3.92	3.67	0.33	0.26	3.92	3.63	0.53	0.18
School Competence	5.95	5.84	0.57	0.10	5.82	5.81	0.93	0.02	6.28	6.0	0.21	0.28	6.05	5.80	0.46	0.19
Alternative Education Program (AEP) for Disciplinary Reasons	8.88%	6.49%	0.53	0.09	2.94%	9.09%	0.56	-0.24	5.88%	7.79%	0.55	-0.07	8.82%	10.38%	0.55	-0.05
Suspensions	20.58%	25.97%	0.76	-0.12	5.88%	10.38%	0.76	-0.16	5.88%	11.68%	0.75	-0.19	20.58%	11.68%	0.75	0.25

Exhibit E-3: Main Impact Analysis – San Antonio								
	Baseline				6-months			
	Treatment (n=29)	Control (n=6)	P value	Effect Size	Treatment (n=29)	Control (n=6)	P value	Effect Size
Child-Family/Community Relationship Outcomes								
Encouraging and Caring Parents	4.11	4.29	0.82	0.14	4.21	4.00	0.26	0.89
Closeness	4.14	4.00	0.35	0.37	3.97	3.92	0.75	0.21
Parental Supervision/Awareness	3.98	4.56	0.06	-1.85	4.38	3.78	0.14	-0.72
Connection to School, Community, and Family	4.08	4.22	0.86	0.08	4.02	4.11	0.46	0.43
Caring adult other than Parents/Caregivers	4.17	4.17	0.77	0.13	4.31	4.33	0.78	0.23
Child Well-being Outcomes								
Self-worth/Self-esteem	4.21	4.24	0.89	-0.07	4.25	4.21	0.60	0.41
Ability to Make Friends	3.79	3.79	0.80	-0.09	4.09	4.21	0.96	0.03
Sense of Future	3.86	4.00	0.95	-0.02	3.86	4.17	0.57	0.25
Academic/School-related Outcomes								
Attitudes Toward School	4.56	4.67	0.49	-0.77	4.43	4.42	0.64	-0.45
Literacy	4.03	4.00	0.89	0.09	3.91	3.75	0.71	0.17
School Competence	5.30	5.66	0.53	-0.26	5.56	5.70	0.64	-0.09
Alternative Education Program (AEP) for Disciplinary Reasons	10.34%	16.66%	-	-0.19	10.34%	0%	-	-0.35
Suspensions	27.58%	0%	-	0.64	13.79%	33.33%	-	0.50

Exhibit E-4: Exploratory Analysis – San Antonio

	Baseline (observed)				6-months (adjusted)				12-months				18-months			
	Treatment (n=16)	Control (n=5)	P value	Effect Size	Treatment (n=16)	Control (n=5)	P value	Effect Size	Treatment (n=16)	Control (n=5)	P value	Effect Size	Treatment (n=16)	Control (n=5)	P value	Effect Size
Child-Family/Community Relationship Outcomes																
Encouraging and Caring Parents	3.97	4.40	0.95	0.07	4.17	4.15	0.26	0.74	3.98	4.10	0.80	0.27	4.06	4.45	0.95	-0.04
Closeness	4.09	3.80	0.15	0.58	4.00	3.70	0.67	0.24	3.69	3.30	0.89	0.07	3.97	3.90	0.95	-0.03
Parental Supervision/Awareness	4.02	4.73	0.07	-6.54	4.35	3.87	0.26	0.82	4.15	4.07	0.50	-1.02	4.30	4.27	0.66	0.28
Connection to School, Community, and Family	4.15	4.47	0.68	-0.62	4.19	4.20	0.55	0.47	4.08	3.93	0.53	0.48	4.10	4.20	0.77	0.15
Caring Adult other than Parents/Caregivers	4.44	4.60	0.68	0.47	4.50	4.20	0.83	-0.21	4.88	4.40	0.41	0.80	4.81	4.00	0.45	0.98
Child Well-being Outcomes																
Self-worth/Self-esteem	4.28	4.37	0.22	-0.46	4.29	4.14	0.99	0.01	4.13	4.20	0.83	0.16	4.35	4.60	0.85	-0.15
Ability to Make Friends	3.86	4.10	0.15	-0.87	4.25	4.45	0.79	-0.20	3.41	4.45	0.45	-0.54	3.98	4.15	0.18	1.09
Sense of Future	3.69	4.60	0.30	-0.81	4.19	4.80	0.72	0.54	4.19	4.80	0.95	0.10	4.25	5.00	0.34	0.00
Academic/School-related Outcomes																
Attitudes Toward School	4.53	4.65	0.82	-0.19	4.52	4.50	0.55	-0.55	4.23	4.35	0.70	-0.49	4.39	4.70	0.31	-1.78
Literacy	4.28	4.00	0.67	0.18	4.00	4.10	0.60	-0.21	3.59	3.70	0.62	-0.24	3.69	4.30	0.11	-1.29
School Competence	4.87	5.38	.83	-0.29	5.77	5.54	0.50	0.14	5.30	6.29	0.26	-0.68	5.24	6.10	0.67	-0.53
Alternative Education Program (AEP) for Disciplinary Reasons	6.25%	20.0%	-	-0.44	12.50%	0%	-	0.40	0%	0%	-	-	6.25%	0%	-	0.27
Suspensions	18.75%	0%	-	0.50	6.25%	40.0%	-	-0.97	12.50%	20.0%	-	-0.20	12.51%	0%		0.40

Appendix F: Gender Subgroup Analysis of Core Outcomes

Exhibit F: Gender Subgroup Analysis of Core Outcomes									
		Baseline				6-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Male	<i>n=64</i>	<i>n=69</i>			<i>n=64</i>	<i>n=69</i>		
	Female	<i>n=44</i>	<i>n=38</i>			<i>n=44</i>	<i>n=38</i>		
Child-Family/Community Relationship Outcomes									
Encouraging and Caring Parents	Male	4.1	4.1	0.95	-0.01	4.4	4.2	0.05*	0.38
	Female	3.9	4.3	0.00**	-0.67	4.5	4.1	0.04*	0.54
Closeness	Male	4.1	3.9	0.10	0.22	4.1	4.1	0.55	0.05
	Female	4.1	4.0	0.66	0.11	4.3	4.2	0.64	0.08
Parental Supervision/Awareness	Male	4.1	4.2	0.41	-0.14	4.5	4.2	0.07	0.35
	Female	4.4	4.2	0.27	0.28	4.6	4.4	0.10	0.34
Connection to School, Community, and Family	Male	4.1	4.1	0.93	0.01	4.3	4.3	0.80	0.05
	Female	4.3	4.2	0.50	0.15	4.3	4.3	0.92	-0.04
Caring Adult other than Parents/Caregivers	Male	4.3	4.2	0.57	0.09	4.5	4.5	0.89	0.02
	Female	4.7	4.3	0.13	0.31	4.6	4.6	0.75	0.06
Child Well-being Outcomes									
Self-worth/Self-esteem	Male	4.3	4.3	0.99	0.00	4.6	4.4	0.03*	0.39
	Female	4.5	4.4	0.54	0.11	4.5	4.5	0.41	0.13
Ability to Make Friends	Male	3.8	4.0	0.39	-0.16	4.3	4.1	0.13	0.30
	Female	3.8	4.2	0.10	-0.39	4.3	4.2	0.98	0.14
Sense of Future	Male	3.9	4.0	0.62	-0.09	4.7	3.9	0.00**	0.52
	Female	4.1	4.4	0.31	-0.30	4.4	3.8	0.15	0.40
Academic/School-related Outcomes									
Attitudes Toward School	Male	4.5	4.6	0.63	-0.08	4.5	4.5	0.60	-0.10
	Female	4.6	4.7	0.69	-0.07	4.7	4.6	0.19	0.27
Literacy	Male	4.1	3.8	0.05*	0.29	3.9	3.8	0.11	0.12
	Female	4.1	4.2	0.70	-0.09	4.1	4.1	0.90	0.00
School Competence	Male	5.6	5.2	0.10	0.30	5.8	5.7	0.41	0.14
	Female	5.9	6.2	0.21	-0.32	5.9	6.2	0.32	-0.26
Alternative Education Program (AEP) for Disciplinary Reasons	Male	9.0%	12.0%	0.59	-0.10	36.0%	33.0%	0.70	0.06
	Female	0.0%	3.0%	0.25	-0.27	8.0%	14.0%	0.39	-0.19
Suspensions	Male	7.0%	9.0%	0.60	-0.07	12.0%	11.0%	0.69	0.03
	Female	2.0%	5.0%	0.40	-0.16	3.0%	6.0%	0.35	-0.14

Appendix G: Ethnicity Subgroup Analysis of Core Outcomes

Exhibit G: Ethnicity Subgroup Analysis of Core Outcomes

Exhibit G: Ethnicity Subgroup Analysis of Core Outcomes									
		Baseline				6-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	<i>n=59</i>	<i>n=70</i>			<i>n=59</i>	<i>n=70</i>		
	Hispanic	<i>n=26</i>	<i>n=20</i>			<i>n=26</i>	<i>n=20</i>		
	White	<i>n=9</i>	<i>n=10</i>			<i>n=9</i>	<i>n=10</i>		
	Other	<i>n=14</i>	<i>n=7</i>			<i>n=14</i>	<i>n=7</i>		
Child-Family/Community Relationship Outcomes									
Encouraging and Caring Parents	Black	4.1	4.2	0.59	-0.08	4.5	4.2	0.04*	0.50
	Hispanic	4.2	4.0	0.69	-0.20	4.4	4.2	0.07	0.69
	White	4.1	4.2	0.17	1.40	3.9	4.1	0.65	-0.26
	Other	4.0	4.1	0.14	-1.32	4.4	4.1	0.09	1.07
Closeness	Black	4.2	3.9	0.45	0.11	4.2	4.1	0.83	-0.04
	Hispanic	4.1	4.0	0.25	0.50	4.2	4.1	0.32	0.31
	White	4.3	3.8	0.24	0.93	4.0	4.2	0.97	-0.02
	Other	3.8	3.6	0.79	-0.35	4.4	4.4	0.89	-0.08
Parental Supervision/Awareness	Black	4.3	4.1	0.15	0.24	4.6	4.3	0.06	0.33
	Hispanic	4.2	4.4	0.31	-0.63	4.5	4.1	0.01**	0.95
	White	4.1	4.5	0.39	-0.54	4.3	4.4	0.25	-0.53
	Other	4.0	3.7	0.68	-0.27	4.3	4.1	0.38	0.92
Connection to School, Community, and Family	Black	4.4	4.1	0.66	0.09	4.4	4.3	0.34	0.17
	Hispanic	4.1	4.2	0.98	0.01	4.1	4.4	0.77	0.13
	White	3.9	4.2	0.47	-0.81	3.6	4.3	0.32	-0.56
	Other	4.3	3.7	0.44	0.56	4.5	4.3	0.63	0.36
Caring Adult other than Parents/Caregivers	Black	4.6	4.1	0.03*	0.42	4.7	4.6	0.46	0.12
	Hispanic	4.1	4.6	0.75	-0.22	4.0	4.5	0.52	-0.49
	White	4.8	4.7	0.70	0.22	4.6	4.5	0.47	-0.31
	Other	4.4	4.1	0.20	0.72	4.6	4.4	0.39	0.41

Exhibit G: Ethnicity Subgroup Analysis of Core Outcomes - Continued

		Baseline				6-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	n=59	n=70			n=59	n=70		
	Hispanic	n=26	n=20			n=26	n=20		
	White	n=9	n=10			n=9	n=10		
	Other	n=14	n=7			n=14	n=7		
Child Well-being Outcomes									
Self-worth/Self-esteem	Black	4.5	4.2	0.09	0.22	4.6	4.4	0.03*	0.51
	Hispanic	4.2	4.4	0.43	-0.21	4.3	4.5	0.39	0.46
	White	4.3	4.3	0.23	0.82	4.2	4.3	0.50	0.30
	Other	4.2	4.6	0.02*	-1.22	4.5	4.6	0.92	0.19
Ability to Make Friends	Black	3.8	4.0	0.19	-0.33	4.2	4.1	0.43	0.20
	Hispanic	4.0	4.1	0.98	0.01	4.5	4.3	0.08	0.90
	White	3.9	3.4	0.93	-0.06	3.9	3.7	0.56	0.28
	Other	3.9	3.9	0.93	-0.08	4.4	4.0	0.12	1.10
Sense of Future	Black	4.2	4.2	0.82	0.05	4.7	4.0	0.00**	0.74
	Hispanic	3.9	4.2	0.70	-0.21	4.2	4.0	0.19	0.61
	White	3.0	4.2	0.01**	-2.29	3.7	3.4	0.99	-0.02
	Other	4.1	3.7	0.66	-0.31	4.6	4.6	0.19	1.30

Exhibit G: Ethnicity Subgroup Analysis of Core Outcomes - Continued

Exhibit G: Ethnicity Subgroup Analysis of Core Outcomes - Continued									
		Baseline				6-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	<i>n=59</i>	<i>n=70</i>			<i>n=59</i>	<i>n=70</i>		
	Hispanic	<i>n=26</i>	<i>n=20</i>			<i>n=26</i>	<i>n=20</i>		
	White	<i>n=9</i>	<i>n=10</i>			<i>n=9</i>	<i>n=10</i>		
	Other	<i>n=14</i>	<i>n=7</i>			<i>n=14</i>	<i>n=7</i>		
Academic/School-related Outcomes									
Attitudes Toward School	Black	4.6	4.5	0.85	-0.04	4.7	4.5	0.22	0.26
	Hispanic	4.5	4.7	0.09	-0.81	4.6	4.6	0.19	0.66
	White	4.6	4.7	1.00	0.00	4.1	4.7	0.30	-0.97
	Other	4.7	4.5	0.94	-0.06	4.4	4.8	0.48	-1.17
Literacy	Black	4.2	3.8	0.28	0.17	4.1	3.7	0.27	0.22
	Hispanic	3.9	4.3	0.65	0.19	4.0	4.2	0.31	0.44
	White	4.1	3.9	0.47	0.08	3.9	3.8	0.98	0.01
	Other	4.1	3.5	0.85	0.25	3.9	4.2	0.35	-0.68
School Competence	Black	5.9	5.5	0.03*	0.32	6.0	5.8	0.41	0.15
	Hispanic	5.3	6.0	0.08	-0.74	5.7	6.3	0.48	-0.56
	White	5.3	5.4	0.69	-0.10	5.9	6.2	0.33	-0.60
	Other	5.9	5.7	0.68	0.22	5.0	5.5	0.85	-0.46
Alternative Education Program (AEP) for Disciplinary Reasons	Black	3.6%	8.6%	0.11	-0.17	5.5%	11.4%	0.10	-0.19
	Hispanic	7.7%	10.0%	-	-0.07	3.8%	5.0%	-	-0.05
	White	14.3%	0.0%	-	-	0.0%	0.0%	-	-
	Other	11.1%	0.0%	-	-	11.1%	0.0%	-	-
Suspensions	Black	27.3%	25.7%	0.48	0.04	3.6%	11.4%	0.51	-0.24
	Hispanic	19.2%	10.0%	0.54	0.29	7.7%	15.0%	0.58	-0.20
	White	50.0%	28.6%	0.90	0.42	0.0%	14.3%	0.91	-0.36
	Other	22.2%	20.0%	1.00	0.05	22.2%	10.0%	0.74	0.37

Appendix H: Trend Analysis by Gender

Exhibit H: Trend Analysis by Gender																	
	Gender	Baseline				6-months				12-months				18-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Male	n=29	n=58														
	Female	n=25	n=25														
Child-Family/Community Relationship Outcomes																	
Encouraging and Caring Parents	Male	4.0	4.2	0.23	-0.28	4.3	4.2	0.33	0.26	4.5	4.3	0.44	0.19	4.4	4.4	0.70	-0.10
	Female	3.8	4.2	0.10	-0.51	4.4	4.2	0.47	0.24	4.5	4.1	0.10	0.53	4.6	4.3	0.28	0.32
Closeness	Male	4.1	3.9	0.25	0.23	4.0	4.0	0.99	0.00	3.9	4.0	0.70	-0.09	4.1	3.9	0.28	0.28
	Female	4.1	3.9	0.54	0.20	4.2	4.2	0.94	0.02	4.3	3.8	0.09	0.49	4.5	4.1	0.08	0.55
Parental Supervision/Awareness	Male	4.2	4.2	0.79	-0.06	4.3	4.2	0.69	0.11	4.3	4.3	0.84	0.05	4.4	4.2	0.22	0.30
	Female	4.4	4.1	0.13	0.53	4.5	4.3	0.46	0.25	4.6	4.4	0.35	0.33	4.6	4.3	0.20	0.45
Connection to School, Community, and Family	Male	4.2	4.2	0.74	0.07	4.4	4.3	0.31	0.26	4.3	4.2	0.23	0.32	4.4	4.2	0.20	0.28
	Female	4.3	4.1	0.49	0.20	4.3	4.3	0.94	-0.02	4.6	3.7	0.00**	1.14	4.5	4.1	0.06	0.73
Caring Adult other than Parents/Caregivers	Male	4.2	4.3	0.67	-0.11	4.6	4.4	0.41	0.22	4.6	4.1	0.08	0.44	4.8	3.9	0.00**	0.86
	Female	4.7	4.2	0.15	0.36	4.8	4.6	0.53	0.20	4.9	4.2	0.01**	0.81	5.0	3.9	0.00**	1.08
Child Well-being Outcomes																	
Self-worth/Self-esteem	Male	4.3	4.3	0.73	0.07	4.6	4.3	0.01**	0.60	4.6	4.4	0.29	0.26	4.6	4.4	0.13	0.37
	Female	4.5	4.4	0.46	0.17	4.6	4.5	0.53	0.19	4.6	4.3	0.07	0.64	4.7	4.4	0.05*	0.75
Ability to Make Friends	Male	3.9	3.9	0.97	0.01	4.5	4.0	0.03*	0.53	4.4	4.3	0.48	0.18	4.7	4.1	0.00**	0.71
	Female	3.8	4.2	0.20	-0.41	4.2	4.3	0.62	-0.18	4.4	4.0	0.06	0.59	4.5	4.2	0.22	0.46
Sense of Future	Male	3.8	4.1	0.34	-0.23	4.8	3.9	0.01**	0.58	4.7	4.4	0.37	0.21	4.8	4.7	0.39	0.18
	Female	3.9	4.6	0.07	-0.91	4.5	4.0	0.26	0.36	4.9	4.1	0.02*	0.61	4.3	4.9	0.14	-0.56

Exhibit H: Trend Analysis by Gender																	
	Gender	Baseline				6-months				12-months				18-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Male	n=29	n=58														
	Female	n=25	n=25														
Academic/School-related Outcomes																	
Attitudes Toward School	Male	4.7	4.5	0.35	0.21	4.6	4.5	0.72	0.09	4.6	4.5	0.91	0.03	4.5	4.5	0.56	-0.13
	Female	4.6	4.6	0.99	0.00	4.7	4.6	0.81	0.07	4.8	4.5	0.07	0.59	4.8	4.5	0.04*	0.69
Literacy	Male	4.1	3.8	0.23	0.23	4.0	3.7	0.28	0.27	4.0	3.6	0.15	0.34	3.8	3.6	0.61	0.13
	Female	4.0	4.4	0.22	-0.42	4.1	4.2	0.75	-0.10	3.6	3.7	0.79	-0.09	4.0	3.7	0.57	0.18
School Competence	Male	5.4	5.2	0.60	0.14	5.9	5.6	0.27	0.28	5.9	5.9	0.88	-0.04	5.6	5.5	0.73	0.10
	Female	5.9	6.3	0.16	-0.54	5.7	6.2	0.13	-0.74	6.29	6.11	0.58	0.18	6.2	6.4	0.42	-0.34
Alternative Education Program (AEP) for Disciplinary Reasons	Male	10.0%	11.5%	0.72	-0.05	7.7%	8.9%	0.72	-0.05	5.5%	6.4%	0.73	-0.03	10.0%	11.5%	0.73	-0.04
	Female	0.0%	3.8%	-	-0.19	0.0%	7.7%	-	-0.28	4.2%	7.7%	-	-0.13	12.5%	0.0%	-	-
Suspensions	Male	23.3%	29.4%	0.41	-0.14	11.3%	14.8%	0.44	-0.09	11.3%	14.8%	0.43	-0.09	13.4%	17.5%	0.40	-0.11
	Female	18.9%	8.8%	0.10	0.25	5.5%	2.3%	0.29	0.16	8.2%	3.6%	0.20	0.23	13.6%	6.1%	0.25	0.38

Appendix I: Trend Analysis by Ethnicity

Exhibit I: Trend Analysis by Ethnicity																	
	Gender	Baseline				6-months				12-months				18-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	n=29	n=55			n=29	n=55		n=29	n=55			n=29	n=55			
	Hispanic	n=13	n=17			n=13	n=17		n=13	n=17			n=13	n=17			
	White	n=5	n=6			n=5	n=6		n=5	n=6			n=5	n=6			
	Other	n=7	n=5			n=7	n=5		n=7	n=5			n=7	n=5			
Child-Family/Community Relationship Outcomes																	
Encouraging and Caring Parents	Black	4.0	4.1	0.12	-0.31	4.4	4.2	0.28	0.28	4.6	4.3	0.02*	0.53	4.4	4.3	0.58	0.16
	Hispanic	4.0	4.1	0.82	-0.12	4.3	4.3	0.18	0.72	4.0	4.5	0.55	-0.34	4.3	4.6	0.41	-0.49
	White	4.6	4.3	-	-	4.3	4.0	-	-	4.5	4.5	-	-	4.5	4.4	-	-
	Other	3.7	3.9	0.79	-1.57	4.0	4.2	-	-	4.2	4.4	-	-	4.4	4.9	-	-
Closeness	Black	4.2	3.9	0.81	0.05	4.0	4.1	0.13	-0.47	4.2	3.9	0.25	0.27	4.3	3.9	0.10	0.47
	Hispanic	4.1	3.9	0.02	1.26	4.2	3.7	0.35	0.67	3.8	3.9	0.82	-0.11	4.0	4.0	0.67	0.18
	White	4.3	4.0	0.97	0.23	4.3	4.3	-	-	4.2	4.4	-	-	4.5	4.0	-	-
	Other	3.6	3.8	0.25	-4.93	4.4	4.1	0.39	-1.80	3.7	4.0	0.17	-2.26	4.2	4.3	0.11	-4.44
Parental Supervision/Awareness	Black	4.5	4.0	0.02*	0.51	4.5	4.2	0.92	0.03	4.6	4.3	0.24	0.28	4.6	4.2	0.37	0.25
	Hispanic	4.2	4.5	0.22	-1.06	4.5	4.2	0.09	1.41	4.1	4.3	0.81	0.22	4.4	4.3	0.27	0.94
	White	4.3	4.7	-	-	4.2	4.4	-	-	4.1	4.7	-	-	4.5	4.2	-	-
	Other	3.8	3.5	0.19	0.92	4.1	4.1	-	-	4.3	4.7	-	-	4.2	4.5	-	-
Connection to School, Community, and Family	Black	4.4	4.1	0.23	0.32	4.5	4.3	0.27	0.33	4.6	4.1	0.00	0.79	4.5	4.1	0.02*	0.74
	Hispanic	4.1	4.2	0.26	-0.96	4.2	4.5	0.71	0.32	4.2	4.1	0.86	0.11	4.3	4.1	0.15	0.95
	White	4.1	4.6	0.87	1.14	3.8	4.5	-	-	4.3	3.7	-	-	4.5	4.2	-	-
	Other	4.5	3.5	0.13	1.48	4.4	4.3	0.06	-1.09	3.7	3.9	0.92	-0.19	4.1	4.3	0.26	-2.29

Exhibit I: Trend Analysis by Ethnicity																	
	Gender	Baseline				6-months				12-months				18-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	n=29	n=55			n=29	n=55		n=29	n=55			n=29	n=55			
	Hispanic	n=13	n=17			n=13	n=17		n=13	n=17			n=13	n=17			
	White	n=5	n=6			n=5	n=6		n=5	n=6			n=5	n=6			
	Other	n=7	n=5			n=7	n=5		n=7	n=5			n=7	n=5			
Child-Family/Community Relationship Outcomes – Continued																	
Caring Adult other than Parents/Caregivers	Black	4.7	4.1	0.22	0.34	4.8	4.5	0.19	0.31	4.8	4.1	0.22	0.72	4.9	3.9	0.22	1.28
	Hispanic	4.5	4.6	0.46	0.77	4.2	4.5	0.51	-0.65	4.8	4.3	0.43	1.07	4.8	4.1	0.43	2.12
	White	4.8	4.5	-	-	4.7	4.5	-	-	4.6	4.2	-	-	4.4	4.3	-	-
	Other	4.1	4.0	0.53	1.32	4.9	4.4	0.29	1.10	4.7	4.6	0.78	0.21	4.9	3.6	0.77	-0.65
Child Well-being Outcomes																	
Self-worth/Self-esteem	Black	4.6	4.2	0.03*	0.37	4.7	4.4	0.04	0.61	4.7	4.5	0.01**	0.50	4.6	4.4	0.02*	0.74
	Hispanic	4.3	4.5	0.37	-0.43	4.3	4.4	0.93	0.07	4.1	4.4	0.81	-0.17	4.5	4.5	0.66	-0.36
	White	4.5	4.4	-	-	4.3	4.2	-	-	4.4	4.3	-	-	4.6	4.3	-	-
	Other	4.1	4.4	0.04*	-3.03	4.6	4.6	-	-	4.2	4.5	-	-	4.5	4.3	-	-
Ability to Make Friends	Black	4.0	3.9	0.73	-0.11	4.3	4.0	0.32	0.33	4.6	4.3	0.01**	0.59	4.7	4.2	0.00**	0.98
	Hispanic	4.0	4.3	0.90	-0.11	4.3	4.5	0.93	-0.07	3.6	4.4	0.18	-0.99	4.2	4.4	0.94	0.08
	White	4.0	3.1	-	-	4.4	3.4	-	-	4.1	3.5	-	-	4.3	3.6	-	-
	Other	3.7	3.5	0.07	3.35	4.6	3.9	-	-	4.5	4.3	-	-	4.5	4.2	-	-
Sense of Future	Black	4.3	4.1	0.90	0.04	4.8	3.8	0.00**	0.66	5.0	4.3	0.01	0.50	4.5	4.7	0.57	-0.21
	Hispanic	3.6	4.4	0.84	-0.20	4.4	4.3	0.40	0.37	4.0	4.6	0.42	-0.55	4.6	4.9	0.76	-0.34
	White	3.6	4.7	-	-	4.0	3.2	-	-	4.6	4.2	-	-	4.0	4.8	-	-
	Other	3.6	4.0	0.11	-3.08	4.7	4.6	-	-	5.0	5.0	-	-	4.9	5.0	-	-

Exhibit I: Trend Analysis by Ethnicity																	
	Gender	Baseline				6-months				12-months				18-months			
		Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size	Treatment	Control	P value	Effect Size
N	Black	n=29	n=55			n=29	n=55		n=29	n=55			n=29	n=55			
	Hispanic	n=13	n=17			n=13	n=17		n=13	n=17			n=13	n=17			
	White	n=5	n=6			n=5	n=6		n=5	n=6			n=5	n=6			
	Other	n=7	n=5			n=7	n=5		n=7	n=5			n=7	n=5			
Academic/School related Outcomes																	
Attitudes Toward School	Black	4.7	4.5	0.30	0.20	4.6	4.5	0.69	0.09	4.7	4.6	0.38	0.21	4.7	4.5	0.23	0.36
	Hispanic	4.4	4.6	0.22	-0.81	4.5	4.6	0.60	0.33	4.3	4.5	0.62	-0.39	4.4	4.6	0.74	-0.38
	White	4.8	4.8	-	-	4.4	4.7	-	-	4.7	4.6	-	-	4.6	4.8	-	-
	Other	4.8	4.5	0.50	1.40	4.6	5.0	-	-	4.4	4.6	-	-	4.5	4.6	-	-
Literacy	Black	4.1	3.9	0.70	-0.08	4.1	3.7	0.48	0.19	3.9	3.6	0.51	0.15	3.9	3.6	0.78	0.09
	Hispanic	4.0	4.0	0.94	-0.05	4.0	3.9	0.62	-0.31	3.6	3.7	0.84	-0.10	3.4	3.7	0.15	-1.00
	White	4.2	4.2	0.34	-1.15	4.0	4.0	0.47	-	4.6	3.6	0.73	-	4.8	3.3	0.30	-
	Other	4.4	3.5	0.71	-0.78	4.1	4.4	-	-0.35	3.5	4.5	-	-3.08	3.6	4.1	-	-5.05
School Competence	Black	5.73	5.58	0.35	0.12	5.95	5.77	0.57	0.15	6.48	6.06	0.05*	0.42	6.19	5.79	0.35	0.30
	Hispanic	4.89	6.00	0.45	-0.93	5.54	6.08	0.57	-0.45	5.18	6.25	0.21	-1.61	4.97	6.26	0.49	-2.03
	White	5.48	5.50	0.60	-0.02	6.00	6.18	0.94	-0.30	5.33	5.97	0.90	-1.05	5.64	6.33	0.61	-1.21
	Other	6.20	5.18	0.75	1.14	5.13	5.14	0.85	0.00	6.33	5.56	0.58	0.64	6.17	4.89	0.94	0.88
Alternative Education Program (AEP) for Disciplinary Reasons	Black	4.0%	7.1%	-	-	4.0%	8.9%	0.24	-0.17	0.0%	8.9%	0.28	-0.31	12.0%	10.7%	0.17	0.04
	Hispanic	7.7%	14.3%	0.23	-0.12	7.7%	7.1%	-	0.02	0.0%	0.0%	-	-	7.7%	0.0%	-	-
	White	14.3%	0.0%	-	-0.18	0.0%	0.0%	-	-	28.6%	0.0%	-	-	0.0%	0.0%	-	-
	Other	20.0%	0.0%	-	-	20.0%	0.0%	-	-	0.0%	16.7%	0.87	-0.37	0.0%	33.3%	0.83	-0.59
Suspensions	Black	16.0%	25.0%	0.49	-0.20	4.0%	10.7%	0.52	-0.21	8.0%	12.5%	0.50	-0.13	20.0%	14.3%	0.47	0.16
	Hispanic	23.1%	7.1%	-	0.58	7.7%	14.3%	-	-0.18	15.4%	7.1%	-	0.30	15.4%	7.1%	-	0.30
	White	42.9%	40.0%	0.82	0.05	0.0%	20.0%	0.87	-0.41	0.0%	0.0%	-	-	28.6%	0.0%	0.80	-
	Other	0.0%	33.3%	-	-0.59	20.0%	16.7%	-	0.07	0.0%	33.3%	-	-0.59	0.0%	0.0%	-	-

Appendix J: Vignettes

Vignettes

The following vignettes highlight two mentoring relationships that stood out as exemplary models.²⁴ In both cases, matches have lasted over two years and continue to thrive.

Sam and Edward

When approached by the program to be Sam's Big, Edward had little hesitation about what he described as a laundry list of concerns. The two engage in all sorts of activities: they meet at the library before each visit, play sports, and participate in BBBS events. They communicate weekly by phone or text message to decide what to do together and arrange outings, which are typically every three weeks based on when Edward is available. Edward encourages a balance of educational experiences, including teaching Sam to play chess and going to museums, with fun outings, such as attending shows and riding bikes. Since Sam's mom is ill as well as low-income, she finds relief in being able to trust Edward to take Sam out. This allows her to be less overprotective and more relaxed when he is away, a change she said her kids notice. When asked what he liked most about having a Big, Sam pointed to the time that Edward spends with him.

Edward speaks to Sam's mother when he picks up or drops Sam off and when they are arranging outings. Edward described his relationship with Sam's mother as a friendship. In the beginning, Sam's mother would say negative things about Sam. Edward remained politely positive and was pleased to see a change in Sam's mother when Sam made progress. However, the match support specialist described Sam's mother as very challenging and noted that she relies on Edward heavily.

"[Edward] is doing this out of his kindness and that is what I love about him and the program in general," explained Sam's mother. It is clear that Sam's mother trusts Edward and treats him like part of her own family. When Edward moved further away, he made it clear that he and Sam would continue seeing each other. Edward stated that flexibility, both from himself and Sam's mother, helps to make the match work. Although the match support specialist expressed concern about the atypical burden this match places on Edward, he noted the expense of traveling far distances to see Sam as his only challenge. This was resolved when Edward scaled back the frequency of his visits to once every three weeks. The match support specialist noted that typically a match would close if a Big or Little moved far away, but Edward expressed his desire to continue the match because he recognized the importance of maintaining the relationship, particularly as Sam was transitioning to middle school.

Edward reported drastic improvement in Sam's academic performance and physical health. He was proud to share that Sam passed the fourth grade and made the honor roll. Edward explained that Sam has more confidence and that his mother speaks more highly of Sam now. Edward's description of how Sam was reading picture books when they first met, and now reads chapter books, speaks to the immense growth in his reading skills. Sam also shared that when Edward helps him with homework, he understands it better. Sam has also made progress in adopting a healthier lifestyle, being more physically active and establishing better eating habits. The match support specialist

²⁴ Names have been changed to maintain the privacy of the match.

observed that Edward knows he is the primary male presence in Sam's life and therefore is in it for the long term; this enables Sam to open up to him. Sam's mother talked about Sam's improvements in his ability to communicate and stand up for himself, minimizing his experiences as the object of bullying.

Paul and Jake

With his blond hair, blue eyes, and New England accent, Jake was not what Paul's mom expected the first time she met her son's Big Brother. It didn't take long, however, for her to realize that their personalities and common interests made them a great match. Every other week Paul and Jake are out on an adventure, some days a round of golf and others the gym. Over the two years of their mentoring relationship, Jake has helped Paul develop his pitching skills for the baseball team, improve his free throws on the court, and navigate the rough waters of typical teenage woes. Jake is both a role model who guides Paul in good directions and a friend who shares similar passions. What seems most valuable is that Jake puts in the time and effort; by phone and e-mail, the two keep in touch throughout the week. Jake also shows support by attending most of Paul's major sporting events. Jake's holiday gift to Paul, a golf club, illustrated the positive sentiments their common interests generate.

Paul's mother noted her feelings of being supported in the partnership that she and Jake have formed. She feels comfortable approaching Jake to bounce ideas off him. Not only does Jake provide support with Paul's best interests in mind, he also exposes him to new experiences. Describing herself as an older mother, she appreciates Jake's keeping an eye on Paul's Facebook page, relating to him, and talking with him about "guy stuff." When she alerts Jake to something going on with Paul, Jake casually brings it up the next time they are out together. Although Paul's grandfather is around, Jake is the consistent male who is both young and active in his life. Jake also communicates with Paul's mother before making plans with him and stays in touch when he travels for work. She observed that, "[Paul's] like part of their family and [Jake] is part of our family." Paul even flew home with Jake last year to visit his family and friends. The match support specialist also noted positive feedback from the incarcerated family member, who appreciates Jake as a "really good man to be there for [Paul]."

Jake helps keep Paul focused on school, which can sometimes be a challenge, as it is for many teenagers. Paul's mother also commented that she gets many compliments about how Paul acts when she's not around, social skills that she attributes to his interactions with his Big Brother. Jake's friends also commented on how well Paul carried himself when they were on their trip. The match support specialist described how Jake exceeds the role of a friend and takes on a mentor role. He is there for Paul when he's faced typical child development issues, fights at school, and other issues that Paul's dad would probably have helped him work through if he were available. Clear communication has enabled concerns to be quickly addressed. Jake's maturity and compassion helps him to take on the issues of incarceration and to be a sounding board for Paul to work through his emotions.