Service Standards

Mentoring Services

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Definition

Mentoring Services help to establish supportive, stable, and mutually beneficial relationships between selected mentors and children, youth, or adults in need. Services are typically provided to children, youth, or adults who can benefit from: (1) a role model whose support can help them develop a positive self-image, new behaviors, and coping skills; (2) peer or intergenerational support to help them face identified life challenges or accomplish developmental tasks; and/or (3) companionship. Mentoring services are often part of a larger array of available services.
Examples: *This section can accommodate a wide variety of mentoring programs. For example, mentoring services can take place in a number of different settings, such as in the mentee's home, in residential treatment or group living settings, on-site at an organization's facilities, in schools, or in the community. The standards can also be appropriate for a variety of mentoring program models including, but not limited to, programs for children and youth, foster grandparent programs, group mentoring programs, family mentoring programs, peer mentoring programs (including those serving individuals with behavioral health needs, such as substance use or mental health conditions), and survivor mentoring programs (e.g. mentoring designed to stabilize and support victims of human trafficking). The section can also accommodate programs that utilize part-time, full-time, volunteer, and/or paid mentors. Accordingly, organizations that provide mentors with travel reimbursements, stipends, or other forms of compensation can be reviewed under this service section.*

Note:*Please see MS Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the MS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Mentoring Services

MS 1: Person-Centered Logic Model

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

MS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments; and*
2. *the best available evidence of service effectiveness.*

MS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Mentoring Services

MS 2: Personnel

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Program personnel have the competency and support needed to establish, supervise, and support mentor-mentee relationships.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

*

- List of program personnel that includes:
  - Title
  - Name
  - Employee, volunteer, or independent contractor
  - Degree or other qualifications
  - Time in current position
- See organizational chart submitted during application

Site Visit Evidence

*

- Sample job descriptions from across relevant job categories
- Documentation tracking staff completion of required trainings and/or competencies
- Training curricula
- Documentation of current ratio of supervisors/coordinators to matches, per worker

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
- Review personnel files

MS 2.01

Personnel who oversee the mentoring program are trained on, or demonstrate competency in:

a. recruiting mentors, as needed;
b. matching mentors with individuals who may need a mentor;
c. screening, selecting, training, supporting, and supervising mentors;
d. collaborating effectively with mentees, and their parents or legal guardians, as appropriate; and
e. understanding the strengths, needs, and characteristics of the target mentor and mentee populations.

Interpretation: *Survivor mentoring program personnel should possess a sociocultural understanding of human trafficking, as well as a demand-driven understanding of prostitution.*

MS 2.02

Employee workloads support the achievement of client outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of mentors and mentees.*

Mentoring Services

MS 3: Intake and Assessment

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

The organization's intake and assessment practices ensure that persons served receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Mentee screening and intake procedures	
*	• Mentee assessment procedures	
*	• Copy of mentee assessment tool(s)	

Site Visit Evidence

*

- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Mentees
    4. Parents/legal guardians of mentees, when applicable

- Review case files for mentees

MS 3.01

Individuals are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when, including any time limits associated with service provision if applicable.

NA: Another organization is responsible for screening, as defined in a contract.

Examples: *Service provision may be time limited due to program type or model, for example, if a school-based program is designed to coincide with the school year.*

MS 3.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide for placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

MS 3.03

Mentees participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on the needs of the mentee;
c. focused on information pertinent for meeting service requests and objectives.

Interpretation: *The Assessment Matrix - Private, Public, Canadian determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Mentoring Services

MS 4: Mentor Screening and Selection

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Prospective mentors are screened to determine their suitability for the role and to safeguard and promote the well-being of mentees.
Note: *When paid program staff are used as mentors, the standards in MS 4 should be incorporated into the organization's hiring practices for the mentoring program (see HR 2).*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and assessment procedures for prospective mentors	
*	• Mentor recruitment plan or procedures	

Site Visit Evidence

*	• Outreach/informational materials for recruiting mentors • Materials describing expectations for mentoring (i.e. regarding frequency of meetings and duration of relationship)

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Mentors

- Review personnel and case files for mentors

MS 4.01

The organization establishes and implements a recruitment plan to identify and recruit the mentors needed to sustain the program.
NA: The program only uses paid program staff as mentors.

Examples: *Mentors may be identified and recruited through partnerships with other community organizations, institutions, and businesses, or through general community outreach such as advertisements, flyers, and word-of-mouth.*

MS 4.02 (FP)

Before serving clients in any capacity, prospective mentors undergo a screening process that includes:

a. a written application;
b. an in-person interview that includes an assessment of the applicant's personal qualities and motivation for becoming a mentor; and
c. reference checks.

Interpretation: *The screening process should be tailored to the needs and characteristics of target mentees. For example, the screening process should not disqualify prospective mentors if their backgrounds reflect the lived experiences that uniquely qualify them to the role, such as human trafficking victimization or substance use. For survivor mentoring programs utilizing mentors who are not survivors of human trafficking, additional consideration should be given to assessing mentor qualifications including, but not limited to: education, experience working with children, and commitment to maintaining the mentoring relationship regardless of the residential placement or location of the mentee.*

Note: *As addressed in HR 2.03, the organization should also conduct criminal history record checks and child abuse registry checks as part of the screening process. If mentors have opportunities to transport mentees, the organization should also review their driving records, as referenced in ASE 4.02.*

MS 4.03

To determine a prospective mentor's suitability, the mentor screening process includes:

a. an assessment of whether the prospective mentor's personal qualities will facilitate the development of a trust-based relationship centered on the mentee;
b. an assessment of whether the prospective mentor has the time and availability needed to establish and maintain a strong mentoring relationship; and
c. clear communication of time commitment expectations, including minimum frequency of visits and duration of service.

Examples: *Although time commitment expectations may vary based on program type and model, many programs ask mentors to meet with mentees at least one hour per week, or for several hours once or twice a month, for at least a year.*

Examples: *Factors that may impact how many relationships an individual mentor should take on include:*

1. *whether the mentor is paid or volunteer:*
2. *whether the mentor is full-time or part-time;*
3. *the number of hours committed by the mentor;*
4. *the program's model and objectives; and*
5. *the service population in question.*

Mentoring Services

MS 5: Mentor Orientation and Training

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Mentors receive the orientation and training they need to be effective role models and develop positive, lasting mentoring relationships centered on mentees.
Note: *When paid program staff are used as mentors, the standards in this section should be incorporated into the organization's training and supervision system for the mentoring program (see TS 1 and TS 2).*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*
- Table of contents of mentor orientation and training curricula

Site Visit Evidence

*
- Documentation of mentor orientation and training
- Mentor orientation and training curricula

On-Site Activities

*
- Interviews may include:
    1. Program director
    2. Relevant personnel

3. Mentors

- Review personnel and case files for mentors

MS 5.01

Mentors receive an orientation that explains:

a. the program's philosophy, including the role of a mentor;
b. their responsibilities to the mentee, including any health and safety responsibilities;
c. their responsibilities to the mentee's parent or legal guardian, as appropriate;
d. their responsibilities to the organization;
e. the responsibilities of the organization to the mentor; and
f. realistic expectations for the mentoring relationship.

Examples: *One example of how the organization can outline responsibilities is by developing a contract between the mentor and mentee, which can serve as an effective tool for establishing the specific role of the mentor.*

MS 5.02

Mentors receive training that addresses:

a. good mentoring practices;
b. communication and relationship-building;
c. role modeling;
d. building trust with mentees and their families;
e. establishing appropriate boundaries and setting limits with mentees and their families;
f. diversity and cultural awareness; and
g. topics relevant to working with the population served, including strengths, needs, and challenges.

Interpretation: *Training may need to be more extensive when mentors are matched with individuals facing special challenges (e.g. youth involved with the juvenile justice system, individuals with mental health or substance use conditions, or victims of human trafficking). Training for mentors working with victims of trafficking should include:*

1. *trauma-informed practices,*
2. *nonverbal communication cues,*
3. *the cycles of change model,*
4. *triggers for running away,*
5. *behaviors and symptoms corresponding to the victim's relationship with their traffickers, including Stockholm Syndrome; and*
6. *situations where a clinician should be contacted.*

Mentoring Services

MS 6: Matching

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Matches are made based on mentors' and mentees' strengths, needs, preferences, and interests.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

- Matching procedures

Site Visit Evidence

*

- Informational materials describing the mentoring initiative

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Mentors
    4. Mentees
    5. Parents/legal guardians of mentees, when applicable
- Review personnel and case files for mentors

- Review case files for mentees

MS 6.01

The organization considers information learned during screening and assessment when matching mentors with mentees.
Examples: *Characteristics that may be relevant to consider when making matches include language spoken, interests, age, gender identity and expression, background, race, ethnicity, culture, religion, sexual identity, sexual orientation, special needs, personality and temperament, strengths, and/or the expressed preferences of the mentor, mentee, and the mentee's parent or legal guardian. Logistical issues, such as schedule availability and geographic proximity, may also be relevant considerations.*

MS 6.02 (FP)

Mentees, and their parents or legal guardians, as appropriate, provide written, informed consent to the proposed match.
Interpretation: *Minor children and youth, and dependent adults, may be limited in the extent to which they can approve of and consent to matches. When the mentee is in the temporary custody of an agency (e.g. a juvenile justice agency), the custodial agency may provide the consent.*

MS 6.03

Prior to initiating the mentor-mentee relationship, the organization:

a. helps mentees, and their parents or legal guardians, as appropriate, to understand the mentor's role;
b. engages the mentee's family and coordinating service providers, as appropriate, in setting goals for the relationship; and
c. provides mentors with relevant information about their matched mentee.

Interpretation: *When the mentee is a child who is a victim of human trafficking, it is important to be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems.*

Mentoring Services

MS 7: Relationship Development

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

The mentoring relationship is structured to promote the growth, development, and empowerment of the mentee.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

• Procedures for collaborating with personnel at site-based programs	

Site Visit Evidence

*

- Materials describing expectations for mentoring (i.e. regarding frequency of meetings and duration of relationship)
- Documentation of collaboration with personnel at site-based programs, if applicable

On-Site Activities

*

- Interviews may include:
    1. Program director

2. Relevant personnel
3. Mentors
4. Mentees
5. Parents/legal guardians of mentees, when applicable

- Review case files for mentors
- Review case files for mentees

MS 7.01

To facilitate the development of a successful mentoring relationship, the organization:

a. arranges the initial match meeting; and
b. ensures that the frequency of mentoring meetings, and the duration of the mentoring relationship, are sufficient to meet the objectives of the program.

MS 7.02

Site-based mentoring programs:

a. develop an effective partnership with the institution in which the program is housed; and
b. ensure that the institution's officials welcome and support mentors and share the program's understanding of a mentor's role.

NA: The program is housed at a site controlled by the organization, or the organization does not operate a site-based mentoring program.

Interpretation: *School-based mentoring programs should ensure that school officials do not view mentors as academic tutors, and encourage mentors to engage mentees in social activities.*

Examples: *Programs can be housed at a variety of sites, such as schools, faith-based organizations, juvenile justice facilities, and workplaces.*

Mentoring Services

MS 8: Supervising and Monitoring Relationships

Purpose

Individuals participating in Mentoring Services develop supportive, positive relationships that contribute to the achievement of personal, social, and educational growth.

Matches are routinely monitored to support the development of positive mentoring relationships.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for monitoring and supervising matches	
*	• Procedures for closing matches	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Mentors 4. Mentees

5. Parents/legal guardians of mentees, when applicable

- Review personnel and case files for mentors
- Review case files for mentees

MS 8.01

The organization documents:

a. all meetings involving the mentor's supervisor, the mentor, the mentee, and involved parents or legal guardians, as applicable; and
b. the date, duration, and activities completed at each mentoring meeting.

Interpretation: *Whether mentors are paid or volunteer, their case files should be separate from their personnel or HR records.*

MS 8.02

Mentor supervisors monitor the appropriateness and effectiveness of the match, and support mentors and mentees, by providing:

a. regular contact with mentors and mentees;
b. assistance with practical problems;
c. suggestions or directions regarding behavior or future activity; and
d. reassurance and recognition of the value of the mentor's efforts.

Interpretation: *Contact and monitoring may need to be more frequent, and support more extensive, if a match is in its early stages, if a match is considered to be in jeopardy of premature closure, or if mentees face special challenges (e.g., juvenile justice involvement, mental health or substance use conditions, or experience with human trafficking). Programs serving victims of human trafficking may need to provide additional oversight of the mentoring relationship to ensure the physical and psychological health of both parties.*

Examples: *Contact with mentors and mentees may occur weekly, bi-weekly, monthly, or quarterly, depending on the stage and nature of the mentoring relationship. In addition to regular contacts with supervisors, mentors may also receive ongoing support through group activities such as training and support sessions.*

Note: *When paid program staff are used as mentors, the content addressed in this standard should be incorporated into the organization's training and supervision system for the mentoring program (see TS 1, TS 2, and TS 3).*

MS 8.03 (FP)

When the program serves children, youth, or dependent adults the organization involves parents or legal guardians in monitoring the appropriateness and effectiveness of the match, checking in with them at least:

a. biweekly, during the first month of mentoring;
b. monthly, for the remainder of the first year; and
c. quarterly, after the first year.

NA: The organization does not serve children, youth, or dependent adults.

Interpretation: *Program design may determine who is responsible for contacting parents or legal guardians. While a mentor supervisor will typically conduct these check-ins when mentors are volunteers, it may be appropriate for mentors to do so if they are full-time staff.*

If the organization has trouble obtaining input from parents or legal guardians, it may also be appropriate to seek input from other involved adults. For example, school-based programs can involve teachers or other school personnel who interact with the mentee. If another organization (such as a juvenile justice agency) retains temporary custody of the mentee it is sufficient to contact and obtain information from that organization.

Examples: *Contact with parents or legal guardians may occur in person or by phone. It may be appropriate to contact parents or legal guardians more frequently if a match is considered to be in jeopardy of premature closure.*

MS 8.04

When it is necessary to close a match, the organization ensures that the relationship ends in a planned, constructive manner.
Interpretation: *Program design may determine who is responsible for closing the match. When mentors are full-time staff, it may be appropriate for the mentor to implement match closing procedures unless otherwise indicated.*

Examples: *It may be necessary to close a match for a variety of reasons, including, for example: if the mentor or mentee relocates, if the match is determined to be unsuitable or inappropriate, or if the match is designed to end at a specific time, such as school-based matches designed to end when the school year ends.*

MS 8.05

If a mentee has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the mentee with appropriate services.