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Evaluation of Reach & Rise[®] Program Enhancements to Cognitive Behavioral Mentoring

Technical Report

G. Roger Jarjoura, Carla Herrera, Manolya Tanyu
American Institutes for Research

September 2022



Advancing Evidence.
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Evaluation of Reach & Rise[®] Program Enhancements to Cognitive Behavioral Mentoring Technical Report

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American Institutes for Research

SEPTEMBER 2022



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Contents

- Evaluation of Reach & Rise® Program Enhancements to Cognitive Behavioral Mentoring..... 1
- Technical Report 1
 - Abstract..... 7
 - Chapter 1. Introduction..... 1
 - Background 1
 - Cognitive Behavioral Therapy for Adolescents 2
 - Mentoring and CBT 3
 - The Reach & Rise® Mentoring Program 4
 - Reach & Rise® Program Characteristics 5
 - Chapter 2. The Evaluation 8
 - Program Enhancements Implemented at CBT Sites 8
 - Theory of Change 10
 - Research Questions 12
 - Design of the Implementation Evaluation 12
 - Design of the Outcome Evaluation 13
 - Data Sources 15
 - Researcher-Practitioner Partnership 20
 - Analyses for the Outcome Study..... 21
 - Characteristics of Participants 24
 - The Youth 24
 - The Mentors..... 25
 - The Mentor-Mentee Matches 26
 - Chapter 3. Results from Outcome Analyses 32
 - Did Reach & Rise® Mentoring Have an Impact on Youth Outcomes? 32
 - Did CBT-Enhanced R&R Mentoring Benefit Youth More Than BAU R&R Mentoring? 34
 - Effects of the Programmatic Enhancements on Mentor-Mentee Relationship Quality and Youth Outcomes 35
 - Effects of the Programmatic Enhancements on Caregiver Experiences and Youth Outcomes..... 41
 - Chapter 4. Reach & Rise® Implementation 46
 - Implementation of Mentor Training..... 47
 - Implementation of Ongoing Support to Mentors..... 48
 - Implementation of Parent Education and Support..... 50
 - Mentor Exposure to the Intervention and Enhancements..... 53
 - Mentor Uptake of the Intervention 57
 - Caregiver Exposure to R&R Components and the Enhancements 62

Supports and Challenges to Implementation Quality.....	66
Program Implementation Costs	71
Chapter 5. Discussion and Conclusion.....	79
Did R&R Improve Youth Outcomes?	79
Did Exposure to Enhanced Program Practices Make a Difference in Program Impacts?.....	82
To what extent were the program model and the enhancements implemented with fidelity?.....	82
What Factors were Challenging in Implementing the Enhancements?.....	84
Study Limitations	86
Conclusion.....	87
References	89

Exhibits

Exhibit 1. Geographic Distribution of the Reach & Rise® Sites	4
Exhibit 2. Reach & Rise® Mentor Training Outline	5
Exhibit 3. Theory of Change	11
Exhibit 4. Characteristics of Reach & Rise® Evaluation Sites (N=21).....	14
Exhibit 5. Data Sources Used to Address the Reach & Rise® Evaluation Questions.....	15
Exhibit 6. Attrition Rates for Follow-up Surveys of Youth, Caregivers, and Mentors	19
Exhibit 7. Baseline Characteristics and Effect Size Based on Treatment-Control Group Differences.....	24
Exhibit 8. Baseline Characteristics of Mentors	26
Exhibit 9. Mean Levels of Relationship Quality by Type of Program	28
Exhibit 10. Caregiver Report of Challenges with Child’s Mentoring Relationship (N = 181)	29
Exhibit 11. Results from Multilevel Mixed-Effects Models: Distal Youth Outcomes.....	33
Exhibit 12. Results from Multilevel Mixed-Effects Models: Intermediate Youth Outcomes.....	34
Exhibit 13. Segment of Theory of Change Tested in Mentor Enhancement Path Models.....	36
Exhibit 14. Measurement Model Results for Path Models Examining Mentor Enhancements ...	36
Exhibit 15. Results from Path Model Examining the Effects of Exposure to Mentor Enhancements	39
Exhibit 16. Indirect Effects of Mentor Enhancements.....	40
Exhibit 17. Indirect Effects of Youth Report of Mentor Using CBT Strategies.....	40
Exhibit 18. Indirect Effects of Relationship Quality	41
Exhibit 19. Segment of Theory of Change Tested in Caregiver Enhancement Path Models	42
Exhibit 20. Measurement Model Results for Path Models Examining Caregiver Enhancements	42
Exhibit 21. Results from Path Model Examining the Effects of Exposure to Caregiver Enhancements	44
Exhibit 22. Indirect Effects of Caregiver Enhancements Received.....	45

Exhibit 23. Indirect Effects of Caregiver Uses CBT Strategies	45
Exhibit 24. Frequency of Contact between Mentors and Program Staff	54
Exhibit 25. Mentor Reports of What the Program did to Help Them Use CBT Strategies	55
Exhibit 26. CBT Mentor Reports of How Often They Talked with Their Site director about CBT Strategies (N=116)	56
Exhibit 27. Mentors’ Readiness to Use CBT strategies	57
Exhibit 28. Mentors’ Use of Tips/Pointers from the Program	58
Exhibit 29. CBT Mentors’ Reports of How Often They Tried Each CBT strategy and How Difficult It Was (N=117)	59
Exhibit 30. Themes of Strategies CBT Mentors Used with Similar Frequencies.....	60
Exhibit 31. Mentor-Reported Challenges	62
Exhibit 32. Caregiver Reports of Frequency Discussing Goals with Mentors and Program Staff .	63
Exhibit 33. Caregiver Reports of How Frequently They Discussed CBT Strategies with Mentors and Program Staff (N=123)	64
Exhibit 34. Caregiver Reports of Their Communication with Staff and Youth Communication with Mentors During the Pandemic	66
Exhibit 35. CBT Site Director Reports of Receiving Support in Areas in which they Needed Help (N=12)	69
Exhibit 36. Site Director Reports of the Extent to YMCA Staff Were Committed to the Program (N=11)	70
Exhibit 37. Program Costs and Youth Served	73
Exhibit 38. Staff Reports of Challenges among Programs with High versus Low Cost (N=9 sites)	76
Exhibit 39. Staff Allocation of Time by Tasks	77

Abstract

Research has identified both mentoring and cognitive behavioral therapy (CBT) as effective delinquency prevention approaches. Yet, few studies have been conducted to identify the extent to which CBT-infused enhancements to mentor programming can make a difference in the lives of at-risk youth. This study deepens our understanding of how to leverage and bring to scale, innovative techniques that help equip mentoring to meet the needs of at-risk youth and prevent future system involvement.

We evaluated the implementation and impact of CBT enhancements to a mentoring program already committed to a CBT focus—YMCA’s Reach & Rise® program (R&R), including pre-match training modules for mentors on CBT techniques, strategies for augmenting the youth's growth plan (i.e., goals and strategies to achieve those goals), mentor-support CBT-focused "check-in" tools, and a CBT parent education and support component. The project's goal was to rigorously evaluate: (1) the impacts of this mentoring model on mentoring relationship quality and youth outcomes, including the prevention of delinquency and juvenile justice involvement; (2) the effects of the CBT-related enhancements on receipt of these impacts; and (3) the implementation of the program and its enhancements including their costs.

The evaluation was guided by a theory of change positing that mentors exposed to enhanced training and support should be more likely to engage in the types of behaviors encouraged through the initiative, and through these behaviors promote more positive relationships with their mentees, which should, in turn, promote stronger positive outcomes for youth.

Not all proposed enhancements were implemented with fidelity to the designed practices, and the report details how and why their implementation differed from the intended design. Caregiver engagement in CBT-oriented strategies through the use of a program-provided caregiver manual was the most challenging component of the enhancements. Costs were quite variable across programs and dependent on the number of youth served.

We found statistically significant or marginally significant impacts of the R&R program (i.e., random assignment to the treatment group) on parent reports of arrest, self-reports of delinquency and substance use, hope for the future and school and family connectedness. We did not detect statistically significant differences in outcomes for those youth attending programs randomly assigned to implement the enhancements relative to those attending programs using the standard R&R model. However, analyses provided some support for our theory of change: mentors who received more program supports for their use of CBT strategies had mentees who reported mentors’ more frequent

use of these approaches during their interactions, which were in turn associated with stronger relationships and ultimately more positive outcomes. We also found that caregivers who received program supports for their use of CBT strategies were more likely to report implementing those strategies with their children, and caregiver implementation of CBT strategies was associated with more positive youth outcomes. Implications for practice are discussed.

Chapter 1. Introduction

Background

Youth today face a host of challenges in school, their lives at home, and in their broader community, including poverty, peer rejection, and violence—all of which are linked to a range of mental and emotional challenges (Biglan et al., 2017).

Research supports the idea that mentoring program participation can make a difference. Mentoring has been cited as a protective factor that can promote cognitive, social, and emotional benefits for youth and prevent problem behaviors in young people exposed to a wide range of stressors (Rhodes, 2002). A growing body of rigorous research on youth mentoring has demonstrated improvements in peer and parent relationships and school performance (Tierney et al., 1995). Studies of mentoring have also shown benefits in key areas of mental health including externalizing behaviors such as aggression and substance use (Aseltine et al., 2000; DuBois et al., 2022; Tierney et al., 1995) and internalizing symptoms (Erdem et al., 2016; Keller & Pryce, 2012; Herrera et al., 2013; King et al., 2021; Browne et al., 2022; DeWit et al., 2016). Benefits have also been supported in related areas of well-being including self-esteem (Marino et al., 2019; King et al., 2021; Haft et al., 2019), self-control (Aseltine et al., 2000; DuBois et al., 2022), and emotional symptoms (Herrera et al., 2013).

Mentoring achieves these outcomes, perhaps in part, because it has characteristics of several effective types of clinical intervention (Cavell & Elledge 2014; Kerr & King, 2014). For example, one treatment for depression involves helping patients identify and engage in activities they enjoy—a strategy often used in mentoring (Cuijpers et al., 2007). Mentors model and reinforce positive behaviors, discourage antisocial behaviors, and support the development of social-emotional and cognitive skills such as conflict management and problem-solving—behaviors that may also help reduce externalizing difficulties (Kerr & King, 2014). These approaches and activities make mentors particularly well suited for improving youth’s emotional well-being and improving maladaptive behaviors.

Yet, meta-analyses which assess the impacts of mentoring programs across several evaluations suggest that the actual improvements youth experience in these areas are relatively modest (i.e., the “effect sizes” are moderate; DuBois et al., 2002; Raposa et al., 2019). These studies suggest that benefits depend on several factors. For example, findings are strongest when there is a strong relationship established between the youth and their mentors (Browne et al., 2022, Keller & Pryce, 2012; Haft et al., 2019) and when mentors meet consistently with youth (Karcher, 2005). In fact, premature match endings and inconsistent mentoring are associated with setbacks in adolescent’s

self-worth (Karcher, 2005; Grossman & Rhodes, 2002). These studies highlight the importance of program practices aimed at helping ensure matches are high quality, well supported and sustained long enough to make a difference.

Parallel work across several studies and meta-analyses, suggests that programs that implement strong supports (e.g., mentor training, frequent contacts with program staff) are more likely to create high-quality, long-lasting mentoring relationships (Sass & Karcher, 2013; Weiler et al., 2019; Kupersmidt et al., 2017; Stelter et al., 2018; McQuillin & Lyons, 2021) and yield youth outcomes in areas of import (Herrera et al., 2008). Research has also outlined more specific practices that can make a difference in yielding youth outcomes. For example, meta-analyses reveal greater benefits for youth in programs that provide strong training for mentors, and support and engage the youth's parents (DuBois et al., 2011; Tolan et al., 2013).

Cognitive Behavioral Therapy for Adolescents

Cognitive behavioral therapy (CBT)—an intervention aimed at changing negative patterns of thinking that influence feelings and behavior—has shown promise as an intervention for youth experiencing a wide range of mental health challenges including depression, obsessive compulsive disorder, post-traumatic stress disorder, anxiety, and phobias (Watson & Rees, 2008; Keles & Idsoe, 2018; King et al., 2005; Dorsey et al., 2011; Sudhir, 2015). There is also some—albeit more tentative—support for CBT approaches being effective in *preventing* depression and anxiety in youth with subclinical levels of these challenges (Rasing et al., 2017). CBT has also been used effectively in treating delinquency-related behaviors in adolescents such as substance use, aggression, and anger expression (Hoogsteder et al., 2015; Van Vugt et al., 2016; Magill & Ray, 2009; Irvin et al., 1999). In fact, CBT approaches are among the most effective interventions for youth involved in the justice system due to behavioral problems, particularly those approaches tailored for youth with anger management issues or substance use disorders and sex offenders (Latessa, 2006; Pearson et al., 2002).

CBT's effectiveness across such a wide range of challenges likely stems from its very fundamental premise—that how one thinks about the world around them and their behavioral response to these thoughts—is the basis for a range of mental health disorders and negative behaviors; and can also be the foundation for healthy well-being. CBT focuses on helping youth gain new skills that enable them to recognize maladaptive thought patterns, such as cognitive thinking errors, and leverage strategies to improve thinking and modify negative behavior patterns (Pearson et al., 2002).

Caregiver involvement is one of the most important features of CBT's success in yielding positive outcomes (Albano & Kendall, 2002; King et al., 2005). A meta-analysis including 76 randomized controlled trials of therapies using CBT to treat anxiety, depression, posttraumatic stress disorder, and obsessive-compulsive disorder, found that programs involving parents yielded significantly larger effect sizes than programs without parent involvement (Sun et al., 2019). Involving parents and other

significant adults in the child’s life as collaborators, or “cognitive behavioral coaches,” can help strengthen outcomes by altering maladaptive patterns these adults may be supporting and reinforcing thinking skills learned through CBT. This involvement can help ensure that the skills learned in therapy extend into the day-to-day life of the young person.

Mentoring and CBT

Mentoring naturally includes several components of CBT—components which could potentially strengthen outcomes if highlighted and supported. For example, it often involves modeling and reinforcement of realistic appraisals, coping, and problem-solving (Kerr & King, 2014). Well-trained mentors can help youth spot negative patterns of thinking that influence their feelings and behavior and reinforce positive behaviors. They can suggest and support youth engagement in constructive activities to help them understand the positive consequences of engaging in adaptive behaviors. Well-trained mentors can also provide a safe and supportive interactive platform for youth to learn and practice new ways of thinking and behaving.

There is reason to believe that pairing research-informed CBT practices with strong mentoring programming could promote targeted benefits to youth at risk of negative outcomes. Although evidence is still evolving on how CBT approaches can enrich mentoring, several studies show promise. In one study, youth referred to a community mental health center were randomly assigned to participate in small CBT-infused mentoring groups for 12 weekly 4-hour sessions or to a control group (Jent & Niec, 2009). Mentors received at least 24 hours of initial training and weekly supervision by an experienced clinician. These practices supported the mentor’s use of modeling, praise, and token economies to reinforce appropriate behavior. After 3 months, mentored youth improved more than those in the control group in social problem solving and externalizing and internalizing symptoms.

An important question is to what extent volunteer mentors would be able take on a therapeutic approach like CBT, and if they did, what types of supports would be needed, and would this approach be more effective than less targeted mentoring? Findings from a meta-analysis of 150 outcome studies suggest that trained and supervised paraprofessionals—lay individuals trained to deliver a particular intervention—may yield even larger effects than mental health professionals when treating some types of behavior problems (Weisz et al., 1995). Weisz et al. (1995) argued, however, that a critical component of the studies yielding these effects was targeted training and supervision of the paraprofessionals, suggesting that programs asking mentors to take on an approach like CBT may be most effective when targeted supports are in place.

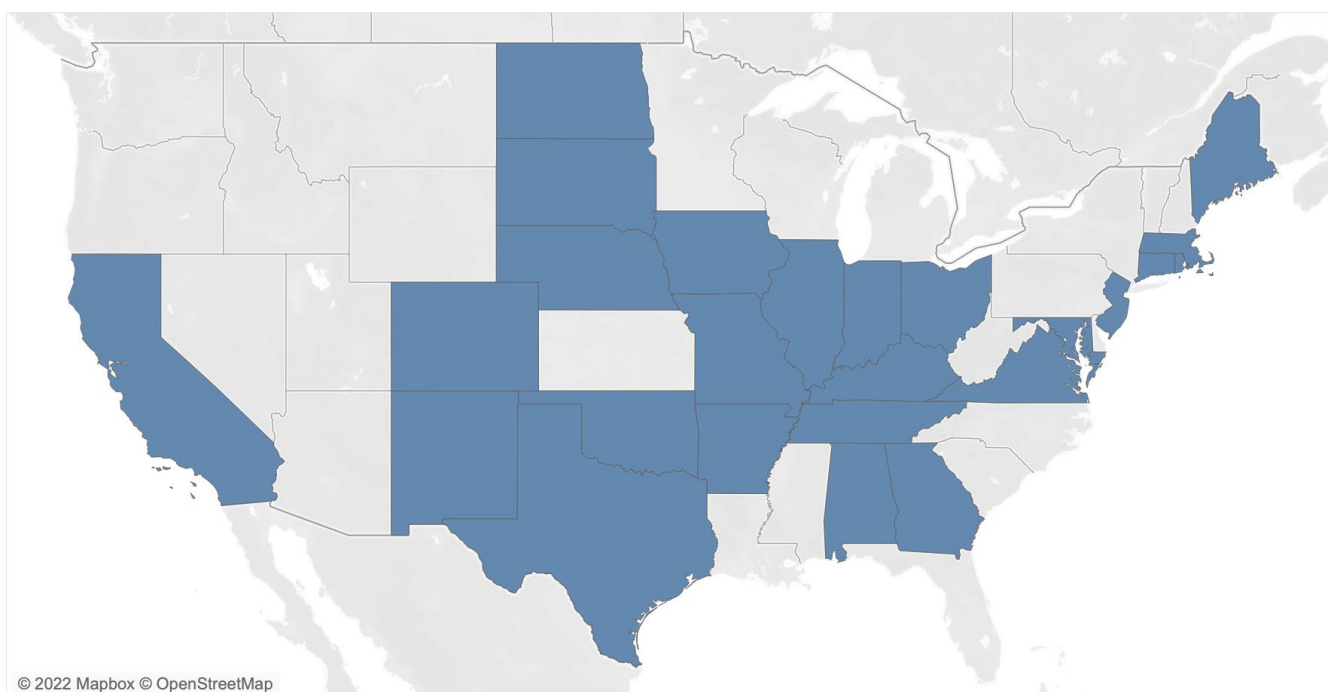
Together, these studies support the idea that training and supporting mentors to use CBT strategies in their interactions with their mentees has the potential to yield effects at least as large as those yielded by more relationship-focused approaches. However, ensuring that the program has strong, targeted supports in place for mentors will be key to success. For example, extensive, interactive mentor

training prior to beginning the relationship would be essential to ground mentors in key CBT principles and provide examples of how CBT can be used in everyday interactions. Also essential would be regular, focused support throughout the mentoring relationship from an experienced staff person knowledgeable in CBT to encourage the consistent use of effective strategies and redirect mentors when necessary. Finally, engaging and educating parents is critical to ensuring that positive strategies are reinforced consistently at home.

The Reach & Rise® Mentoring Program

This study examines the implementation of CBT approaches in the Reach & Rise® mentoring program (R&R)—a CBT-based program that includes all these important components. In 1992, the YMCA of San Francisco developed this therapeutic mentoring program to serve youth throughout its communities. In 2009, the mentoring program received funding to expand to additional associations throughout the country (San Francisco, Oakland, Cincinnati, Phoenix, Nashville, and Baltimore). In 2013, YMCA of San Francisco partnered with the YMCA of the USA and expanded to 38 additional states. Each R&R program is located at a YMCA facility. There were 25 program sites that enrolled youth into the evaluation. Exhibit 1 shows the location of the states where those sites were based.

Exhibit 1. Geographic Distribution of the Reach & Rise® Sites



Reach & Rise® Program Characteristics

At each (R&R) site, the program is operated by a full- or part-time site director who typically has credentials in mental health such as counseling or social work. The site director is responsible for implementing all aspects of the program including recruiting and screening youth and volunteers, providing mentor training, supporting program participants throughout the life of the match, and performing data collection and reporting duties as identified by the R&R national office. Because each site is located and operates through a YMCA facility, the site director is supervised by local YMCA staff and expected to maintain relationships with YMCA staff and leadership to keep them informed of program activities and facilitate support for the program. Each site director is trained by the R&R national director upon hiring and participates in monthly monitoring and support calls with the national leadership team.

Each R&R program is designed to serve 30 mentoring matches for 12 months, although matches can be extended past the 12 months if they show interest and are willing to commit. Each site is expected to maintain a minimum of 25 active matches during a program year. The YMCA supports recruitment of volunteers and youth who have membership at the YMCA.

Volunteer Recruitment and Preparation. Volunteers are recruited from the community or through the YMCA to mentor a youth for a minimum of 12 months. The program provides mentors with 15 hours of pre-match training, prior to being matched. The training is delivered by site directors in a group setting with other volunteers and typically broken down into five sessions but may also be tailored depending on volunteers' availability. The training is guided by an extensive manual and is structured into 10 modules (see Exhibit 2). Each training module has learning objectives and exercises to help mentors understand and apply what they have learned. The training is designed to help volunteers understand the challenges youth may experience and ways to support their development using strategies to change their thinking and behaviors. Site directors are given the flexibility to spend more time on some modules than others to make the training relevant to the specific needs of the youth in their program and broader community.

Exhibit 2. Reach & Rise® Mentor Training Outline

Module	Module Topic	Module Objectives
1	The Basics of Mentoring Youth	Understand the basics of the Reach & Rise® mentoring program and what therapeutic mentoring means.
2	The Therapeutic Mentoring Relationship	Understand the stages of therapeutic mentoring (i.e., developing rapport and building trust, goal setting, goal attainment, ending the relationship), barriers, and strategies to address these barriers.

Module	Module Topic	Module Objectives
3	Relationship Building and Communication	Learn about communication and listening strategies to develop a positive relationship with youth. Introduce CBT strategies such as refuting lies we tell ourselves.
4	Theoretical Approaches to Mentoring Youth	Provide an overview of therapeutic concepts and approaches that can be used when working with mentees to help influence positive change. Introduce CBT strategies such as mindfulness.
5	Issues Youth May Experience	Understand how life events and experiences (e.g., divorce/separation, domestic abuse, growing up in a military family) may impact youth and how they may react socially, emotionally, and behaviorally at different developmental stages. Recognize stressors, develop empathy, and learn about strategies to help youth practice positive behaviors and decision making. Introduce CBT strategies such as relaxation, restructuring, communication, humor to manage anger, cognitive restructuring, and the whole-health check-up.
6	Family Relationships	Discuss family dynamics and how they may impact youth. Discuss confidentiality and communicating and working with families. Introduce CBT strategies such as journaling.
7	Safety Issues	Discuss crisis and safety procedures mentors should be familiar with in case situations such as abuse, suicidal thoughts, or self-harm concerns arise. Increase familiarity with legal and ethical issues, and learn how to respond to and protect self, others, and the mentoring relationship after crisis/safety issues. Introduce CBT strategies such as mood mapping.
8	Cultural Sensitivity and Humility	Discuss how culture shapes one's worldview and interactions with others. Help mentors increase their understanding of their own views and ways to respond to their mentee's racial identity, cultural values, and worldview to build a positive relationship. Introduce CBT strategies such as affirmations.
9	Ending the Mentoring Relationship	Emphasize the importance of match closure and discuss why ending in a deliberate, careful, compassionate way can greatly contribute to the healing process for youth. Provide mentors with practical information to prepare them for ending their mentoring relationship. Introduce CBT strategies such as creating new habits and celebrating success.
10	Policies, Protocols, and Procedures	This module includes a final checklist of program expectations including the monthly activity log.

Youth Recruitment and Enrollment. Youth are also recruited from the YMCA or broader community. At intake, the program collects information from the youth and caregiver to assess youth mental health needs and past experiences with trauma (e.g., depression, school problems, poor decision making, peer and other relationship challenges). Then, at the initial match meeting with the youth, mentor, and caregiver, the site director helps the match identify at least one goal and objectives around that/those goal(s) based on those identified needs. The match is then expected to work toward achieving that/those goal(s) over the course of the mentoring meetings. These goals are selected from a list of seven potential goals: (1) improve healthy relationships; (2) improve academic engagement; (3) increase emotional/psychological wellness; (4) increase connectedness to the

community; (5) develop workforce readiness; (6) prevent delinquency; or (7) another goal. The Youth Growth Plan is a structured tool that helps the site director document the identified goals for the mentee and monitor progress in working on and achieving those goals during monthly support calls.

Once the mentor is matched with a youth, they spend time in the community engaging in activities of their choosing. Matches also can engage in activities at the YMCA (e.g., swimming, basketball). Although most matches meet both in the broader community and at the YMCA facility, some sites (two in the current study) limit mentoring activities to the YMCA facility. All mentors are asked to document their activities with youth in an activity log and send it to the site director so they can monitor match interactions and activities.

Site directors are expected to contact each match on an ongoing basis to check in and provide support as needed. Reach & Rise® program guidelines require that the site director make at least three attempts to communicate with the mentor, youth, and caregiver each month. The primary form of contact is by phone or in-person if the match meets at the YMCA facility, and site directors may email or send text messages to maintain contact with the match. The ongoing support to families is also meant to include case management that supports not only the youth but also his or her family. For example, the site director may provide referrals to services and resources in the community during these contacts.

For each contact, site directors are expected to use a *Monthly Check-in and Data Collection Tool* to document match activities and progress toward goals and update the *Youth Growth Plan* based on the information they gather from the mentor, youth, and caregiver.

Chapter 2. The Evaluation

The evaluation was funded through OJJDP’s Researcher-Practitioner Partnership Program.¹ As part of the initiative, American Institutes for Research (AIR) partnered with the Young Men’s Christian Association (YMCA) of San Francisco. R&R program affiliates across the country were randomly assigned to one of two groups—a group that implemented enhancements focused on more explicitly incorporating cognitive behavioral therapy (CBT) techniques into the R&R model (the “CBT” model) or a group that would continue to implement the already existing model (the “Business as Usual” or “BAU” model). AIR’s evaluation assessed the implementation and impact of enhancements to the program as well as the impacts and implementation of R&R more broadly across both program types.²

In designing the proposed study, we felt that it was important to go beyond a comparative effectiveness design on the *incremental* benefits of the enhanced practices relative to existing practice. As recent studies of enhanced mentoring practices have shown, when building in enhancements to already effective mentoring programs, significant differences in impact between existing practices and enhanced practices are not typically found and we may underestimate the *full* effects of the enhancements relative to no mentoring.³ Within the context of a pragmatic trial, it is noteworthy that Reach & Rise® is designing a set of enhancements that it intends to incorporate permanently into the program model. R&R is interested in determining whether the enhancements are incrementally better than their current practices. To that end, we offer a design that compares the effectiveness of enhanced mentoring to no mentoring *and* compares the effectiveness of the BAU mentoring to no mentoring. In addition, this design allows for a comparison between BAU mentoring and enhanced mentoring.

Program Enhancements Implemented at CBT Sites

While the R&R program model incorporates therapeutic approaches to mentoring and infuses CBT principles throughout the program, the initiative funded through OJJDP aimed to explore

¹ <https://ojjdp.ojp.gov/funding/opportunities/ojjdp-2016-9053>

² In 2018, Y-USA received additional funding from OJJDP’s Mentoring Opportunities for Youth Initiative program to support program operations of each Reach & Rise® site.

³ See, for example, two recent OJJDP-funded comparative effectiveness trials: DuBois, D. L., & Keller, T. (under review). Investigation of the integration of supports for youth thriving into a community-based mentoring program. *Child Development*; Peaslee, L., & Teye, A. C. (2015). Testing the impact of mentor training and peer support on the quality of mentor-mentee relationships and outcomes for at-risk youth. Final Technical Report to OJJDP.

more targeted approaches to supporting the incorporation of CBT into the mentoring relationship. The goal was to help youth and families create new, healthy patterns of thinking, feeling, and behaving to improve academic success, self-esteem, decision making, problem-solving, and relationships with families and peers, and to prevent youth from entering the juvenile justice system. In the CBT-enhanced model, cognitive behavioral principles and strategies were more explicitly integrated into mentor training, goal setting, and caregiver education, coaching, and support in the following specific ways:

- **Enhancement to pre-match mentor training.** A module (Module 4b) was added to mentors' pre-match training to introduce them to CBT terminology and help them understand how to use CBT strategies, namely: (1) identifying thoughts, beliefs, assumptions, and feelings that are unhealthy, faulty, or irrational; (2) refuting, or disputing, irrational thoughts and assumptions; (3) restructuring, or changing, thoughts that are faulty, irrational, inaccurate, unhelpful or are causing emotional pain; (4) examining different situations where they tried using restructuring strategies to process their experiences and feelings; (5) interrupting and breaking negative cycles or dysfunctional patterns; (6) tracking and monitoring progress made toward goals and healthy strategies; and (7) celebrating success. The module also introduced mentors to tools (e.g., mood mapping, journaling) they could use in their interactions with their mentees. Other training modules were also enhanced with additions of more specific information about CBT strategies. With the new module, mentors in the CBT group were slated to receive about 17 hours of training, whereas BAU mentors were meant to receive about 15.
- **Enhancement to ongoing match support.** While the BAU model already included monthly check-ins with the mentors, enhancements augmented these check-in conversations to reinforce mentors' use of CBT strategies and tools during their interactions with their mentees. Two components of support were enhanced:
 - The *Youth Growth Plan* that documents the goals identified for each match was restructured. Each match (in both the BAU and CBT groups) was required to have "Exhibit a Desired Change in Family Relationships" as their first goal. In addition, an expectation was added for CBT matches to identify which of the seven CBT strategies the match would use to support their goals and the objectives aligned with each goal.
 - *The Monthly Check-in and Data Collection Tool* was also restructured to guide staff and document mentors' application of the seven CBT strategies. While this tool was already in use prior to the initiative, additional questions were added that asked mentors to identify which of the CBT strategies they used.
- **Enhancement to caregiver engagement.** While the BAU model includes check-ins with the caregivers, the monthly check-in calls were enhanced to engage the caregiver more actively in

the mentoring relationship, ask about their use of CBT strategies and encourage caregivers to use them. A caregiver workbook was developed to introduce them to CBT principles and strategies. Site directors were asked to share this workbook with caregivers during the initial match meeting so they could refer to relevant worksheets in this workbook during their monthly check-in calls. In addition, the *Monthly Check-in and Data Collection Tool* was enhanced to enable site directors to provide more targeted guidance to help caregivers understand how they could use CBT strategies during their interactions with their children (e.g., by referencing worksheets in the workbook they could use). The tool was also enhanced to ask the caregiver as well as the youth about the progress youth made toward their goals and which CBT strategies they had used.

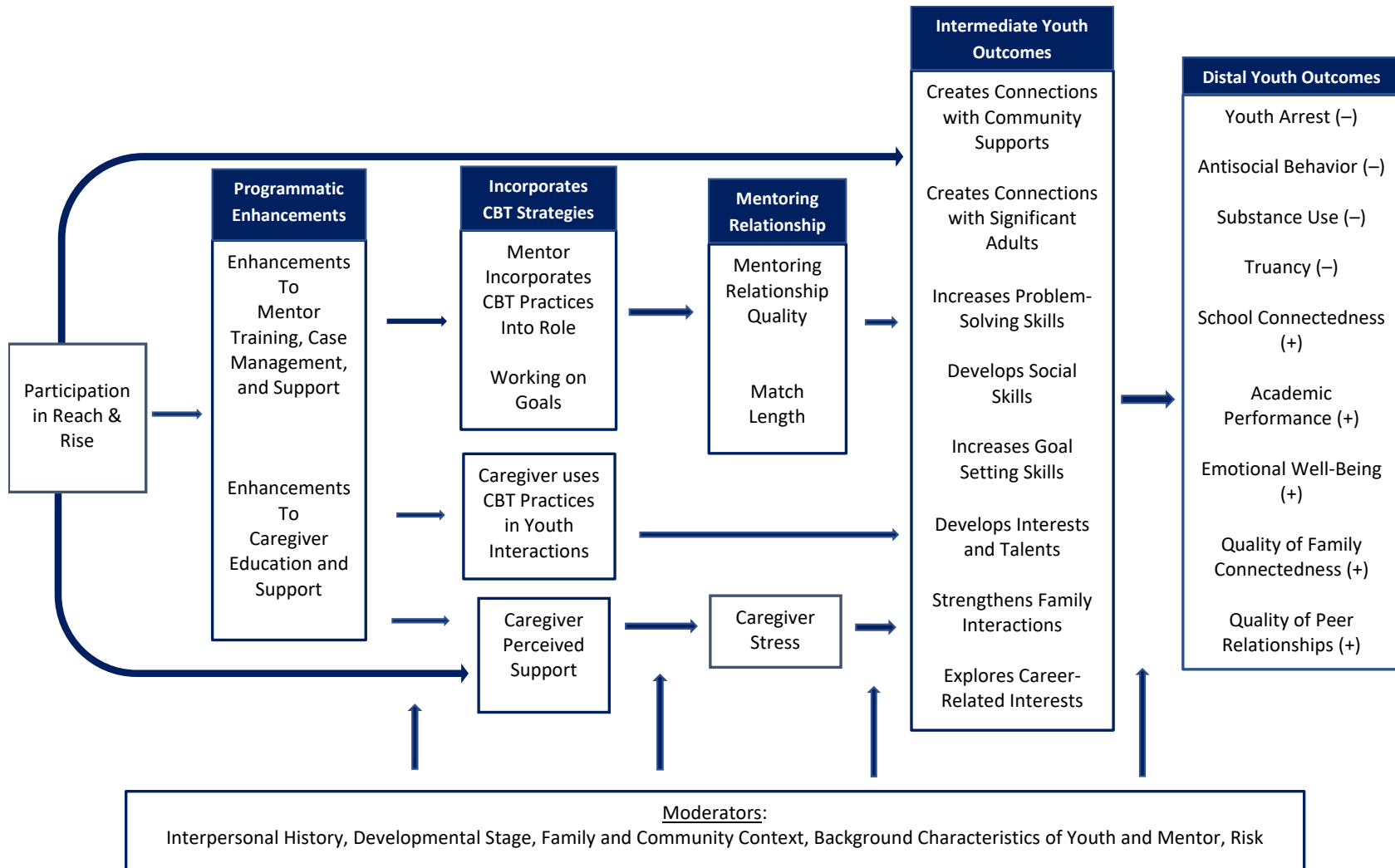
Theory of Change

The evaluation was designed to test the extent to which R&R participants benefit in a number of key areas, whether the CBT enhancements increased program benefits, and the practices and program characteristics associated with these impacts. This combined outcome and implementation study was guided by a theory of change, as shown in Exhibit 3.

The theory of change outlines the hypothesized mechanisms of change in matches receiving CBT-related practices. Broadly speaking, we hypothesized that, relative to those youth assigned to the control group, those youth who were assigned to be matched with a mentor (both BAU and CBT groups) would be more likely to create connections with community supports and adults, and develop important skills including problem-solving, goal setting and social skills. These changes should contribute to longer-term outcomes in three broad areas: increases in connections to peers and adults; improvements in emotional well-being; and decreases in delinquent behaviors. In addition, because of receiving a mentor, youth's parents should feel more supported and less stressed, and through their interactions with youth, further contribute to the short- and longer-term outcomes noted above.

In addition, analyses will test hypotheses relevant to only those youth who receive mentors. We posit that mentors of youth in the CBT-enhanced program sites (CBT group) should receive additional training in CBT and CBT-related supports from program staff to encourage and reinforce their use of CBT strategies. The caregivers of these youth should also receive support in the use of these CBT strategies. When these enhancements are implemented well, we expected to find that both mentors and parents would incorporate CBT practices into their interactions with youth. Matches in which mentors incorporate CBT practices into their relationship are expected to be higher quality relative to matches in which mentors implemented fewer CBT practices, all of which should translate into stronger short- and longer-term outcomes as noted above.

Exhibit 3. Theory of Change



Research Questions

Our study is guided by the following questions that aim to examine the program's outcomes (Q1-4), implementation (Q5-9), and cost (Q10).

1. Did participation in R&R improve connectedness and well-being and reduce involvement in problem behaviors?
2. Did CBT-enhanced R&R mentoring benefit youth more than BAU R&R mentoring?
3. Did exposure to CBT enhancements improve mentoring relationship quality?
4. Were effects of mentoring on youth outcomes mediated by implementation by mentors and caregivers of CBT strategies?
5. To what extent was the R&R mentoring program implemented as intended?
6. Were the enhancements clearly differentiated from existing practices?
7. To what extent were study participants exposed to key components of the program and the enhancements?
8. To what extent did mentors and caregivers incorporate CBT practices into their interactions with youth?
9. What factors affected implementation of the CBT enhancements?
10. What were the costs of the enhancements relative to their benefits?

Design of the Implementation Evaluation

Our implementation study is grounded in a systems-based perspective to understand the interrelationships among individuals, resources, and events at the local and national levels (Durlak & DuPre, 2008; Scaccia et al., 2015). It is organized around two components (i.e., implementation quality and support; and challenges to implementation quality) to address our five study questions related to implementation.

As part of implementation quality, we assessed **adherence** (the degree to which an intervention is delivered as it was designed), by examining the extent to which study sites used the planned practices and protocols to coach mentor and caregiver adoption of CBT strategies and achievement of goals (i.e., 15-17 hours of training delivered at each site; use of the enhanced youth growth plan; monthly check-in calls with the mentor, youth, and caregiver; use of the caregiver workbook). **Participant exposure** (the extent to which participants received the intervention) was assessed through mentor and parent reports of the training and support they received to help them use the CBT strategies. We also examined participants' **response to the**

intervention and their engagement with the CBT practices they were trained and supported to implement.

As part of our assessment of **supports for, and challenges to implementation quality**, we examined aspects of program delivery that were not directly related to the implementation of the intervention within a mentoring relationship but nevertheless could influence the implementation capacity of site directors at each location. Scaccia and his colleagues (2015) have characterized these capacities as individuals' motivation (i.e., belief in and willingness to support the intervention), general program capacity (i.e., organizational climate, resources, and leadership support), and specific intervention capacity (i.e., staff knowledge of the intervention, perceived supports for the intervention).

To examine the implementation of the enhancements and investigate the processes that influenced the level of implementation, we employed a mixed-methods approach, collecting both qualitative and quantitative data at different periods in the project. We used survey data collected from the mentors, parents, and program staff. We also interviewed site directors in Year 3 of the study. In addition, we conducted focus groups with groups of mentors and parents across different sites. Our analysis of program implementation is presented in Chapter 4, and it includes both implementation of the broader R&R program (i.e., both BAU and CBT programs) as well as implementation of the enhancements in the CBT sites.

Design of the Outcome Evaluation

A randomized controlled trial (RCT) design was used to generate evidence on youth outcomes.

Site Selection

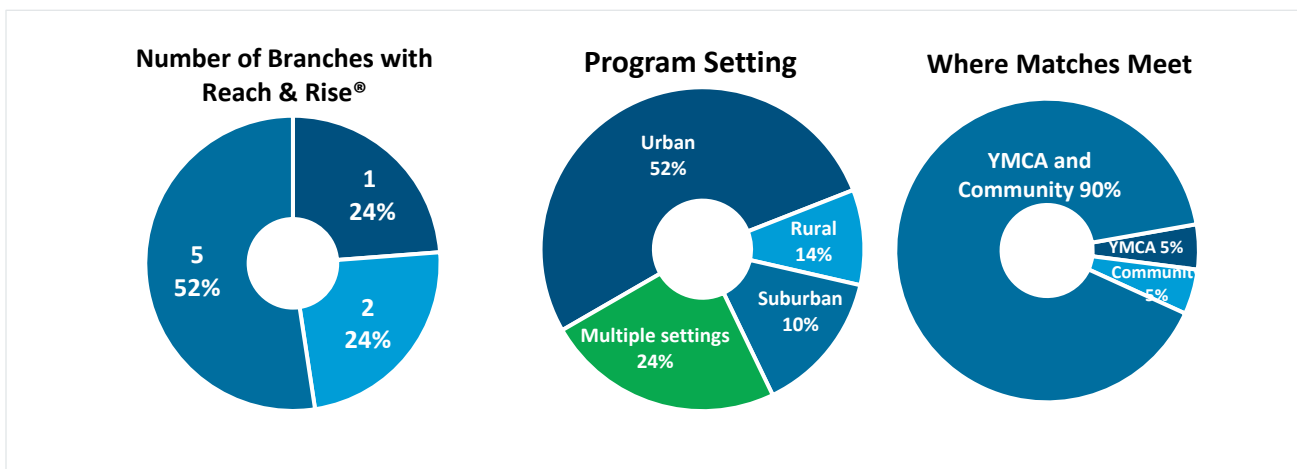
AIR worked together with Reach & Rise® to select sites for the evaluation. Using an evaluation readiness screening tool, we identified 33 sites to include in the evaluation. Of the 38 R&R programs across the country, five were determined to be unprepared to participate in a randomized controlled trial due to several factors, including the capacity of the program to deliver the BAU model of R&R and whether there was a site director in place.

To compare the enhancements to the business-as-usual (BAU) model, the most feasible design was determined to be a split of 25% of sites using the business-as-usual model and 75% of sites using the enhancements. Sites were selected to be business-as-usual or enhancement using stratified sampling after the full set of program sites were sorted into four groups using cluster analysis. There were 33 program sites identified to participate in the evaluation and the goal was to select 8 of those sites for the business-as-usual group, leaving 25 sites for the enhancement group. Using cluster analysis provided the opportunity to create four relatively homogeneous strata from which to select the final sample using random sampling procedures. By constructing

clusters first, we ensure that we get as diverse a set of programs in the BAU condition as possible, given that we are only selecting one-quarter of the sites (rather than one half) for this comparison condition. The BAU group would then continue to provide services following the existing program model; and the remaining 25 were trained to provide enhanced services and supports to their matches. This design allowed us to rigorously compare the impacts of programs using the R&R BAU model versus programs assigned to the new enhanced condition.

Exhibit 4 presents the distribution from 21 YMCA sites included in our analyses in terms of the number of branches they operate in, their geographical setting, and where the matches meet.⁴ Most of the sites operated in urban areas with a smaller number serving only suburban or rural communities. Most of the matches in these sites met at both the YMCA and in the community, although matches at a few sites met either exclusively out in the community or exclusively at the YMCA facility.

Exhibit 4. Characteristics of Reach & Rise® Evaluation Sites (N=21)



Randomization of Study Participants

Within all participating sites (both CBT and BAU), researchers randomly assigned enrolling youth to either a control condition that would not receive mentoring for 15 months or a treatment condition that would be available for mentoring immediately. Random assignment occurred after program enrollment and administration of the baseline surveys to parents and youth. Site

⁴ In preparation for the cluster analysis, we surveyed each of the programs in 2017 prior to the start of the evaluation. One program site was established in 2018 and did not participate in the baseline program survey. There were ultimately 22 programs that matched youth in the evaluation with mentors, and our analyses are limited to those 22 programs. For the analysis is Exhibit 4, thus, N = 21.

directors were informed as to the assignment for each youth, and they, in turn, would notify the caregivers as to the assignment. A total of 316 youth were assigned to the treatment group and 284 youth were assigned to the control group. Youth were enrolled into the study on a rolling basis starting in October 2017 and ending in June 2020. All enrolling youth aged 9 and older were eligible to participate in the evaluation.⁵

If assigned to the control group, the youth was placed on a waiting list and not matched with a mentor for at least 15 months; if assigned to receive mentoring services, the youth was matched with a mentor as soon as a suitable volunteer became available for matching. All youth assigned to the mentoring group at a given site were assigned to either the BAU or CBT group depending on the designation of their site. Thus, all matches and the site director at a particular site were in the same study condition. All matches at sites assigned to the CBT group were to receive mentoring practices augmented by the enhancements.

Data Sources

We relied on several data sources in the evaluation. In Exhibit 5, we note how we used these data to address the nine key research questions.

Exhibit 5. Data Sources Used to Address the Reach & Rise® Evaluation Questions

Research Questions	Mentor baseline and follow up survey	Caregiver baseline and follow up survey	Youth baseline and follow up survey	Mentor and Caregiver focus groups	Staff interview	Staff survey	Program cost survey	Juvenile justice records	Program documents
Outcomes/Impacts									
1. Did participation in R&R improve connectedness and well-being and reduce involvement in problem behaviors?	X		X						
2. Did CBT-enhanced R&R mentoring									

⁵ Due to limited enrollment capacity, during the evaluation’s implementation, only youth who participated in the study were typically enrolled in the Reach & Rise program. Site directors could identify a *very small* number of youth that they would exclude from the evaluation as “hardship cases,” so those youth would not be subject to random assignment into the control group, but decisions on hardship cases were always made in consultation with staff at the national office for Reach & Rise®.

Research Questions	Mentor baseline and follow up survey	Caregiver baseline and follow up survey	Youth baseline and follow up survey	Mentor and Caregiver focus groups	Staff interview	Staff survey	Program cost survey	Juvenile justice records	Program documents
benefit youth more than BAU R&R mentoring?									
3. Did exposure to CBT enhancements improve mentoring relationship quality?			X						
4. Were effects of mentoring on youth outcomes mediated by implementation by mentors and caregivers of CBT strategies?	X	X							
Implementation									
5. To what extent was R&R program implemented as intended?	X	X		X	X	X			
6. Were the enhancements clearly differentiated from existing practices?					X				X
7. To what extent were study participants exposed to key components of the program and enhancements?	X	X	X	X	X	X			
8. To what extent did mentors and caregivers incorporate CBT	X	X	X	X	X				X

Research Questions	Mentor baseline and follow up survey	Caregiver baseline and follow up survey	Youth baseline and follow up survey	Mentor and Caregiver focus groups	Staff interview	Staff survey	Program cost survey	Juvenile justice records	Program documents
mentoring into their interactions with youth?									
9. What factors affected implementation of the CBT enhancements?	X	X		X	X	X			
10. What were the costs of the study enhancements relative to their benefits?							X		X

Data Collected from Program Participants

Mentor Baseline Survey. This survey was administered by site directors in the program office when mentors were enrolled in the study. The survey was completed independently by mentors and captured information on their background, experiences leading up to becoming mentors in the program, level of confidence in taking on the mentoring role, and experiences with the program’s preparation for the match.

Mentor Follow-Up Survey. This survey was completed by mentors 15 months after random assignment and captured information about the mentor’s relationship with the youth, their approach to mentoring, and the training and support provided by the program. The AIR research team invited mentors to complete the survey online and only if they had met the mentee at least twice. Reminders were made by phone, email, and text. Note that if the match ended, early for whatever reason, mentors were asked to complete the follow-up survey at the time of match closure. Only the survey data from the child’s most recent mentor, if they were matched with more than one mentor, were included in analyses.

Youth Baseline Survey. This survey was completed by youth at study enrollment (before random assignment) in the program office. It was administered by program staff who were instructed to read the questions aloud while youth completed the survey silently either on paper or online. The

survey asked about how the youth felt about him or herself, the adults in their life, their relationship with their parent(s) and peers, how things were going in school, and involvement in problem behaviors.

Youth Follow-Up Survey. This survey was completed by youth 15 months after random assignment and assessed all the constructs included in the youth baseline survey in addition to (for those who had been matched) their experiences in the mentoring program and their most recent R&R mentoring relationship. Site directors also administered the follow-up survey at their office or by phone using the same procedures as those used at baseline. For those families they couldn't reach, the research team administered the survey by phone, reading the questions to youth while they completed their survey silently online or on paper.

Caregiver Baseline Survey. This survey was completed independently by the youth's caregiver at study enrollment and included questions on the background of the youth and family, individual and environmental risk factors the child had been exposed to, and the youth's recent behavior prior to enrollment in the study in a variety of areas.

Caregiver Follow-Up Survey. This survey was completed independently by the caregiver online or on paper 15 months after random assignment. It included all outcome measures assessed at baseline in addition to (for those whose child had been matched) the experiences of the youth and parent in the mentoring program and in the youth's most recent mentoring relationship.

Focus groups with caregivers and mentors. Parents and mentors across different sites were invited to participate in a parent or mentor focus group respectively to share their experiences with the program. We conducted 6 focus groups with mentors (21 mentors in total), 2 focus groups with caregivers and 3 individual interviews with caregivers who could not attend the focus groups (9 caregivers in total). Because we did not talk to a representative group of mentors and caregivers across all sites, these data were used to supplement our surveys.

Survey Response Rates

In total, there were 596 youth enrolled into the evaluation. Of these, 453 (76%) participated in the sites that implemented the enhancements (CBT sites) and 143 (24%) were in the Business-as-Usual (BAU) sites. A total of 268 youth who were randomly assigned to the treatment group (86%) were matched with mentors, this included 160 at CBT sites and 54 at BAU sites. Because we were following participants across a 15-month period, we expected some program and study attrition. We minimized study attrition by collecting secondary contact information from parents at enrollment. In addition, we implemented a number of practices to ensure high response rates and assess overall and differential attrition to inform our interpretation of findings. In Exhibit 6, we

show the overall and differential attrition rates. Our study has low attrition and can be determined to meet the What Works Clearinghouse Group Design Standards “without reservations.”

Exhibit 6. Attrition Rates for Follow-up Surveys of Youth, Caregivers, and Mentors

Youth				Caregivers			
Overall	Treatment	Control	Differential	Overall	Treatment	Control	Differential
15.1%	14.2%	16.1%	1.9%	15.8%	14.6%	17.2%	2.6%

Data Collected from Staff

Staff surveys. Site directors were asked to complete a survey when the project started (or when they started their position if they began their position after the start of the project) that asked about their background (N=40). The close-out survey assessed staff perceptions of the impact of the enhancements, their experiences in implementing the enhancements, the supports they experienced from their YMCA, and their intentions and aspirations related to the incorporation of the enhancements into the program’s business-as-usual model. A close-out survey was also administered to staff as the project was ending or as the director left their position for those who left prior to the end of the study (N=34). Of the 22 sites that were retained in the study, 18 site directors completed both a baseline and close-out survey.

Interviews with site directors. In Year 3 of the study, we conducted phone interviews with 11 site directors (three from BAU sites and eight from CBT sites). At the time of our interview, four of them were no longer with the program because the program had closed, or they had left their YMCA position. The interviews asked about their experiences delivering the R&R program and the enhancements and uptake among mentors and caregivers. Each interview lasted about 60 minutes and used a semi-structured protocol that aligned with our process evaluation questions.

Program Records

Match tracking sheets. Site directors completed monthly reports on each match that documented mentor training completion, progress made toward match goals, and mentor reports of CBT strategies used during interactions with the mentee. Site directors were also expected to use the Monthly Check-in Tool, Mentor Activity Log, and Youth Growth Plan to report on each match.

Cost and time-use surveys. We administered time use surveys every four months to each site director to collect information on how they allocated their time to several key program functions (e.g., mentor recruitment, support, training). Toward the end of the data collection phase, we also administered a survey to each participating YMCA focusing on the costs of implementing the program.

Juvenile Justice Records

We worked with each program to secure records from their local juvenile justice agencies on any arrest each youth may have had prior to and during the 15-month assessment period. Our plan had been to receive the data for each site once all the youth (in that site) had completed their follow-up surveys. The timing of the pandemic meant that many juvenile justice agencies could not easily respond to our data request at the time we reached out. At the time we closed our data collection efforts, there were still five sites (of the total 22 sites in our analysis) that had not yet been able to complete the process to release the data to us. Another three sites declined to provide the data. These 8 sites for which we did not receive data on juvenile justice involvement accounted for 175 (30%) cases from our sample. We received individualized data from 11 sites, which included 231 (40%) cases from our sample. Finally, in three sites, we received aggregated data on the cases in our sample. For these three sites, there were a total of 175 (30%) cases.

Researcher-Practitioner Partnership

One of the biggest challenges in large multisite studies is to recruit enough participants for the evaluation and implement data collection and management effectively. To support these efforts, we implemented these strategies to support the sites in this study:

- We held regular calls (weekly during peak data collection periods) with program site directors and the national program coordinator during Years 2 through 4 of the project to ensure that study procedures are followed and that staff members are supported in recruiting adequate numbers of study participants and carrying out data collection responsibilities.
- The research team provided ongoing quality checks (at least monthly) of data submitted by program staff.
- The research team administered and coordinated the follow-up surveys with mentors, youth, and their parents in collaboration with program site directors to that resulted in follow-up response rates that exceeded 70% for mentors, youth, and parents.
- As data were collected and analyzed, the research team also shared the preliminary findings with the national director and program site directors.
- In addition, the research team and R&R leadership presented together at the National Mentoring Summit in January 2022 and will present results from this evaluation at the 2023 Summit.

Reach & Rise® designated one national coordinator who oversaw the implementation of the enhancements and research tasks across all sites. In August 2017, R&R staff and the AIR research

team met at a national training to prepare program staff for their roles in data collection. The training aimed to: (a) clarify the role of the evaluators to minimize the study's burden on program staff and ensure that the research design is was not compromised; (c) foster the collaborative nature of the relationship between the evaluators and program staff; (d) get staff buy-in on the importance of random assignment and informed consent, and on working with AIR to rigorously implement these elements; (e) provide in-depth instruction and practice with survey administration; and (f) guide staff on tracking study enrollment and data collection activities, and recording program data for the implementation study.

Analyses for the Outcome Study

Prior to conducting analyses, we prepared the datasets by using a multiple imputation approach to address missing data on outcome and control variables (Medeiros, 2016). Missing data occurred primarily due to lack of collection of 12-month follow-up data from youth or caregivers, with additional small numbers of youth/caregivers who did complete the survey but had missing data on a given outcome. Based on the total proportion of missing data for any particular outcome, imputation was used to create 20 different data sets. The outcome analyses were then conducted on these multiply imputed datasets. Parameter estimates were averaged across the different analyses. Standard errors for the aggregated results were calculated using Rubin's (1987) formula that combined variability within and between datasets.

The impact analyses were structured to address two key questions. First, did the R&R program (across both BAU and CBT programs) lead to positive impacts for youth (i.e., higher school connectedness, school attendance, academic performance, emotional well-being, quality of family connectedness and quality of peer relationships; and a lower likelihood of substance use, juvenile arrest, and antisocial behavior)? Second, did enhanced mentoring lead to stronger outcomes relative to BAU mentoring? For both questions, impacts were assessed by comparing youth randomly assigned to receive mentoring to those randomly assigned to a waitlist for 15 months. For each outcome of interest, we estimated intent-to-treat effects (i.e., analyzing all cases assigned to the treatment and control groups regardless of exposure to treatment) to estimate the average effect of *offering* youth the opportunity to receive enhanced mentoring on the outcomes in our theory of change. The nested structure of the data calls for the use of multilevel modeling techniques that account for interdependencies within the data. We estimated multilevel mixed effects models at three levels so that we could examine the effects for youth within families (L2) within programs (L3).

Based on the theory of change, there were a number of outcome measures that we assessed within families of outcomes. Mathematically, including more outcome measures will increase the likelihood of statistically significant findings that lead us to conclude that enhanced mentoring

contributes to a particular outcome, even if the intervention did not actually have a true effect on the youth. In an effort to minimize the number of times that we falsely reject null hypotheses, we used the Benjamini-Hochberg procedure to compute an adjustment to α (the probability of making a Type I error). We considered statistically significant results to be those where the adjusted $p < .10$. Our outcomes were grouped as noted below:

Intermediate Outcomes

Creating Connections

1. Connections with Community Supports
2. Connections with Significant Adults
3. Has Interests and Talents
4. Explores Career-Related Interests [2 measures]
 - a. Parent report
 - b. Youth report

Skill Development

5. Problem-Solving Skills
6. Social Skills
7. Goal Setting skills

Strengthening Family Interactions

8. Parenting [2 measures]
 - a. Parental Involvement
 - b. Positive Parenting

Distal Outcomes

Problem Behaviors

1. Youth Arrest [2 measures]
 - a. Official records data
 - b. Parent reports
2. Antisocial Behavior [2 measures]
 - a. Delinquent behavior
 - b. Gang involvement

3. Substance Use
4. Truancy
5. Misbehavior in School

Social Emotional Factors

6. Emotional Well-Being [4 measures]
 - a. Depressive Symptoms
 - b. Life Satisfaction
 - c. Future Expectations
 - d. Happiness

Attachments

7. Family Connectedness
8. Quality of Peer Relationships
9. School Connectedness
10. Academic Performance

Analyses for the Implementation Study

Survey data from mentors and site directors were used as the primary source of information to assess implementation quality and capacity. All data were cleaned and managed by a data coordinator, and quality assurance mechanisms were applied to check for completeness and quality. Data collected from interviews and focus groups were used to enhance our understanding of survey data responses and enrich our interpretation of findings. Where needed, individual interview and focus group notes were incorporated into our analyses to fill in any gaps and enhance our understanding of implementation processes.

All interviews and focus groups were recorded with the permission of participants and used to clean interviewer notes. The notes were coded in NVivo 12, a qualitative software program to examine program implementation and implementation of enhancements, implementation fidelity and processes, supports and challenges to intervention delivery. The key components of implementation (i.e., fidelity, participant exposure, and uptake) were informed by implementation science (Durlak & DuPre, 2008; Scaccia et al., 2015). Key findings were summarized for reporting and quotes were extracted to provide supporting examples.

Characteristics of Participants

In this section we provide a brief discussion about the sample of youth and mentor participants for this evaluation in addition to a description of the matches that were created.

The Youth

Exhibit 7 includes demographic characteristics of participating youth: age, race, ethnicity, and gender. We also have several control variables that reflect the background of the youth, including the number of people in the household, the level of individual and environmental risk to which they have been exposed, and whether the youth was already receiving services related to mental or behavioral health. We also present data in Exhibit 7 on the baseline measures of each of the outcomes we will examine in the outcome analyses. For each variable included in this table, we break out the information for the treatment group and control group and provide an effect size reflecting the differences between the two groups for each variable. For each instance where the effect size is 0.05 or greater (shown in the table in **bold**), we included each of these measures as controls in all the multivariate outcome analyses presented in the next chapter.

Exhibit 7. Baseline Characteristics and Effect Size Based on Treatment-Control Group Differences

Control / Predictor Variables	Measures (N)	Control Group (%/Mean)	Treatment Group (%/Mean)	Effect Size
Youth Age	Age at Randomization (N = 578)	11.59	11.64	0.022
Youth Race	African American/Black (N = 575)	57.0%	47.7%	0.181
	Caucasian/White (N = 575)	45.7%	50.0%	0.080
	Native American or Alaska Native (N = 575)	4.2%	3.5%	0.036
	Asian (N = 575)	2.3%	2.6%	0.019
	Native Hawaiian/Pacific Islander (N = 575)	0.8%	0.6%	0.024
Youth Ethnicity	Latino/Hispanic (N = 575)	14.3%	19.7%	0.159
Youth Gender	Female (N = 580)	38.8%	44.9%	0.122
Size Of Family	Number of People in Household (N = 554)	4.42	4.21	0.115
Youth Receiving Mental Health or Behavior Health Services	Parent Report of Youth Receiving Mental or Behavioral Health Services (N = 556)	46.2%	43.5%	0.053
Environmental Risk	Top Quartile on Environmental Risk (N = 560)	22.0%	19.9%	0.052
Individual Risk	Top Quartile on Individual Risk (N = 560)	20.4%	21.5%	0.027
Connections to Community Supports	Creates Connections with Community Supports (N = 555)	71.7%	69.0%	0.058
Connections to Significant Adults	Creates Connections with Significant Adults (N = 564)	54.4%	53.7%	0.014

Control / Predictor Variables	Measures (N)	Control Group (%/Mean)	Treatment Group (%/Mean)	Effect Size
Problem Solving	Increases Problem-Solving Skills (N = 568)	3.63	3.66	0.032
Social Skills	Develops Social Skills (N = 570)	3.65	3.69	0.054
Goal Setting	Increases Goal Setting Skills (N = 569)	3.58	3.69	0.120
Interests And Talents	Develops Interests and Talents (N = 570)	83.9%	84.2%	0.010
Strengthens Family Interactions	Parental Involvement (N = 560)	3.82	3.88	0.100
	Positive Parenting (N = 560)	4.31	4.33	0.035
Career-Related Interests	Explores Career-Related Interests – Youth Report (N = 559)	3.37	3.41	0.030
	Explores Career-Related Interests – Parent Report (N = 556)	25.3%	28.2%	0.068
Youth Arrest	Youth Arrest – Parent Report (N = 555)	10.3%	13.0%	0.084
	Youth Arrest – Official Records (N = 581)	6.0%	4.8%	0.052
Antisocial Behavior	Self-Report Delinquency (N = 564)	56.7%	61.0%	0.087
	Gang Involvement (N = 559)	6.3%	9.0%	0.103
Substance Use	Substance Use (N = 562)	15.1%	19.0%	0.103
Truancy	Truancy (N = 567)	19.7%	25.2%	0.131
School Misbehavior	School Misbehavior (N = 558)	57.6%	62.1%	0.091
School Connectedness	School Connectedness (N = 570)	3.60	3.55	0.056
Emotional Well-Being	Depressive Symptoms (N = 562)	2.25	2.30	0.052
	Happiness (N = 563)	3.93	3.85	0.070
	Satisfaction with Life (N = 563)	7.27	7.18	0.041
	Hope for the Future (N = 569)	3.44	3.42	0.048
Family Connectedness	Quality of Family Connectedness (N = 566)	4.03	4.02	0.008
Peer Relationships	Quality of Peer Relationships (N = 567)	3.76	3.68	0.086

The Mentors

We present descriptive statistics for the mentors involved in the study in Exhibit 8. The mentors ranged in age from 21 to 83, and the average was 39. While less than half of the youth in the study were female, more than half (57%) of the mentors were female. Just over a quarter of mentors were Black, compared with nearly half of the youth eligible for mentoring. Half of the youth in the treatment group were White, and 62% of mentors reported being White. Less than 8% of the mentors reported being Hispanic while almost 20% of the youth in the treatment group reported being Hispanic. More than 40% of the mentors reported working in a helping profession, and just over one third reported having received previous exposure to CBT strategies. Just over 80% of mentors reported having a college degree, and nearly 40% of those matched with youth in the study had previously mentored in a formal program, including R&R. Finally, 11% of the mentors were also parenting school-age youth.

Exhibit 8. Baseline Characteristics of Mentors

Characteristic	Measure (N)	%
Mentor Age	Age at Baseline (N=191)	39.1
Mentor Race	African American/Black (N=193)	26.4
	Caucasian/White (N=193)	62.7
	Native American or Alaska Native (N=193)	3.6
	Asian (N=193)	6.7
	Native Hawaiian/Pacific Islander (N=193)	1.0
Mentor Ethnicity	Latino/Hispanic (N=187)	7.5
Mentor Gender	Female (N=193)	56.5
Occupation	Works in a helping profession (N =193)	42.5
Experience with CBT	Previous training, education or work experience in CBT (N =193)	34.2
Education	Associate or bachelor’s degree (N =193)	56.5
	Graduate degree (N =193)	24.9
Mentoring Experience	Has previously mentored in a formal program (N =193)	39.4
Children	Has children currently attending elementary, middle or high school (N =193)	10.9

The Mentor-Mentee Matches

A total of 313 youth were randomly assigned to the treatment group, which would receive mentoring as soon as a suitable volunteer was found; and 268 youth were assigned to the control group, which would not receive a mentor for at least 15 months. By our 15-month follow-up, program records noted that 8 (3%) youth in the control group had been matched with a R&R mentor, and 75% of those assigned to the treatment group had been matched with a mentor (69% of those who completed our follow-up survey similarly reported having been matched). This corresponds with an “unmatched” rate of 25% of youth in the treatment group, which is comparable to that seen in other studies of mentoring (DuBois et al., 2022; Tierney et al., 1995) and likely reflects challenges experienced by the programs related to the COVID-19 pandemic (discussed below).

Information on the length of each mentor-mentee relationship came from a combination of sources. Program records provided documentation for the date of the meeting where the mentor and mentee were introduced and goals were set, as well as the official match termination date (i.e., the date of the closure meeting with program staff or the date an official termination letter is sent when no closure meeting was possible). In most cases, these dates were used to calculate match length (i.e., the length of time between the match start and end date). Mentors and caregivers also reported the timing of the last contact between the mentor and mentee if they were no longer meeting at the time of the follow-up survey. When the final contact between the mentor and mentee occurred prior to the closure meeting, the date of the final contact was used to calculate the length of the match. Although R&R is intended to be a 12-month program, in a

small number of cases, the match was approved to extend for an additional 12 months beyond the initial 12-month period after the match began.

We found that mentoring relationships of those who were matched lasted an average of 8.5 months (ranging from 0 to 26 months); 30% of these matches were still active at the time we collected youth's follow-up survey. Mentors reported spending an average of about 5 hours with their mentee in a typical month.

In the follow-up survey, we asked caregivers of those youth whose matches had ended, why their child's match had ended. They were able to select multiple reasons. The primary reason, noted by 43% of caregivers whose child's match had ended, was that the relationship was supposed to end after 12 months. In addition, some of the caregivers (12%) reported the match ended because the program shut down or due to COVID. Some pointed to mentor-associated reasons for the match ending, including that the mentor was not a good fit for the youth (13%) or that the mentor had moved away (7%). Others selected reasons involving caregiver or youth preferences including that they (12%) or their child (10%) did not want to be in the program anymore, the family had moved (7%) or their child didn't need a mentor anymore (6%) or had other commitments (4%).

One potential concern about more targeted programs like R&R, is that a CBT focus might detract from the quality of the mentoring relationship—an important ingredient in fostering positive outcomes for youth (see, for example, Bayer et al., 2015). Reports from both youth and mentors suggest this was not the case in this sample. Youth reported feeling fairly close to their mentors, reporting an average of 3.29 on a 4-point scale from “not close at all” to “very close,” and their mentors reported feeling similarly close to them, scoring an average of 3.87 on a five-point scale from “strongly disagree” to “strongly agree.” Youth also reported infrequent conflict and criticism in these relationships (scoring close to 1 on a scale from 1 to 4 on both measures), and they reported an average of 3.21 on a 4-point scale of relational health (e.g., “My mentor helps me even more than I ask for or expected,” “I feel happy after being with my mentor”). In addition, mentors reported fairly high levels of satisfaction and investment in their relationship (3.89 and 3.60 respectively on a 5-point scale).

Because these mentors (particularly those in the enhanced condition) were encouraged to focus on the use of CBT strategies in their interactions, another potential concern is that youth might feel pressured in ways they might not in a completely “relationship-based” program, and the content of their interactions might be focused almost exclusively on goal achievement. These concerns also were not borne out in this sample. Although their relationships had a slight focus on goals, this did not seem to feel “excessive” to youth, and matches engaged in a variety of relationship-building activities. We asked both mentors and youth about the extent to which their relationship focused on “growth” and goal achievement (e.g., “My mentor helps me to set and reach goals,” “Learning new things together is an important part of our relationship”). Youth

scored lower on this scale than on those scales focused more on general satisfaction in the relationship, with an average of 2.85 on a 4-point scale. Mentors reported an average of 3.70 on the comparable 5-point scale. Youth also reported low “pressure” in the relationship (e.g., “My mentor is always trying to make me learn things I’m not interested in,” “My mentor expects too much from me sometimes”), scoring an average of 1.55 on a 4-point scale. Finally, despite the moderate focus on goal achievement, youth reported feeling that the relationship was centered on their preferences, rating the relationship 3.21 out of 4 on youth centeredness (e.g., “My mentor and I decide together what we will do when we meet,” “My mentor and I do things I really want to do”).

We examined whether the measures of relationship quality differed significantly between matches in the programs implementing the CBT enhancements and the programs operating business-as-usual (BAU). As shown in Exhibit 9, we found only one statistically significant difference between the two groups: mentors in the BAU programs reported a stronger growth focus in their relationships than mentors in the CBT-enhanced programs. Youth in CBT programs also reported a slightly higher focus on growth in their relationships than youth in the BAU programs, but this difference was not statistically significant.

Exhibit 9. Mean Levels of Relationship Quality by Type of Program

Measure of Relationship Quality	BAU	CBT
Youth Report of Closeness	3.16	3.34
Youth Report of Youth Centered	3.20	3.21
Youth Report of Growth Focus	2.93	2.82
Youth Report of Conflict	1.08	1.14
Youth Report of Criticism	1.12	1.13
Youth Report of Relational Health	3.10	3.25
Youth Report of Pressure	1.53	1.56
Mentor Report of Closeness	4.00	3.82
Mentor Report of Satisfaction	3.99	3.85
Mentor Report of Investment	3.65	3.57
Mentor Report of Growth Focus*	3.92	3.61
Match Length (Days)	241.47	264.17

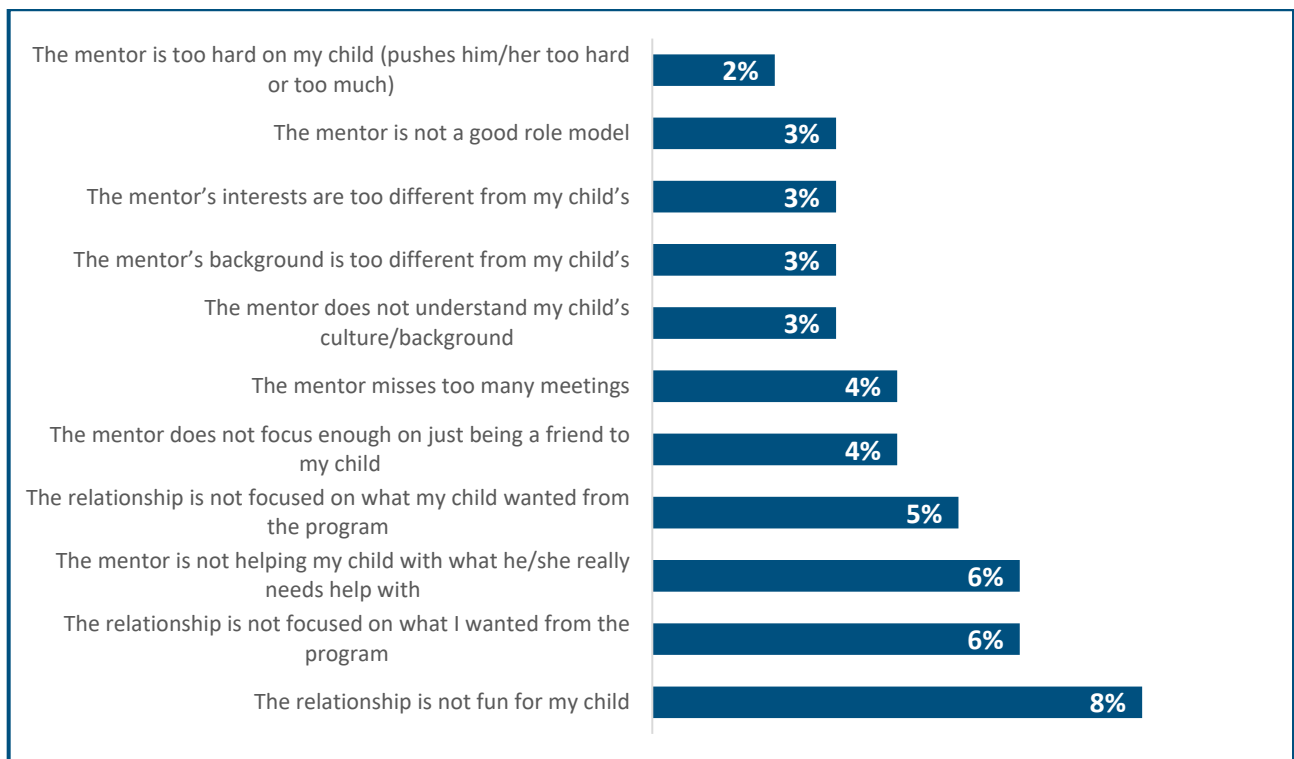
Note: * difference between two groups significant at p<.05.

Mentors also reported engaging in a wide variety of activities with their mentees, with over half reporting spending either “a lot” or “most” of their time together “making time to goof around, laugh, and have light-hearted fun” (72.6%) or talking about important people in their mentee’s life (63.4%), and relatively few reporting similar frequencies of such potentially goal-directed activities

as helping their mentee with schoolwork (9.2%) or talking about the consequences of negative behavior (23.3%).

Few caregivers reported experiencing challenges with their child’s relationship. Among caregivers with youth in mentoring relationships, 79% reported that neither they nor their child experienced any challenges with the child’s mentoring relationship. For those who did identify challenges, we asked about the nature of these challenges. In Exhibit 10, we report the percentage of caregivers who identified each of the various challenges we asked about. Respondents were able to select all that applied. The most frequently reported challenges were that the relationship was not fun for their child, the relationship was not focused on what the caregiver wanted from the program, and that the mentor was not helping the child with what they needed help with.

Exhibit 10. Caregiver Report of Challenges with Child’s Mentoring Relationship (N = 181)



A little over a third (36%) of the matches in the study had at least part of their match affected by the COVID-19 pandemic, with at least some of their 15-month follow-up period occurring after the start of the pandemic (March 2020): 14% had up to a quarter of their match take place in this period; 9% had between a quarter and a half of their match in this period; 3% had between half and three quarters of their match during this period; and 10% had more than three quarters of their follow-up period occurring after the start of the pandemic. The pandemic affected whether and how matches could be made (e.g., a handful were made remotely) and how activities could

take place. Matches could not meet in person through 2020 and into 2021, and many of the YMCAs closed temporarily with some closing permanently. Thus, even after COVID precautions lifted and matches could meet in person, in many cases, those mentors who had planned on meeting at least partially at the YMCA (90% reported this in the baseline survey) had to make alternate plans.

We asked caregivers how the COVID-19 pandemic affected their child's match interactions. Among caregivers that reported that their child was in a match during the pandemic, 37% reported the mentor and mentee got together in person, 37% reported the pair communicated using an online platform, 50% reported they were in contact by phone, and 20% reported there was no communication between the mentor and mentee during this period. For those matches that did communicate, 19% of caregivers indicated that they communicated less often than once a month, 19% about once a month, 32% once every couple of weeks; and 29% reported that there was weekly communication between the mentor and mentee. For those matches that had met prior to the pandemic, we asked parents whether they communicated more often, less often, or about the same as they had prior to the pandemic: 53% reported that they communicated less frequently; 47% said they communicated at about the same frequency; and none reported that their child communicated more often with their mentor after the start of the pandemic.

We also asked whether the caregiver had noticed changes in their child's match during the outbreak. For the matches still in place during the pandemic, 72% of caregivers reported that the youth and mentor did different types of activities together than had been typical prior to the pandemic. In 50% of the cases, caregivers reported the mentor said or did things to help the mentee handle challenges related to the pandemic (e.g., feelings, schoolwork). It is interesting to note that while the pandemic appeared to interfere with the establishment of new mentoring relationships, in less than 20% of the matches in place prior to the start of the pandemic did the caregiver report that their child seemed to feel less connected to the mentor because of the pandemic.

Finally, we also asked about challenges the mentoring relationship faced during the outbreak. For matches that were active during the pandemic, 31% of caregivers reported there were no pandemic-related challenges experienced by the match. When challenges were identified, the most common included the mentor making time for communication (32%), coming up with fun activities (43%), and difficulty finding ways (e.g., access to technology) to communicate (46%).

Broadly speaking, caregivers reported that the changes and events associated with the COVID-19 outbreak were not very difficult for their child, with 65% noting that they were "not at all" or "only slightly" difficult and 17% reporting they were "very" or "extremely" difficult for their child. Caregivers also reported on how difficult the outbreak was for themselves, with 64% noting it was

either “not at all” or “only slightly” difficult and just 10% reporting it was “very” or “extremely” difficult.

Chapter 3. Results from Outcome Analyses

In this chapter we present results from the outcome analyses. Based on the Theory of Change (Exhibit 3 in Chapter 2), the analyses were structured to address Research Questions 1-4:

1. Did participation in R&R improve connectedness and well-being and reduce involvement in problem behaviors?
2. Did CBT-enhanced R&R mentoring benefit youth more than BAU R&R mentoring?
3. Did exposure to CBT enhancements improve mentoring relationship quality?
4. Were effects of mentoring on youth outcomes mediated by implementation by mentors and caregivers of CBT strategies?

We first conducted intent-to-treat analyses to examine whether youth who were offered R&R mentoring experienced more positive outcomes relative to youth who were not offered access to the program. Following this section, we examine whether exposure to the programmatic enhancements is associated with stronger mentoring relationship quality. Finally, we will present results from structural equation models that were designed to identify the paths through which the enhancements had an impact on youth outcomes.

Did Reach & Rise® Mentoring Have an Impact on Youth Outcomes?

We assessed the impact of participation in R&R on each youth outcome using an intent-to-treat approach (i.e., all youth in both groups were retained in these analyses regardless of whether they received R&R mentoring). For each outcome, we estimated a mixed effects multilevel model comparing participants in the treatment group (i.e., assigned to receive mentoring) to those in the control group (i.e., assigned to the waitlist). The exhibits below present the coefficients and standard errors for this contrast, accompanied by indicators for the tests of statistical significance and effect estimates.⁶ When the outcome variable is a continuous measure, these results are from mixed-effects generalized linear models. When the outcome variable is dichotomous, the results are from mixed-effects logistic regression models. All the estimated models controlled for baseline assessments of the outcome variable as well as the standard control variables that adjusted for demographics and baseline differences (as listed in

⁶ To control the false discovery rate, we calculated critical values using the BH procedure. A coefficient is considered statistically significant if the *p*-value is less than the BH critical value.

Exhibit 7). The models also accounted for the family-level (i.e., L2) and program-level (i.e., L3) clustering of participants.

In Exhibit 11, we present the results from the models assessing the distal youth outcomes. In interpreting the findings reported in the table, we note that the variable for treatment condition is coded 1 for the treatment group and 0 for the control group. We found that youth in the treatment group were less likely to report involvement in delinquency than youth in the control group (odds ratio = 0.432). We also found that youth in the treatment group were less likely to report substance use during the follow-up period (odds ratio = 0.510).

In addition, youth in the treatment group reported significantly greater levels of connectedness to their families (effect size (d) = 0.18) and to school (d = 0.27) than those in the control group. Participants assigned to the treatment group also had better academic performance, as reported by their caregivers, than youth assigned to the control group (d = 0.21).

Exhibit 11. Results from Multilevel Mixed-Effects Models: Distal Youth Outcomes

Outcome	Effect Size ^a	Coefficient	Std. Err.	p-value	Significant? ^b
Youth Arrest					
Parent Reports	0.380 ¥	-0.968	0.241	.13	No
Official Record Data	0.218 ¥	-1.523	0.275	.23	No
Antisocial Behavior					
Self-Reported Delinquency	0.432 ¥	-0.839	0.165	.03	Yes
Gang Involvement	1.215 ¥	0.195	0.870	.79	No
Substance Use	0.510 ¥	-0.673	0.120	.00	Yes
Truancy	0.416 ¥	-0.877	0.402	.36	No
School Misbehavior	0.625 ¥	-0.470	0.250	.24	No
Emotional Well-being					
Depressive Symptoms	-0.052	-0.032	0.067	.63	No
Happiness	0.022	0.019	0.078	.80	No
Hope for the Future	0.141	0.064	0.041	.12	No
Life Satisfaction	0.044	0.067	0.153	.66	No
Family Connectedness	0.177	0.125	0.064	.05	Yes
Quality of Peer Relationships	0.010	0.007	0.066	.92	No
School Connectedness	0.267	0.218	0.071	.00	Yes
Academic Performance	0.214	0.355	0.173	.04	Yes

¥ Odds ratio from mixed-effects logistic regression models; ^b Indication whether p-value is lower than BH critical value

In Exhibit 12, we present the results from the models examining the impacts on the intermediate youth outcomes. In contrast to the results of the impacts on distal youth outcomes, we found no statistically significant differences between the treatment and control groups on any of the intermediate outcomes we tested.

Exhibit 12. Results from Multilevel Mixed-Effects Models: Intermediate Youth Outcomes

Outcome	Effect Size ^a	Coefficient	Std. Err.	p-value	Significant? ^b
Creates Connections with Community Supports	1.671 ¥	0.513	0.617	.17	No
Creates Connections with Significant Adults	0.741 ¥	-0.300	0.228	.33	No
Develops Interests and Talents	1.503 ¥	0.407	0.437	.16	No
Explores Career-Related Interests					
Youth Reported	0.097	0.120	0.114	.29	No
Parent Reported	0.964 ¥	-0.037	0.375	.93	No
Develops Problem-Solving Skills	0.085	0.057	0.063	.37	No
Develops Social Skills	0.086	0.055	0.060	.36	No
Develops Goal Setting Skills	0.146	0.105	0.066	.11	No
Strengthens Family Interactions					
Parental Involvement	0.054	0.038	0.059	.52	No
Positive Parenting	-0.018	-0.010	0.045	.83	No

¥ Odds ratio from mixed-effects logistic regression models; ^b Indication whether p-value is lower than BH critical value

Did CBT-Enhanced R&R Mentoring Benefit Youth More Than BAU R&R Mentoring?

We also considered whether mentoring impacts at the CBT-enhancement sites were significantly stronger than the impacts from mentoring at the BAU sites. There were three different approaches used in these analyses. First, we included a dichotomous measure in each of our analyses that distinguished between the BAU and CBT sites. Whether this measure was the only predictor variable in the model or was included along with the indicator for treatment condition (i.e., treatment vs. control), we did not find a significantly stronger impact of mentoring in the CBT sites as compared to the BAU sites on any of the outcomes we examined.

A second approach was to test for moderation effects of the enhancement status (i.e., CBT vs. BAU) of the program site. Again, we did not find any evidence of differential impact for those sites implementing the enhancements. Finally, we tested for differences in main effects (i.e., treatment vs. control) between models estimated exclusively on the CBT sites and models estimated exclusively on the BAU sites. Once again, we did not detect any significant

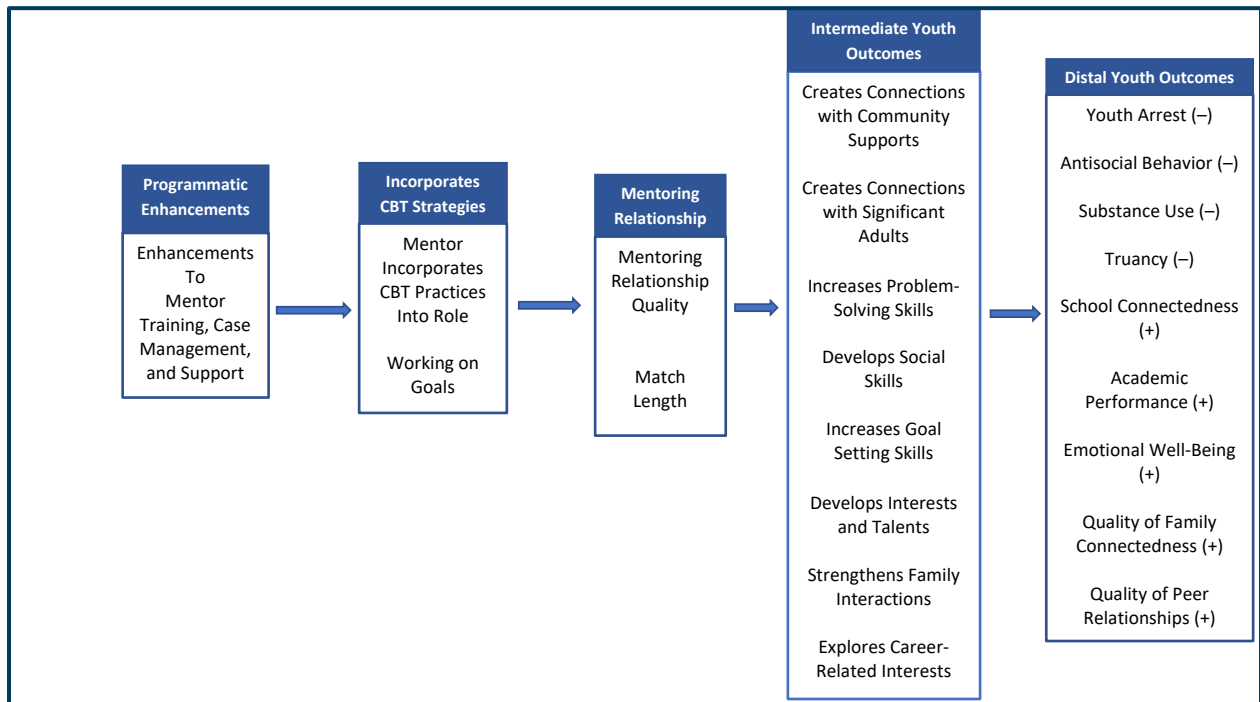
differences in impact based on whether the sites were intended to implement the enhancements.

Does this suggest that CBT mentoring is not an effective enhancement? We should note that the number of BAU sites, and thus the number of cases from BAU sites, was much smaller than the number of CBT sites. As such, statistical power may be insufficient to detect differences in treatment effects. In the analyses that follow in this chapter and the one that follows, we look more closely at the implementation of the CBT enhancements and how they shape the quality of the mentoring relationships and youth outcomes. We also look closely at the implementation of the enhancements across the program sites.

Effects of the Programmatic Enhancements on Mentor-Mentee Relationship Quality and Youth Outcomes

The implementation analyses presented earlier suggested variability in the extent to which mentors reported experiencing the programmatic enhancements. In this section of the report, we test the theory of change (see Exhibit 3) related to the specific enhancements targeting mentors. For this analysis, we estimated structural equation models based on the segment of the theory of change shown in Exhibit 13. The sample for this analysis was limited to those youth who were matched with a mentor and who reported meeting with their mentor at least 2 or more times. Measures of each construct were included from the follow-up surveys of the mentors, youth, and caregivers. Discussion of the survey items used for each construct was presented earlier in this report.

Exhibit 13. Segment of Theory of Change Tested in Mentor Enhancement Path Models



We first estimated measurement models to create several latent variables. The results from these measurement models are presented in Exhibit 14. The latent variable *Mentor Programmatic Enhancements* is comprised of three measures that speak to the efforts by program staff to expose the mentors to the CBT enhancements. As reported by the mentors, the observed variables include (in order of strength as reflected by the standardized coefficients) how often the staff talk about CBT strategies in their regular support calls with mentors, whether program staff often review the youth growth plans with the mentor, and the ways that program staff helped the mentor use CBT principles.

Exhibit 14. Measurement Model Results for Path Models Examining Mentor Enhancements

Latent Variable	Observed Variables	Standardized Coefficients	Significance
Mentor Programmatic Enhancements	Mentor Reported Ways Agency Helped to Use CBT Principles	0.468	a
	Program Staff Often Reviews Growth Plan with Mentor	0.446	***
	How Often Staff Talk About CBT Strategies in Support Calls	0.884	***
Relationship Quality	Youth Report of Relational Health	0.922	a
	Mentor Report of Closeness	0.346	***
	Mentor Report of Satisfaction	0.333	***
	Mentor Report of Investment	0.266	***
	Mentor Report of Growth	0.364	***

Latent Variable	Observed Variables	Standardized Coefficients	Significance
	Youth Report of Closeness	0.814	***
	Youth Report of Youth Centered	0.905	***
	Youth Report of Growth Focus	0.900	***
Intermediate Outcome--Connections	Creates Connections with Community Supports	0.304	a
	Creates Connections with Significant Adults	0.500	***
	Develops Interests and Talents	0.421	***
	Explores Career-Related Interests (Youth Report)	0.543	***
Intermediate Outcomes--Skills	Develops Social Skills	0.528	a
	Increases Goal Setting Skills	0.828	***
	Increases Problem-Solving Skills	0.884	***
Distal Outcomes--Problem Behaviors	Substance Use	0.358	a
	Self-Report Delinquency	0.679	***
	Gang Involvement	0.358	***
	Truancy	0.639	***
	School Misbehavior	0.438	***
Distal Outcomes--Social Emotional Factors	Hope for the Future	0.646	a
	Satisfaction with Life	0.660	***
	Depressive Symptoms	-0.670	***
	Happiness	0.678	***
Distal Outcomes--Attachments	School Connectedness	0.773	a
	Family Connectedness	0.655	***
	Academic Performance	0.333	***
	Quality of Peer Relationships	0.452	***

Notes: For each model, one observed variable is constrained for analysis, as indicated by ^a. * p < .10, ** p < .05, *** p < .01. N = 221.

The latent variable *Relationship Quality* is comprised of eight different measures of how the mentor and youth characterized their mentoring relationship. This includes four measures as reported by the youth addressing relational health, closeness, a focus on the mentee, and a focus on growth; and four measures as reported by the mentor focusing on closeness, satisfaction, investment, and growth. The results from the measurement model show that the eight measures have significant associations with a single latent variable on the quality of the mentor-mentee relationship.

We also constructed latent variables for the intermediate and distal outcomes identified in the theory of change. Analyses sorted most of the intermediate outcomes into two latent variables and sorted the full set of distal outcomes into three latent variables. The latent variable *Connections* is comprised of four intermediate outcomes, all of which are reported by the

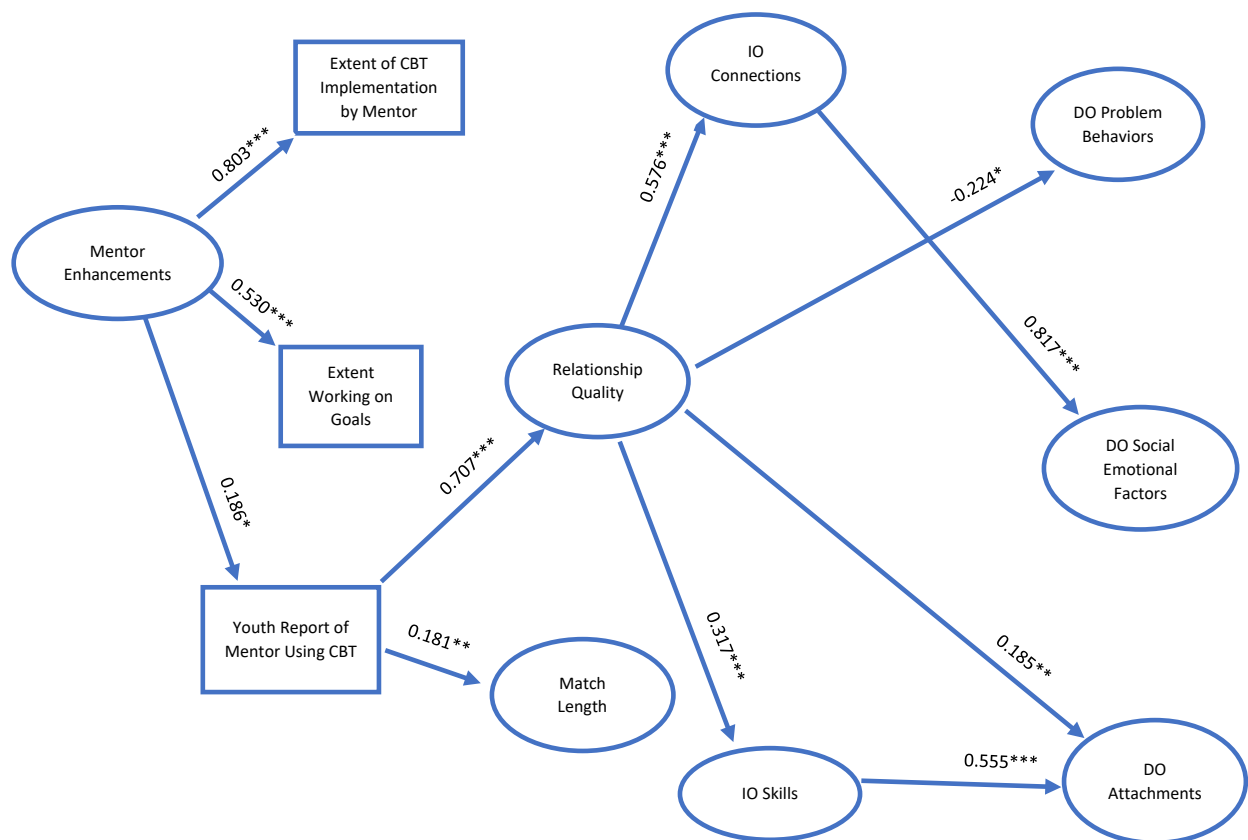
youth: exploration of career-related interests, creation of connections with significant adults, development of interests and talents, and creation of connections with community supports. The latent variable *Skills* is comprised of three youth-reported intermediate outcomes related to the development of problem-solving, goal setting, and social skills.

The latent variable *Problem Behaviors* is comprised of six different distal outcomes addressing a range of negative behaviors, including self-reports of delinquency, truancy, gang involvement, and substance use, and two measures, as reported by caregivers, of youth getting in trouble with the police and in school. The latent variable *Social Emotional Factors* is comprised of four different youth-reported measures of hope for the future, happiness, depressive symptoms, and satisfaction with life. The latent variable *Attachments* is comprised of three measures, as reported by the youth, of school connectedness, family connectedness, and quality of peer relationships.

The full path model that we estimated is shown in Exhibit 15. In this diagram, we show each of the direct effects that were found to be statistically significant. Of key interest in this analysis is whether the exposure to the programmatic enhancements for the mentors makes a difference for how they implement the CBT strategies, the quality of the mentor-mentee relationship, and the intermediate and distal youth outcomes. We find that exposure to the enhanced practices is indeed associated with a greater level of implementation by the mentor of the CBT strategies and a greater level of engagement of the mentors in working with their mentees on goals. We also find that greater exposure of the mentors to the CBT enhancements is associated with a higher likelihood that their mentees will report that the mentor is using CBT strategies in their interactions.

We do not find, however, direct effects from mentor reports of implementation of CBT strategies or working with their mentees on goals on the quality of their relationships with the mentees. We report standardized coefficients in the diagram in Exhibit 15, and one of the strongest effects is from the youth report of their mentor using CBT strategies and the quality of the mentor-mentee relationship. When youth can articulate ways in which their mentors are utilizing the CBT strategies, the quality of their mentor relationship is higher. As hypothesized in the theory of change, the quality of the mentor-mentee relationship is associated with intermediate and distal youth outcomes. Also, as expected, we find strong associations between the intermediate and distal outcomes.

Exhibit 15. Results from Path Model Examining the Effects of Exposure to Mentor Enhancements



The path diagram in Exhibit 15 shows the direct effects estimated in the analyses. It is also of interest to understand how the programmatic enhancements may have indirect effects on the quality of the mentor-mentee relationship and each of the youth outcomes. In Exhibit 16, we present these indirect effects. As in the path diagram, we show the standardized coefficients. We find a significant positive indirect effect of the exposure to CBT enhancements and relationship quality. Those mentors who report greater exposure to the enhanced practices are more likely to experience relationships of higher quality with their mentees. Although the effects are small, we also find significant positive indirect effects between exposure of the mentor to the CBT enhancements and the youth intermediate outcome *Connections* and youth distal outcomes *Attachments* and *Social Emotional Factors*.

Stronger indirect effects are evident when we examine the youth reports that mentors are using the CBT strategies. As shown in Exhibit 17, there are statistically significant indirect effects on each of the five latent youth outcomes. Each of these effects is in the hypothesized direction. When youth report higher levels of use by their mentors of the CBT strategies, we

find higher levels of the intermediate outcomes *Connections* and *Skills*, the distal outcomes *Social Emotional Factors* and *Attachments*, and lower levels of the distal outcome *Problem Behaviors*.

Exhibit 16. Indirect Effects of Mentor Enhancements

Outcome	Indirect Effect
Relationship Quality	0.176 **
Intermediate Outcomes	
Connections	0.101 *
Skills	0.063 *
Distal Youth Outcomes	
Problem Behaviors	-0.041
Social Emotional Factors	0.083 *
Attachments	0.067 *

Note: * $p < .10$, ** $p < .05$. Values reported in the table are standardized coefficients.

Exhibit 17. Indirect Effects of Youth Report of Mentor Using CBT Strategies

Outcome	Indirect Effect
Intermediate Outcomes	
Connections	0.408 ***
Skills	0.205 ***
Distal Youth Outcomes	
Problem Behaviors	-0.153 *
Social Emotional Factors	0.333 ***
Attachments	0.245 ***

Note: * $p < .10$, *** $p < .01$. Values reported in the table are standardized coefficients.

In Exhibit 18, we present the indirect effects of relationship quality on the distal youth outcomes. In the theory of change, we hypothesized that the effects of relationship quality on the distal youth outcomes would be indirect through the intermediate youth outcomes. Yet, the structural equation models we estimated indicated a better fit with the data if we estimated direct effects from relationship quality on the distal youth outcomes *Problem Behaviors* and *Attachments*. Interestingly, the effects of relationship quality on *Social Emotional Factors* were only found to be indirect through the effects of *Connections* on *Social Emotional Factors*. And we found that relationship quality had both direct and indirect effects (through *Skills*) on *Attachments*.

Exhibit 18. Indirect Effects of Relationship Quality

Outcome	Indirect Effect
Distal Youth Outcomes	
Problem Behaviors	---
Social Emotional Factors	0.471 ***
Attachments	0.176 ***

Note: *** p < .01. Values reported in the table are standardized coefficients.

Effects of the Programmatic Enhancements on Caregiver Experiences and Youth Outcomes

In this section of the report, we test the theory of change (see Exhibit 3) related to the specific enhancements targeting caregivers. For this analysis, we estimated structural equation models based on the segment of the theory of change shown in Exhibit 19. We used the full sample for these analyses. Measures of each construct were included from the follow-up surveys of the youth and the caregivers. Discussion of the survey items used for each construct is presented in Appendix A.

As we did for the path models examining the mentoring enhancements, we estimated measurement models to create latent variables for the intermediate and distal outcomes. The results from these measurement models are presented in Exhibit 20. These results align with the previous results so that we once again sorted the intermediate outcomes among two latent variables, *Connections* and *Skills*. The intermediate outcomes were sorted into three latent variables: *Problem Behaviors*, *Social Emotional Factors*, and *Attachments*. We note some differences in the standardized coefficients from those reported in Exhibit 14, but we attribute these differences to the fact that we are using the full sample (N = 581) for this analysis.

Exhibit 19. Segment of Theory of Change Tested in Caregiver Enhancement Path Models

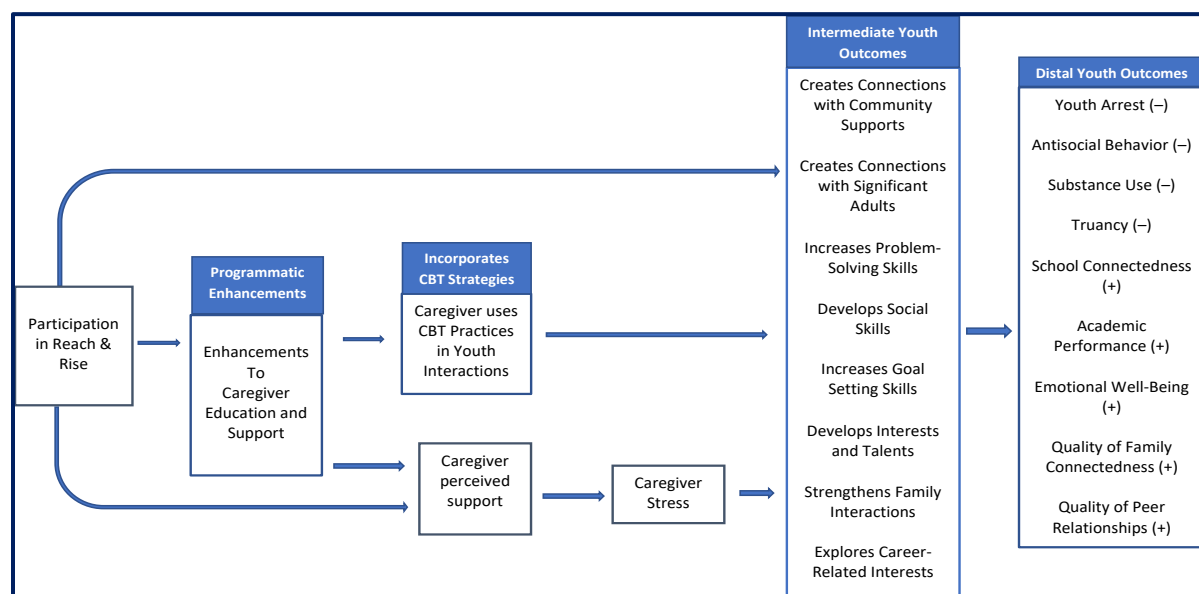


Exhibit 20. Measurement Model Results for Path Models Examining Caregiver Enhancements

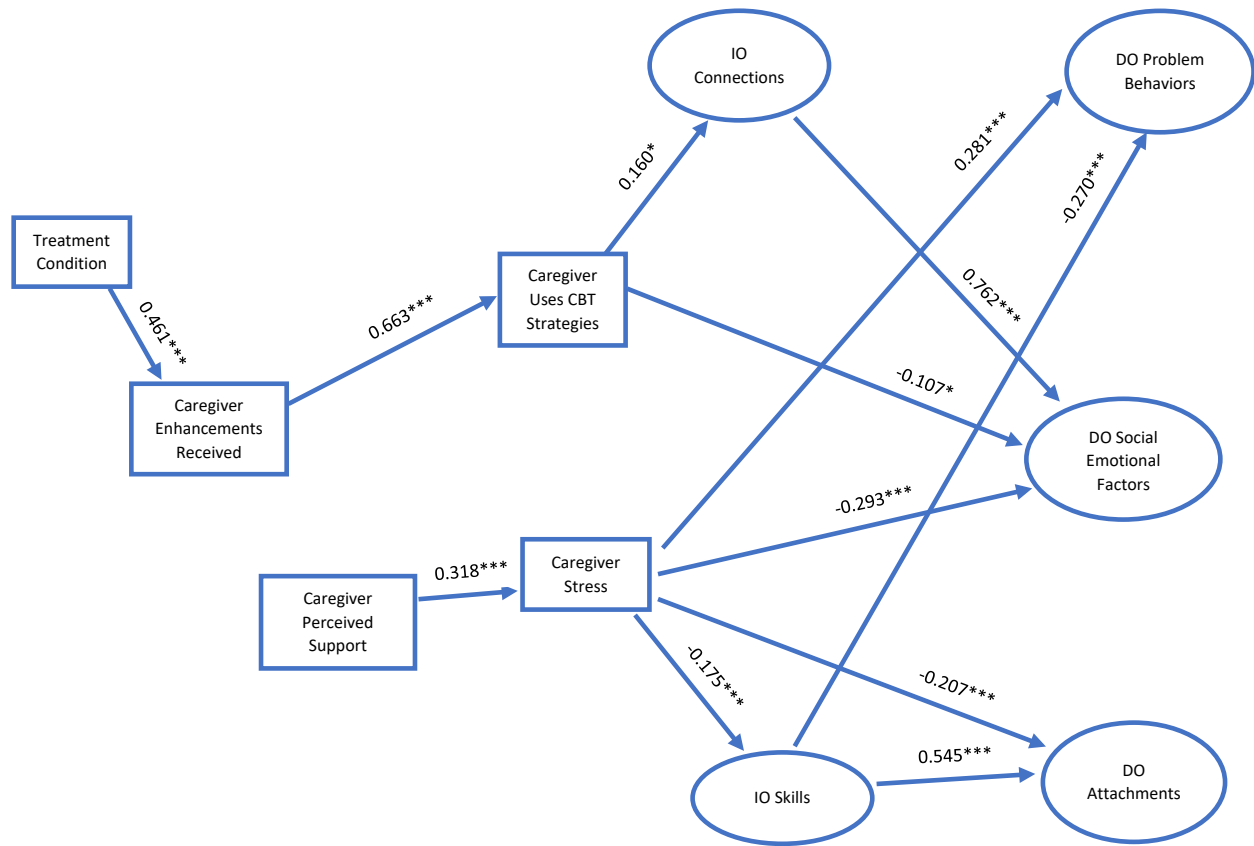
Latent Variable	Observed Variables	Standardized Coefficients	Significance
Intermediate Outcome--Connections	Creates Connections with Community Supports	0.159	a
	Creates Connections with Significant Adults	0.393	***
	Develops Interests and Talents	0.467	***
	Explores Career-Related Interests YR	0.534	***
Intermediate Outcomes--Skills	Develops Social Skills	0.452	a
	Increases Goal Setting Skills	0.810	***
	Increases Problem-Solving Skills	0.826	***
Distal Outcomes--Problem Behaviors	Substance Use	0.359	a
	Self-Report Delinquency	0.687	***
	Gang Involvement	0.329	***
	Youth Report of Truancy	0.547	***
	School Misbehavior	0.302	***
Distal Outcomes--Social Emotional Factors	Hope for the Future	0.691	a
	Satisfaction with Life	0.652	***
	Depressive Symptoms	-0.634	***
	Happiness	0.643	***
Distal Outcomes--Attachments	School Connectedness	0.763	a
	Family Connectedness	0.671	***
	Academic Performance	0.303	***
	Quality of Peer Relationships	0.468	***

Notes: For each model, one observed variable is constrained for analysis, as indicated by ^a. *** p < .01.

The full path model that we estimated is shown in Exhibit 21. In this diagram, we show each of the direct effects that were found to be statistically significant. Of key interest in this analysis is whether the exposure to the programmatic enhancements for the caregivers made a difference in how they adopted the CBT strategies, the level of stress they were experiencing, and the intermediate and distal youth outcomes. As we found in the analysis of the mentor enhancements, exposure to the enhanced practices was associated with higher rates of caregiver implementation of the CBT strategies. We did not find, however, that greater exposure was associated with a higher level of feeling supported by persons outside of the family. We hypothesized that perceived support would lead to reductions in the level of stress caregivers were reporting, but that is not what we found. Instead, we found a positive association between perceived outside support and level of stress. As both variables were measured at the same point in time, it is not possible for us to establish a time order that would allow us to determine if one led to the other. It might be the case that those caregivers experiencing higher levels of stress were also more likely to look to others outside of the home to provide support.

We did find evidence that the use of CBT strategies by the caregivers had direct effects on some of the youth outcomes. When caregivers reported using the CBT strategies, their children reported higher levels of *Connections*. There was not, however, a significant association between the caregiver use of CBT strategies and *Skills*. As hypothesized in the theory of change, the level of caregiver stress was associated with intermediate and distal youth outcomes. The direction of those associations was consistent with expectations based on the theory of change and previous research on youth mentoring outcomes. Also, as expected, we found statistically significant associations between the intermediate outcomes and the distal outcomes (see Exhibit 21).

Exhibit 21. Results from Path Model Examining the Effects of Exposure to Caregiver Enhancements



We also sought to understand how the programmatic enhancements may have indirect effects on each of the outcomes. In Exhibit 22, we present the indirect effects of the programmatic enhancements. As in the path diagram, we show the standardized coefficients. We found a significant positive indirect effect of exposure to CBT enhancements on the intermediate outcome *Connections*. Youth with caregivers who reported greater exposure to the enhanced practices were more likely to report higher levels of *Connections*. We found no other significant indirect effects of caregiver exposure to the CBT enhancements on youth outcomes.

We also found one significant positive indirect effect on the distal outcome *Social Emotional Factors* (see Exhibit 23). It is interesting to note that we found an inverse direct effect from the caregiver utilization of CBT strategies to *Social Emotional Factors*, and through its effect on *Connections*, a positive indirect effect as well. Exposure to and utilization of CBT strategies by caregivers was not otherwise associated with the distal youth outcomes.

Exhibit 22. Indirect Effects of Caregiver Enhancements Received

Outcome	Indirect Effect
Intermediate Outcomes	
Connections	0.107 *
Skills	0.039
Distal Youth Outcomes	
Problem Behaviors	0.017
Social Emotional Factors	0.004
Attachments	-0.021

Note: * $p < .10$. Values reported in the table are standardized coefficients.

Exhibit 23. Indirect Effects of Caregiver Uses CBT Strategies

Outcome	Indirect Effect
Distal Youth Outcomes	
Problem Behaviors	-0.017
Social Emotional Factors	0.122 **
Attachments	0.035

Note: ** $p < .05$. Values reported in the table are standardized coefficients.

In summary, when they reported exposure to the CBT programmatic enhancements, both mentors and caregivers were more likely to use CBT strategies in their interactions with youth participants. When caregivers reported using CBT strategies, their children were more likely to report experiencing connections to persons and activities. When mentors reported exposure to programmatic enhancements, their mentees were more likely to report that their mentors were using the CBT strategies, experienced higher-quality mentoring relationships, and reported more positive outcomes. Because the use of CBT strategies did not result in direct positive effects through all the paths we tested based on the theory of change, there are still questions about whether the programmatic enhancements are enough—in terms of dosage, strength, and timing—to have the level of impact R&R is seeking. And because the implementation analysis highlighted the variability in exposure to the programmatic enhancements in the different sites, it is clear there are complexities in the delivery of the enhanced R&R program. We discuss the results from the implementation analysis next.

Chapter 4. Reach & Rise® Implementation

In this chapter, we address six questions (Research Questions 5-10 in Exhibit 5):

1. To what extent was the R&R program implemented as intended?
2. Were the enhancements clearly differentiated from existing practices?
3. To what extent were study participants exposed to key components of the program and the enhancements?
4. To what extent did mentors and caregivers incorporate CBT practices into their interactions with youth?
5. What factors affected implementation of the CBT enhancements?
6. What were the costs of the enhancements relative to their benefits?

As described in Chapter 2, OJJDP funding enabled R&R to enhance its core program components with these additions:

- Pre-match mentor training was enhanced with an additional two-hour training module (Module 4B) that focused specifically on CBT strategies.
- Ongoing mentor support was restructured to more explicitly help mentors adopt CBT strategies during their interactions with youth, including asking about mentors' use of CBT strategies and progress made toward the developmental goals set for the mentee and using a restructured *Youth Growth Plan* to identify CBT strategies to achieve the goals set for youth.
- Caregiver education and support was enhanced by providing caregivers with a workbook with resources and tips to help them use CBT strategies in their interactions with their child. Site directors were also provided with a checklist of questions to document the extent to which the caregiver implemented these strategies during monthly support calls.

In this chapter, we first examine **implementation quality** by assessing the extent to which program components and the enhancements were implemented as intended. We summarize site directors' reports of their implementation of mentor training and ongoing support to mentors and caregivers, and the extent to which they adhered to program design. Next, we examine participant (mentor and caregiver) exposure to program components using data collected through surveys and focus groups with the mentors and caregivers and summarize

their experiences with the intervention and the enhancements. Then, we examine uptake to summarize the extent to which mentors incorporated goal setting and CBT practices into their mentoring role. We also examine the extent to which caregivers used CBT strategies in their interactions with youth using data collected from surveys and focus groups. We then examine **implementation supports and challenges** using staff surveys and interviews.

In each section we begin with a description of how the R&R program was implemented, more broadly, across all sites. Then we turn to a description of how the CBT enhancements were implemented in the CBT sites. Finally, we share our analysis of program costs using data provided by YMCA administration and site directors.

Implementation of Mentor Training

Implementation across all R&R sites

Interviews with site directors suggested they adhered closely to program guidelines for training and use of the 10-Module training manual. When we asked site directors to rate their level of fidelity to the intended mentor training on a scale from 1 to 10 (1 being the lowest and 10 the highest), they consistently rated themselves between 8 and 10. They explained that if they made any changes to the training, it was in response to the needs of those attending the training, for example, reducing the number of role plays from 3 to 2 or delivering the training in 4 sessions instead of 5 if there were fewer mentors in the group. Site directors noted that in some cases, they also enhanced the training content to increase its cultural and contextual relevance, as this director shared:

“I added brief YouTube videos that are online and added opportunities for more interactions among mentors--things that I think are important to break up the monotony and flow of the training. I get a little bit more out of the mentors when I break up the PowerPoint slides. I [added] a video on empathetic listening, and a little cartoon when we talk about communications in Module 3. I added in cultural humility in module 8--I show a video on equity.”

Another site director described how they tailored the conversation to make it relevant to participants in the training:

“I am creative with mentors. Say I have a mentor who is a teacher, I would ask them to tell me what ADHD looks like in the classroom, if I knew they had examples to share.”

Adherence to the Training Enhancement: Added Module on CBT

All CBT site directors noted that they implemented the new CBT Training Module as it was outlined in the enhanced Training Manual, but they also noted the limitations of the module

and how it could be improved to enhance mentors' experiences in the training. Two site directors said that three hours (the intended length of the training) was not enough time to cover all the concepts in the module. In addition, four site directors noted that the new module is more didactic, has fewer visual materials to engage with, and is less interactive than other modules in the training. In addition, unlike the other modules, the new module does not include role plays that provide an opportunity to practice applying targeted skills in their interactions with their mentee. For example, one of them said:

“It would be better if it were longer but then it [would be] too long. Sometimes it gets redundant when I am going through the materials as provided. It would be helpful if there were more time built into it and the materials [in previous modules] expanded so it wasn't redundant. Then when we get to the enhancement [Module 4B], it would be better if we could do more role plays, [and had more] ways to engage with the material. The enhancements are kind of dry. We have role plays peppered throughout [the rest of the training] but when we get Module 4B, it is didactic, so some role playing and engaging with the material would be better. It is very clear to me that there were different authors who created 4B and the rest of the manual.”

Implementation of Ongoing Support to Mentors

We asked site directors about the frequency with which they contacted the mentors to provide support. We also asked about their interactions with the mentors and how they encouraged mentors to use CBT strategies.

Implementation across all R&R sites

All site directors said they adhered closely to program guidelines for frequency of contact with the mentors. We asked them to rate how closely they followed match support guidelines from 1 to 10 with 1 being the lowest and 10 the highest. All 12 directors we interviewed rated themselves at 8.5 or higher. Directors from both the CBT and BAU sites reported that they attempted to contact their mentors at least once a month (see *Exposure* for mentor reports of the frequency of their actual contact with site directors). One site director said:

“We go above and beyond with match support. We do once-a-month tracking; however, we communicate at least 2-3 times a month [to] try to navigate the challenges.

Site directors saw the mentors (and caregivers) more frequently if the matches met at the YMCA site. Directors from the CBT sites also engaged in additional practices to support the matches. For example, two reported that they organized quarterly online meetings with groups of mentors to enable them to share experiences and learn from each other.

Site directors from all three BAU sites shared that they used the youth growth plan as a tool to guide their conversations with the mentors and monitor progress made on the developmental

goals the mentor, youth, and caregiver identified early in the match. They all agreed that the youth growth plan was useful. One of them said:

“For most matches, the goals were school or family-relationship oriented. That’s what the kids were struggling with. The growth plan was one of the favorite pieces [of the program] for the family—that the mentoring was centered around the goals that would support the family. Mentoring is very useful when it is targeted.”

Site directors in both the BAU and CBT sites reported different levels of adherence to and success with the monthly logs in which mentors were expected to document their activities each time they met. One site director requested the logs from the mentors on a weekly basis; most others requested them monthly as expected by program guidelines. Yet, they noted they did not get the logs back from all mentors. One site director said:

“I had one mentor--she was good [at] keeping her own mentor activity log. I had others who were not as much. I did the logs with them. The women will write things down more than the guys to keep track. [The women] would also go over things with me to improve.”

Adherence to the Match Support Enhancement: Restructured Mentor Support

Site directors used the monthly check-in tool, but varied in how they used it, in response to mentor needs. The monthly check-in tool was restructured to ask about mentors’ use of the CBT strategies and provide ways to use them. Although directors at the CBT sites found the enhanced monthly check-in tool useful, half of them shared that they struggled with the details requested, which contributed to their lack of adherence. Site directors said the terminology describing the CBT strategies was “clinical” and “confusing” for the mentors. During mentor check-in calls, the directors’ understanding of CBT was important in navigating these conversations and helping the mentors understand what these strategies entailed and how to apply them to their interactions with their mentee. One site director found the check-in tool useful but said that *“if you are too hung up on the terminology, it would be frustrating for the mentors and the family, so I would change the words [to words] they were comfortable with and give examples to make it ‘real world.’”*

Adherence to the use of the restructured youth growth plan to document progress toward the goals and encourage the use of CBT strategies was also modified. Five of the site directors shared that they regularly asked the mentors about progress in their goals and the extent to which they used CBT strategies during their mentoring activities, adding that they needed to remind the mentors about using these strategies. In contrast, two site directors said they did not ask the mentors about their use of CBT strategies at each match support meeting but completed the monthly check-in tool themselves based on what the mentors reported. One of them said:

“I don’t refer to the growth plan, but a lot of it is observations and what I heard from the mentor. I think looking back at how I do match support, more focus could be spent on the youth growth plan each month.”

Another director noted that the enhanced growth plan listed the seven CBT strategies⁷ for each goal to monitor which strategies the mentor had applied during their interactions with the mentee each month. Reviewing each of these strategies to mark them off one-by-one was confusing to the mentors, as these strategies often occurred together. Thus, the director suggested revising the growth plan to ask about these strategies more generally and perhaps suggest sample activities:

“If the different pieces of the growth plan were all one piece of strategy instead of different strategies that are kind of similar, it would be easier. My main belief is that it needs to be condensed into one thing. And then celebrating successes would be a second piece. ...Most mentors struggle with the goals. The steps [strategies] then could be things you could go over with the mentor if they are having issues.”

Implementation of Parent Education and Support

Implementation across all R&R sites

As noted in Chapter 2, parent education and support are a core component of R&R. Program guidelines require the site director to make monthly contact with the mentor, caregiver, and youth. In addition, site directors are expected to take a case management approach with participating families by supporting them in accessing needed resources and services.

In the interviews, directors described the importance of involving the youth’s caregiver: *“When you serve the child you have to service the family. Whatever happens in the family affects the child.”* Three directors referred to the case management approach used by R&R as a key component of the program. One of them noted:

“A lot of match support at Reach & Rise® is based on building a strong relationship [with families], be[ing] a reliable person to depend on which comes back to trauma-informed and wrap-around services we are able to provide to them. Our YMCA is 49 percent social services. [It’s] more than a gym. We have [a] mental clinic, we have shelter, group homes for kids out of foster care, we can refer families to a mental health clinic which cuts on the time of waiting (1-3 weeks instead of waiting for months) and that feeds into the relationship.”

⁷ (1) Identify, (2) Test and refute, (3) Restructure, (4) Process, (5) Interrupt/Break patterns of irrational thoughts, feelings, and behaviors, (6) Track and Monitor Goals, and (7) Celebrate success and goal achievements

Maintaining ongoing communications with the caregivers was described as a primary barrier to providing support to families; thus, this component of the program was challenging to implement at the required frequency. For five site directors, maintaining contact with the caregivers was the most significant challenge they experienced in implementing the program. One director explained:

“There are so many challenges I would say, communication is probably the biggest challenge, because there are so many factors involved in it. This is an area of extreme poverty, people moving, cell phones shut off.”

One director mentioned that some caregivers were not interested in communicating with the site director and only concerned about their child having a mentor. In these cases, the director continued to provide services for the child, and when needed, reached out to other family members other than the caregiver such as a grandparent to provide support.

Directors used several strategies to stay in contact with caregivers. For example, using texts or doing home visits were more effective than scheduling group meetings with caregivers as these group meetings were poorly attended.

Adherence to the Caregiver Education Enhancement: Use of the Workbook

Site directors varied in their use of the Caregiver Workbook in response to their assessment of their caregivers’ needs. In our close-out surveys, we asked site directors what approach they typically took to deliver this enhancement. Of the 11 site directors who responded, one reported that they did not implement the parent component of the enhancements, and two were not able to review the manual with most caregivers. The other seven site directors gave the workbook to caregivers but their approach to encouraging caregivers’ use of the workbook varied. For example, three of them reported that they reviewed components of the workbook each time they talked with the caregiver, three others reviewed pieces when they were relevant, and one asked the caregivers to work through the exercises in the workbook but did not talk about them. In addition, one site director worked through pieces of the workbook with caregivers without asking them to read it.

In interviews, site directors shared two reasons why they did not adhere closely to program expectations for this enhancement. The first was their own limited buy-in to this enhancement. Three directors who were part of the intervention since the beginning of the study said this enhancement was not a good fit for the caregivers they worked with, which led them to use it with caregivers infrequently. One director was reluctant to even introduce the workbook to parents at their initial meeting:

“When I first started the study, I did not introduce [the workbook] at the parent meeting. But the more I worked with the families, they said they wished they had the workbook from the beginning. So, I started introducing it earlier.”

The second reason for their hesitance to encourage use of this enhancement was the reactions they received from caregivers:

“I will be honest, when I handed it to families, it felt almost offensive. Like I was kind of telling them how to parent. One is a foster parent and had been through a lot already; the other was a single father. They expressed they don’t have time. I emphasized that it is a crazy time and said it would help them to take a look at it, but with COVID I let it go.”

Referring to challenges with caregiver uptake, directors noted that many caregivers may start with good intentions to use the workbook and *“maybe half or less than half are trying it,”* but then over time they do not use it because *“life gets busy.”* Site directors reasoned that some caregivers’ reading and educational level creates an additional barrier for the level of uptake the program can expect from them:

“A couple of parents are almost non-readers. They struggled with reading when we did the match meeting. And yet we give them a manual that has terminology, things that are heavily worded. It is a technical [requirement] on top of the time requirement.”

Another director discussed the limited uptake from caregivers in using the workbook and applying CBT strategies as reflecting an educational and cultural divide between the families and what CBT is asking them to do:

“Mentors know that they are getting into CBT, but for parents, we don’t do that. They are not necessarily interested in the clinical language. In the parent world, the language is very abstract. There is a pretty clear class gap between mentors and mentees—and [an] educational gap. The class difference [is] what makes the engagement difference. CBT takes on a Eurocentric approach built on the presumptions that thinking through a problem [is] the best way to resolve it. People are coming to understand that trauma and stresses are body problems. If we were more open to somatic and body approaches, we would be able to close a class gap in the intervention.”

To support caregivers’ use of the CBT strategies, a couple of site directors developed creative ways to share the information included in the workbook. For example, one director focused on sharing only specific, targeted areas of the workbook that were relevant to their conversation with caregivers to encourage their use of the worksheets. Another director created a monthly newsletter and emailed caregivers, as she knew *“they would open it up to see the Y activities.”* A couple of directors noted that if parents were asked to use the workbook on their own, they

likely wouldn't, but encouraging their use of CBT strategies at a group workshop could be an effective way to engage caregivers in their use.

Directors also described that the restructured match support to monitor caregiver use of CBT strategies changed the nature of their interactions from those they typically engaged in as part of BAU programming. The check-ins now felt stilted and lengthy. One director said:

"Previous to adding CBT [enhancements], family engagement and check-in seemed a little less structured, a little less, 'Are you doing this, this, and this?' because we added many, many more questions to check-ins. It became longer. They were 5-10 min in the past but it was a free-flowing conversation. Now it is 10 to 15 minutes, but it is more a checklist, 'Have you done this?', 'On a scale of 1-10...' etc., so it feels like a checklist. Parents seem to answer quickly [to] get through the call. I am not sure I am hearing the realities of what the parents are going through, because there are so many things we have to go through in the checklist. Even though the questions [such as] 'Is there anything else happening in your family?' are there, I feel some information flow has been shut off."

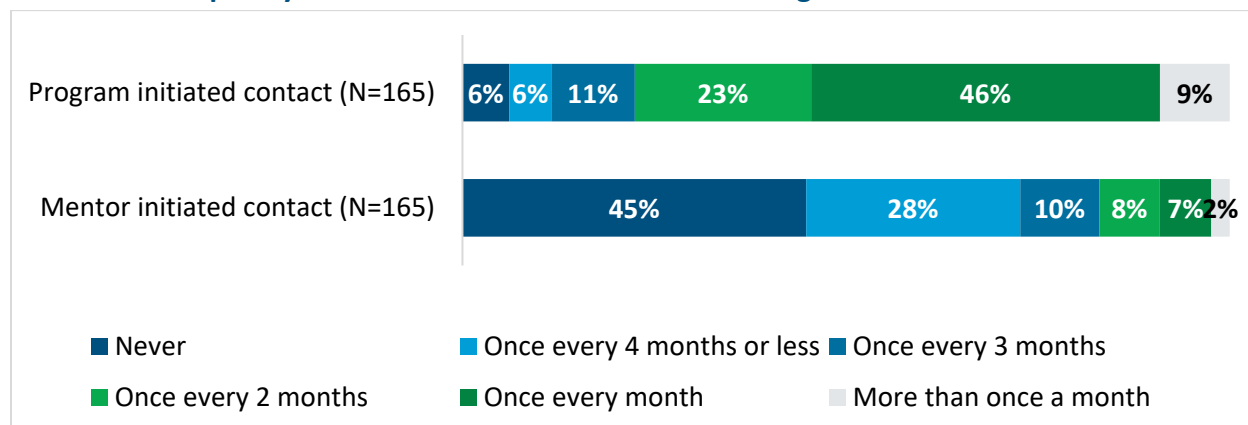
Mentor Exposure to the Intervention and Enhancements

In our surveys and focus groups with mentors, we examined mentors' experiences with the program components and CBT enhancements, including pre-match training and use of the training manual, level and content of program support, and support in their use of the CBT strategies. Where applicable, we compared mentors' experiences across the two study groups.

Exposure to Program Components across all R&R sites

A little more than half of the mentors reported that they were contacted on a monthly basis or more frequently, as outlined in the program model. Others were contacted less frequently. More than half of the mentors (55%) also initiated contact with the program to get help with issues with the mentee (Exhibit 24). These reports contrast with site director reports of regular monthly contact with mentors. This discrepancy likely reflects the fact that staff may do everything they can to contact a program participant, but ultimately, they are constrained by whether participants are responsive to their efforts.

Exhibit 24. Frequency of Contact between Mentors and Program Staff



Mentors reported that, on average, they talked with program staff about 6 to 10 minutes during support calls. We asked all mentors when R&R staff called or met with them to see how their mentoring relationship was going, how long these conversations typically lasted. Mentors responded on a scale from 0 to 4 (0 = Agency staff did not contact me, 1 = 1-5 minutes, 2 = 6-10 minutes, 3 = 11-20 minutes, 4 = more than 20 minutes).

The average duration of these discussions did not differ significantly between mentors in the CBT group (M=2.14, SD=1.12) and those in the BAU group (M=2.09, SD=0.77). However, a higher proportion of CBT mentors (18% vs. 2%) reported conversations with staff that lasted more than 20 minutes.

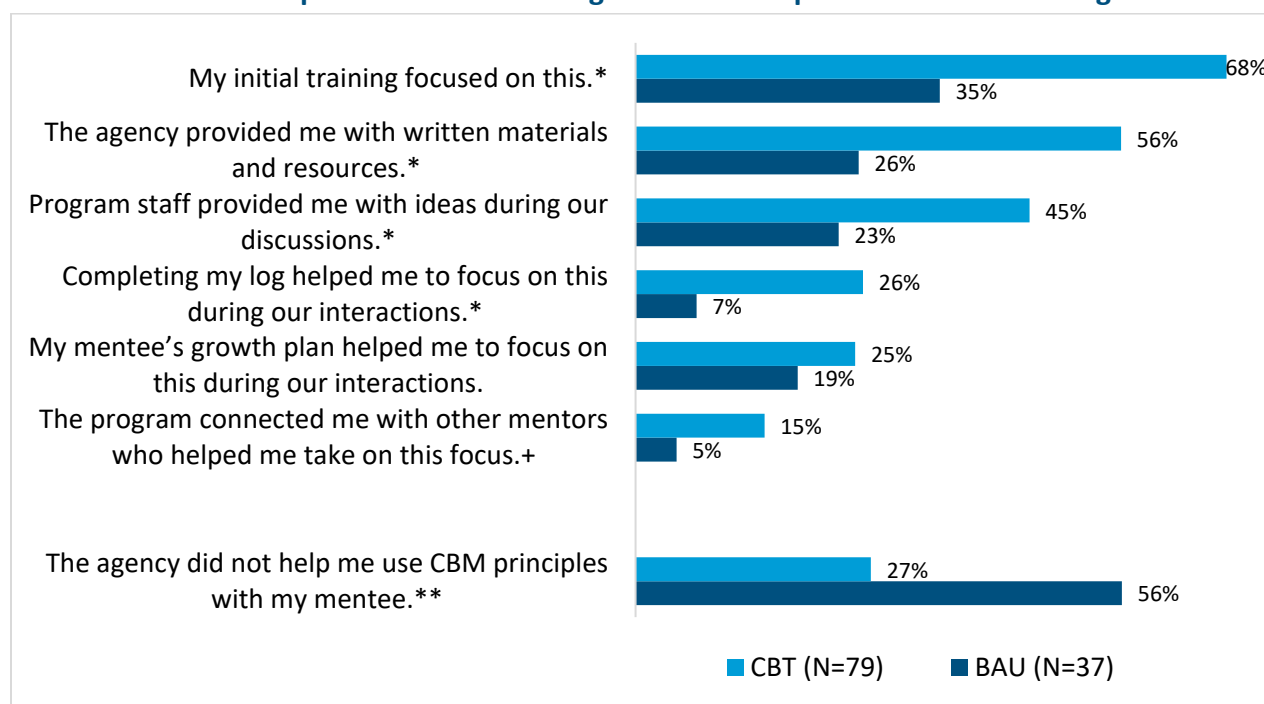
Most mentors who reported setting goals for youth reported that they frequently talked with program staff about these goals. A core intervention component was the creation of goals for youth and the expectations set for the mentor to support the achievement of these goals. We asked mentors how often they talked with site directors about these goals (0 = never, 1 = once or twice, 2 = several times, 3 = about every time we met). About three in four mentors (74%) reported that they set a goal for their mentee (see *Uptake* section for a discussion). Among this group of mentors, 3 percent reported that they never talked about these goals with their site director, 30 percent talked about them once or twice, 45 percent discussed them several times, and 21 percent discussed them every time they talked with their site director. BAU mentors discussed these goals with their site directors more frequently (M=2.11, SD=0.89) than CBT mentors (M=1.73, SD=0.72), $t_{(162)} = 2.14, p=.03$.

Exposure to the CBT Enhancements: Communication about CBT Strategies

About three quarters of CBT mentors and almost half of BAU mentors reported that their site director helped them use CBT strategies with their mentee. In our follow-up surveys, we asked mentors what their agency did to help them use CBT principles with their mentee, noting,

“When we refer to ‘CBT principles’ (or principles of ‘cognitive behavioral therapy’), we are referring to strategies around helping youth to understand the connections between thoughts, feelings, and behaviors.” A little more than a quarter (27%) of the CBT mentors and over half (56%) of the BAU mentors said their agency did not help them use CBT principles with their mentee (see Exhibit 25). While this suggests that this enhancement was not implemented as intended across all CBT matches, it is also possible that the mentors did not recall the terminology used in the training they received or that site directors did not use this terminology with the mentors, as we heard in several of our interviews.

Exhibit 25. Mentor Reports of What the Program did to Help Them Use CBT Strategies



Note. Mentors were asked to select all that apply of these program supports. *Mentors in the CBT group were significantly more likely to select this statement than mentors in the BAU group ($p < .001$). ** Mentors in the BAU group were significantly more likely to select this statement than mentors in the CBT group ($p < .001$). +There was a trend for mentors in the CBT group to select this statement more often than those in the BAU group.

Most CBT mentors reported that they received support in how to use CBT strategies through their initial training (68%) and written materials and resources (56%). A little less than half (45%) noted that they were provided with ideas during their discussions with program staff. About a quarter reported that completing their monthly log and their mentee’s growth plan, respectively, helped them focus on these strategies. Broadly speaking, higher proportions of CBT mentors noted experiencing these types of supports in their use of CBT strategies than BAU mentors.

We also examined how often CBT mentors reported talking about specific CBT strategies with their site directors during their check-in calls. Mentors were provided with five options for responding: 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Very often*, or ‘I don’t know what this means.’ As Exhibit 26 shows, on average, mentors talked about celebrating success, getting their mentee to stop and think about their behavior, creating new habits, and mindfulness more often than other strategies. In contrast, *Mood mapping*, was, on average, the least often discussed strategy as reported by the mentors. For six CBT strategies (the last six strategies listed in Exhibit 26), at least a third of CBT mentors reported that they did not know what the term meant.

Exhibit 26. CBT Mentor Reports of How Often They Talked with Their Site director about CBT Strategies (N=116)

CBT Strategy	Mean	SD
Celebrating success (N=112)	3.22	0.71
Getting my mentee to stop and think about his/her behavior (N=109)	3.22	0.67
Creating new habits (i.e., encouraging your mentee to create new routines and ways of behaving) (N=110)	3.17	0.87
Mindfulness (i.e., how to be aware of thoughts, feelings, or behaviors) (N=110)	3.11	0.81
Helping my mentee to understand the links between thoughts and behaviors (N=91)	3.03	0.74
Relaxation, restructuring, communication, or humor to manage anger (N=84)	2.95	0.80
Affirmation—10 things I like about me (i.e., reminding youth to use positive thinking and empowerment) (N=97)	2.94	0.92
Putting core beliefs and thoughts on trial (i.e., thinking about how you view yourself, others and the world) (N=66)	2.82	0.74
How to help your mentee set and achieve the goals outlined in your mentee’s growth plan (N=73)	2.79	0.88
Refuting lies we tell ourselves (i.e., questioning negative self-talk) (N=67)	2.72	0.85
Whole health check-up (i.e., discussing physical, social, emotional, spiritual, intellectual, or vocational/occupational well-being) (N=79)	2.67	0.92
Journaling (i.e., writing down thoughts, feelings, and experiences) (N=68)	2.34	1.00
Mood mapping (i.e., how to track your moods) (N=49)	2.04	0.89

Notes. M = Mean SD = Standard deviation. The mean is based on a scale from 1 to 4 where 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, and 4 = *Very often*. The sample size varies for each strategy because mentors who said “*I don’t know what this means*” were excluded from the mean.

We explored data from our interviews with the site directors to understand why mentors may have responded to some of these strategies with, ‘*I don’t know what this means.*’ Site directors noted that even though mentors were trained on the CBT terminology prior to starting their relationship with their mentee, the site directors didn’t always use that terminology in their

communications with the mentors. Instead, they often relabeled these strategies in ways that would be more accessible to mentors:

“The language is clinical, so we make it more relational. When the mentors start to think heavily on terminology of CBT, I try to help them to think more intuitively, and relax the language so they don’t get stuck on the terminology. I try to help them to think out of their head and do things intuitively. Teaching them and then having them relax and use intuition is how things come out in really cool ways. The training is good, but they also need to try it out. Somewhere in between there, is where this works the best.”

“If they got too hung up on terminology, sometimes [I would] just listen to what they were saying to identify the strategy they talked about. By listening to their description, you [could] determine they are using the strategy.”

Mentors in the CBT group felt more knowledgeable and prepared to apply CBT strategies than mentors in the BAU group. We asked mentors about the extent to which they understood and felt ready to use CBT strategies in their interactions with their mentees. On a scale from 1 to 5 (1 = Strongly disagree, 2 = Disagree, 3 = Neither disagree nor agree, 4 = Agree, 5 = Strongly agree), mentors in the CBT group reported better understanding of, and readiness to use, the CBT strategies (see Exhibit 27).

Exhibit 27. Mentors’ Readiness to Use CBT strategies

Survey Item	M	SD
I understand what CBT (i.e., “cognitive behavioral therapy”) is. * (N=157)	3.73	0.83
I know how to apply CBT in my relationship with my mentee. * (N=158)	3.49	0.86
My program has been clear about wanting me to use CBT principles during my interactions with my mentee. * (N=159)	3.36	1.07
The training I got helped me understand how to use CBT principles in my relationship with my mentee. * (N=156)	3.31	1.02
My program has given me ideas for activities I could do with my mentee to help him/her use CBT principles in her/his daily life. + (N=157)	3.35	1.02
The support I’ve gotten from the program after my match started has helped me understand how to use CBT principles in my relationship with my mentee. (N=158)	3.22	1.03

Notes: M = Mean SD = Standard deviation. *CBT mentors reported significantly higher average ratings than BAU mentors (p<.05). + There was a trend for CBT mentors to report higher average ratings than BAU mentors (p=.05).

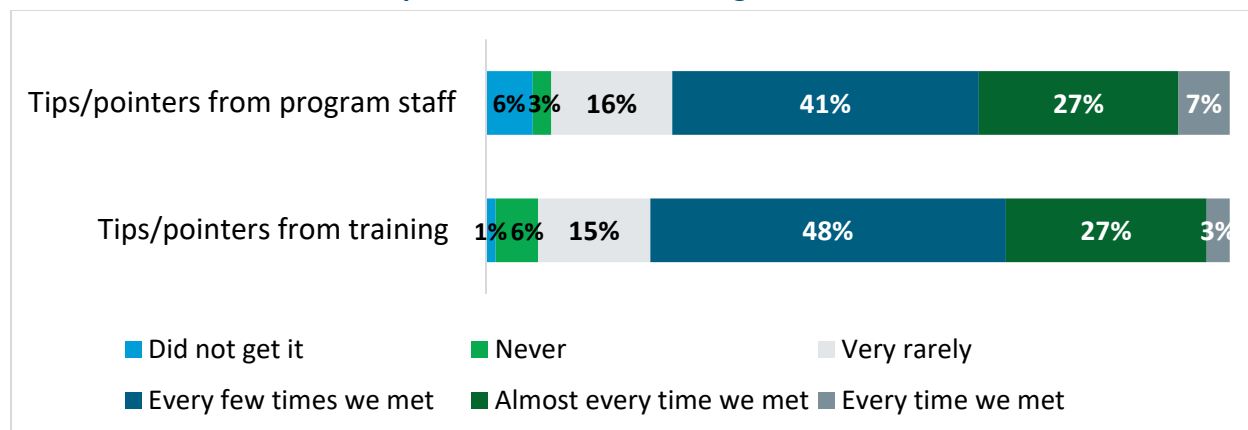
Mentor Uptake of the Intervention

Uptake of Program Components across all R&R sites

We asked mentors how often they used the tips and pointers they received from staff (either in training or monthly staff support) during their interactions with their mentees. In general, mentors reported that they frequently applied the advice they received from their program

with about three quarters implementing these tips at least every few times they met (see Exhibit 28).

Exhibit 28. Mentors' Use of Tips/Pointers from the Program



We also examined mentor reports of the goals they set with their mentees and CBT mentors' use of the strategies they were expected to apply in their interactions with their mentees.

About three quarters of mentors reported that they set a goal with their mentee. During the initial stages of the mentoring relationship, the mentee, parent, and mentor, with the support of the site director, are expected to identify individualized goals for the match to work on. They record these goals in writing in the growth plan so the director can support the match in making progress on these goals during monthly check-in calls. As part of this study, all matches were expected to select *'exhibit a desired change in family relationships'* as one of their goals.

As noted, a total of 74 percent of the mentors reported in our survey that they set a goal with their mentee (86% of BAU vs. 70% of CBT). These goals focused on the following areas:

- social improvements (e.g., relationships with family, other adults or peers) (88%);
- increasing self-esteem (68%);
- academic improvements (44%);
- developing new skills (e.g., a talent or hobby) (37%); or
- connecting the mentee with positive activities at school or in the community (e.g., after-school activities, a job) (21%).

Uptake of the CBT Enhancements: Use of CBT Strategies

Mentors in the CBT group used some strategies more frequently than others and found some strategies harder to apply in their interactions with their mentee. As Exhibit 29 shows, all but two of the CBT strategies were implemented, on average, ‘sometimes’ (i.e., the average across mentors was between 2.5 and 3.5). Mentors also reported that the strategies were not very difficult to implement, with all but two strategies being reported as “slightly difficult” (i.e., the average across mentors was between 1.5 and 2.5). *Celebrating success* was the strategy mentors reported using most often and with which they experienced the least difficulty. *Creating new habits* was another strategy used by most mentors and experienced as slightly more difficult. *Mood mapping* and *Journaling* were two strategies tried by a little more than a quarter of the mentors (28%) and used relatively infrequently. Among those mentors who tried using these strategies, they were experienced as the most difficult.

Exhibit 29. CBT Mentors’ Reports of How Often They Tried Each CBT strategy and How Difficult It Was (N=117)

CBT Strategy	How Often Tried		How Difficult	
	M	SD	M	SD
Celebrating success (N=110)	3.46	0.65	1.26	0.91
Creating new habits (i.e., encouraging your mentee to create new routines and ways of behaving) (N=104)	3.30	0.71	1.95	1.01
Getting my mentee to stop and think about his/her behavior (N=107)	3.26	0.60	2.15	0.93
Mindfulness (i.e., how to be aware of thoughts, feelings, or behaviors) (N=64)	3.23	0.64	2.02	0.94
How to help your mentee set and achieve the goals outlined in your mentee’s growth plan (N=66)	3.11	0.68	2.16	0.94
Helping my mentee to understand the links between thoughts and behaviors (N=88)	3.10	0.64	2.23	1.01
Affirmation—10 things I like about me (i.e., reminding youth to use positive thinking and empowerment) (N=90)	3.09	0.92	1.83	0.77
Relaxation, restructuring, communication, or humor to manage anger (N=81)	3.02	0.71	2.22	1.00
Putting core beliefs and thoughts on trial (i.e., thinking about how you view yourself, others and the world) (N=64)	2.88	0.68	2.44	1.02
Refuting lies we tell ourselves (i.e., questioning negative self-talk) (N=67)	2.92	0.65	2.30	0.98
Whole health check-up (i.e., discussing physical, social, emotional, spiritual, intellectual, or vocational/occupational well-being) (N=67)	2.91	0.63	2.16	0.98
Journaling (i.e., writing down thoughts, feelings, and experiences) (N=51)	2.78	0.73	2.63	1.17
Mood mapping (i.e., how to track your moods) (N=33)	2.55	0.62	2.52	0.94

Notes. M = Mean SD = Standard deviation. Frequency of implementing the strategy was rated on a scale from 1 to 4 where 1 = Never, 2 = Rarely, 3 = Sometimes, and 4 = Very often. Mentors who said, “I don’t know what this means” were omitted from this count. Level of difficulty was rated on a scale from 1 to 4 where 1 = Not at all, 2 = Slightly, 3 = Somewhat, and 4 = Very. Mentors who said, “I don’t know what this means” and mentors who never tried the strategy were excluded from the count.

In our focus groups, mentors described how they used some of these strategies:

*“My mentee was rather indecisive about a lot of things. Eventually we had a talk about decision making as building confidence. When I saw some growth there, we **celebrated success.**”*

*“I did a lot of **whole health check-ups** because she’s a super busy high schooler—working, interning, side business, taking college classes. I would just check in with her to ensure that she’s not neglecting herself.”*

*“We probably touched on every single strategy a little bit. **Putting core beliefs and thoughts on trial** was a recurrent theme. My mentee tended to act on emotion a lot, so **mood mapping** was consistently happening.”*

Mentors also shared why they did not use some of the strategies we asked them about:

*“**Creating new habits was hard.** I worked with [my] mentee to create a schedule to try and set a time for him to do schoolwork every day and things like that. I noticed that his receptiveness depended on who was communicating with him – he would respond differently if I said it versus his mom.”*

*“We didn’t use **mood mapping.** Like my mentee, I was more of a doer than a deep thinker. We did a lot but we didn’t do a lot of talking as much as just doing activities together. “*

*“I didn’t really try the **mood mapping. Relaxation,** I didn’t really try that stuff. What was a little bit challenging for her was to think about things that she was good at.”*

Our analyses on the use of CBT strategies suggested three groups of strategies that were commonly used with similar frequencies (e.g., mentors who reported frequently using a strategy in one group were relatively likely to report using the other strategies in that group). The first group focuses on helping mentees *identify* thoughts, feelings, and behaviors. The second group of strategies helps mentees *understand the relationship* among thoughts, feelings, and behaviors. The third group helps mentees *track and reflect* on thoughts, feelings, and behaviors (see Exhibit 30).

Exhibit 30. Themes of Strategies CBT Mentors Used with Similar Frequencies

Theme	Strategy
Identify thoughts, feelings, and behaviors	<ul style="list-style-type: none"> • Helping my mentee to understand the links between thoughts and behaviors • Getting my mentee to stop and think about his/her behavior • Refuting lies we tell ourselves (i.e., questioning negative self-talk) • Relaxation, restructuring, communication, or humor to manage anger

Understand the relationships among thoughts, feelings, and behaviors	<ul style="list-style-type: none"> • Putting core beliefs and thoughts on trial (i.e., thinking about how you view yourself, others and the world) • Celebrating success • Whole health check-up (i.e., discussing physical, social, emotional, spiritual, intellectual or vocational/occupational well-being) • How to help your mentee set and achieve the goals outlined in your mentee’s growth plan • Affirmation—10 things I like about me (i.e., reminding youth to use positive thinking and empowerment)
Track and reflect on thoughts, feelings, and behaviors	<ul style="list-style-type: none"> • Mood mapping (i.e., how to track your moods) • Journaling (i.e., writing down thoughts, feelings and experiences) • Creating new habits (i.e., encouraging your mentee to create new routines and ways of behaving) • Mindfulness (i.e., how to be aware of thoughts, feelings or behaviors)

Mentor Challenges

We also examined the challenges mentors experienced in their relationships with youth.

Mentors reported experiencing a number of challenges in their relationships, but on average, none were very difficult for them. We asked mentors to rate a range of potential challenges they may have faced in their mentoring relationship on a scale from 1 to 4 (1 = Not at all challenging, 2 = Not very challenging, 3 = Somewhat challenging, 4 = Very challenging; see Exhibit 31). Mentors, on average, rated all challenges as slightly less than “somewhat” challenging. Their biggest challenge was ensuring that the strategies they used with their mentee were being reinforced at home. Conversely, they reported relatively low challenge ratings on the mentee’s family asking for too much help and finding community resources for their mentee or the mentee’s family. To overcome these challenges, mentors most commonly reported that they got advice from the R&R site director (46%), talked with their mentee about it (39%), or talked with their mentee’s caregiver about it (33%). Over one third (37%) of the mentors reported that they did not face any significant challenges.

There were very few differences in these ratings between CBT and BAU mentors. CBT mentors rated keeping their mentee engaged in their relationship (M=2.54, SD=0.91) as significantly more challenging than BAU mentors (M=2.16, SD=0.75), $t_{(156)}= 2.42, p=.02$. BAU mentors reported getting together with their mentee as more challenging (M=2.65, SD=1.09) than did CBT mentors (M=2.25, SD=1.00), $t_{(156)}= 2.18, p=.03$.

Exhibit 31. Mentor-Reported Challenges

Type of Challenge	M	SD
My mentee’s family asking me for too much help (N=154)	1.56	0.83
Finding resources for my mentee or his/her family in the community (N=146)	1.73	0.79
My mentee’s preparation for our meetings (e.g., being ready on time, canceling meetings without sufficient notice or a good reason) (N=157)	2.03	0.95
Differences in our interests or personalities (N=158)	2.04	0.81
Managing my mentee’s behavioral issues (N=157)	2.07	0.91
Having conversations with my mentee (N=158)	2.19	0.76
Getting support from my mentee’s family in fostering our relationship (N=157)	2.20	1.02
Getting my mentee interested in the resources/experiences I offered him/her (N=155)	2.32	0.83
Getting together with my mentee (e.g., transportation, scheduling, disconnected phone)* (N=158)	2.36	1.04
Keeping my mentee engaged in our relationship*(N=158)	2.44	0.88
Ensuring that the strategies I’m using with my mentee are being reinforced at home (N=143)	2.63	0.95

Notes. M = Mean, SD = Standard Deviation. *Responses were significantly different for the CBT and BAU groups (see text).

Caregiver Exposure to R&R Components and the Enhancements

Exposure to Program Components across all R&R sites

We noted earlier that although directors highlighted the importance of family involvement in R&R programming, they faced challenges with maintaining regular communication with caregivers. In the surveys we administered to caregivers, we also asked for their perspective on their communications with program staff.⁸

Almost two-thirds of caregivers (63%) reported speaking with their site director at least monthly. A little over half (53%) reported they had spoken with the R&R site director about once a month, eight percent reported discussions occurring 2 to 3 times a month, and two percent noted weekly communication. A small proportion of caregivers spoke with staff less frequently than dictated by program requirements: a quarter reported speaking with program staff every 2 to 3 months; five percent reported communicating every 4 to 6 months; and seven percent reported that they spoke with R&R staff less than every 6 months or not at all. On

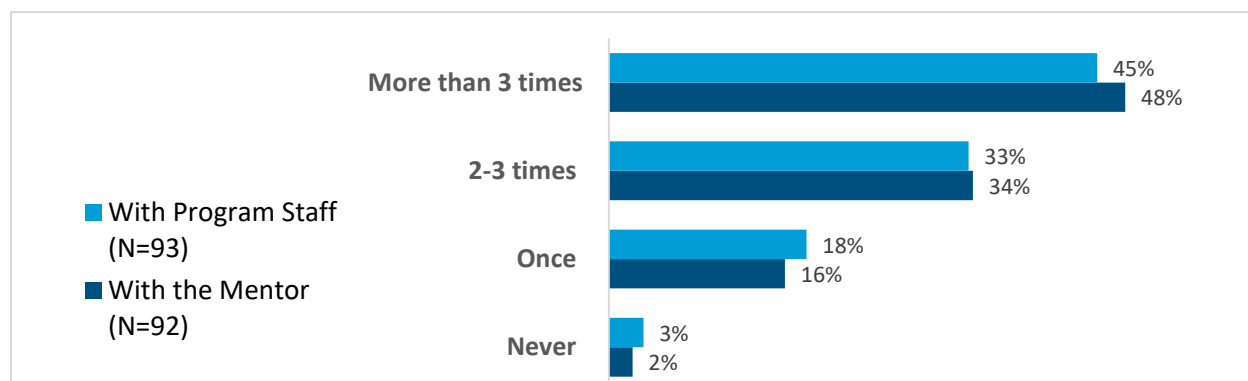
⁸ Our analyses included only caregivers who reported their child met with a mentor at least two times since study enrollment (N=180).

average, caregivers in the BAU group reported speaking with program staff more often (M=3.77, SD=0.78) than those in the CBT group (M=3.45, SD=1.23), $t_{(132)}=2.06$, $p=.02$.

Only a little over half of the caregivers (51%) reported that the mentor was helping their child achieve a goal. About 15 percent said their mentor was not helping their child achieve a goal, and about one third (33%) reported they did not know. Those caregivers who reported having goals discussed these goals at about the same frequency with the mentor and program staff, with close to half reporting they had discussed these goals with program staff and mentors respectively more than three times (see Exhibit 32).

On average, caregivers in the BAU group reported discussing the goals set for their child with the mentor (M=2.50, SD=0.63) significantly more frequently than did those in the CBT group (M=2.15, SD=0.88), $t_{(77)}= 2.17$, $p=.03$. Similarly, caregivers in the BAU group discussed goals with program staff (M=2.57, SD=0.73) more frequently than caregivers in the CBT group (M=2.0, SD=0.86), $t_{(67)}=3.27$, $p=.02$.

Exhibit 32. Caregiver Reports of Frequency Discussing Goals with Mentors and Program Staff



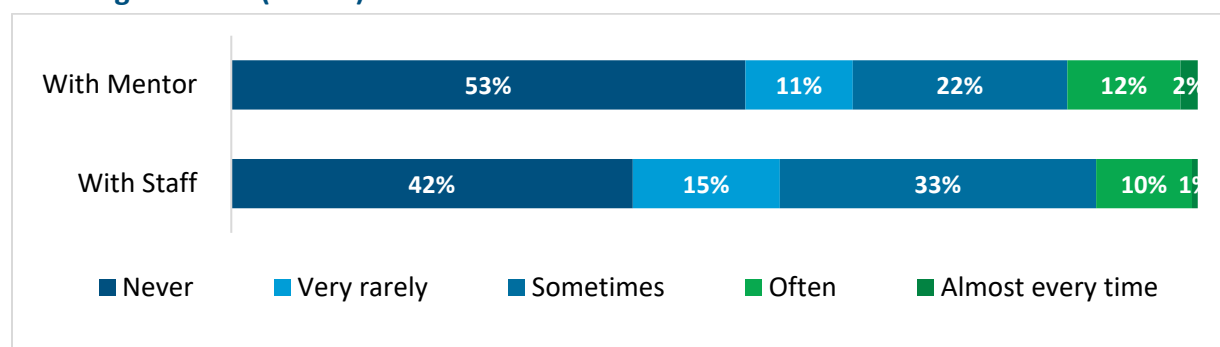
Exposure to the CBT Enhancements: Workbook and Communications about CBT Strategies

About two thirds of caregivers in the CBT group reported receiving the Workbook developed as an enhancement to caregiver support and education. Of the 132 caregivers whose children were in the CBT group, 67% of them (N=86) said they received the Parent Workbook. Of these who received the workbook, 82% (N=80) that they read at least some of it (i.e., “less than half of it” (30%), “half or more of it” (32%) or “all of it” (20%)).

Caregivers talked about the CBT strategies with their mentor and site directors infrequently. More than half of the caregivers said they had *never* talked about the CBT strategies with the mentor (53%) or program staff (42%). The 13 caregivers (11%) who talked with staff about the

CBT strategies ‘often’ or ‘every time they talked with staff’ also discussed these strategies ‘often’ or ‘every time they talked with the mentor.’ On average, caregivers talked more often with program staff (M=2.34, SD=1.05) about CBT strategies than they did with their child’s mentor (M=2.17, SD=1.18), $t_{(121)}=2.027$, $p=.04$ (see Exhibit 33).

Exhibit 33. Caregiver Reports of How Frequently They Discussed CBT Strategies with Mentors and Program Staff (N=123)



Caregiver Uptake of the CBT Enhancements

Caregivers used the CBT workbook infrequently. Among those who read the workbook they received from the program (N=68), 88 percent found it ‘somewhat’ (67%) or ‘very’ (21%) useful in giving them ideas about how they could support their child’s development. Yet, close to half (48%) reported they did not use the worksheets in the workbook either because they did not know about the worksheets (25%) or didn’t get a chance to use them (24%). An additional 26 percent used them ‘very rarely,’ 20 percent used the worksheets ‘sometimes,’ and only 6 percent used them ‘often’ or ‘very often.’ Only 5 caregivers (6%) read all the workbook and used the worksheets ‘often’ or ‘very often.’

In our focus groups and interviews, caregivers explained that they found the workbook technical and not very practical in design. Caregivers said:

“It could be a bit more user friendly. Some of the terms are technical. I had to sometimes ask [program staff], ‘What does that mean? Can you explain it a bit more?’ It has to be [worded] so that the children can also understand it.”

“My thoughts are to cut out the Handbook. It’s useless. No one wants to work on a piece of paper or a packet or something like that.”

“I think now that we’re in 2021, there are probably more effective ways. Maybe electronically so people can view it on electronics or maybe in chunks. If there are worksheets or exercises, maybe send it in chunks to parents to think about it. I would have responded better if there was more accountability on my end – I don’t know if that’s very micromanage-y but that’s my suggestion.”

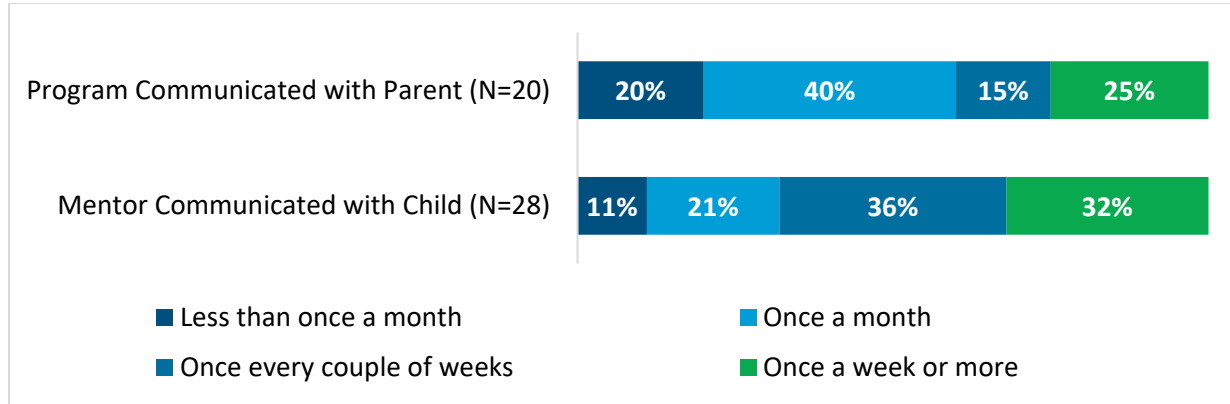
Caregivers also infrequently used the ideas and tips they received about CBT. We asked caregivers if they used tips from what they learned about CBT (either through their workbook or in discussions with R&R staff) during interactions with their child. While 37% said they did not learn about CBT from the program, among other caregivers (N=78) who learned about CBT, 21% used the tips they learned *often* or *very often*, 33% used them *sometimes*, 31% used them *very rarely*, and 15% reported that they learned about CBT, but didn't use any of these tips. Among those caregivers who were given ideas and tips on CBT from their site directors (N=60), 13% found them *very helpful* in supporting their child's development, 60% found them *somewhat helpful*, and 27% did not find them helpful.

Caregiver Experiences with the Mentor and the Program During the COVID-19 Pandemic

Thirty-seven of the caregivers (21%) had children with active matches during the pandemic and were asked about their child's mentoring relationship during this period. Nine of them (24%) said their child and mentor did not communicate during the pandemic. The remaining 28 caregivers reported on their child's communications with the mentor and their communications with the program during this period.

- Caregivers reported that their mentors communicated with their child either in person, online, by phone or through multiple means. A total of 10 caregivers said the mentor used all three forms of communications.
- About 58 percent of caregivers reported that mentors communicated with their child at least every couple of weeks during the pandemic (see Exhibit 34).
- Of the 16 caregivers whose children also met with their mentor prior to the pandemic, seven (25%) said their mentor communicated with their child with about the same frequency as they did before the pandemic, but nine (32%) said their mentor communicated with their child less frequently.
- Almost a third of the 28 caregivers (29%) reported they did not have any contact with the program during the pandemic, while about 40 percent reported communicating with the program at least once every couple of weeks (see Exhibit 34).

Exhibit 34. Caregiver Reports of Their Communication with Staff and Youth Communication with Mentors During the Pandemic



Fifteen of the 28 caregivers reported that the R&R program provided them with a variety of supports during the pandemic, reporting that the program:

- Provided my family with “essentials” like food or childcare (43% of 28);
- Helped to keep my child’s mentoring relationship together (32%);
- Helped my family find educational resources for my child (e.g., online activities, books, academic help (23%); and
- Connected my family with other resources (e.g., internet access, loans, housing information, health care (21%).

Supports and Challenges to Implementation Quality

It is worth noting the context within which mentoring is supported and implemented across the various R&R sites. The program offers a manualized curriculum designed by clinicians and intended for youth facing high levels of individual and environmental risk factors. The national office for Reach & Rise®, based in San Francisco, features a national director and, until the fall of 2019, two full time supervisors to support the directors across all the program sites. The site directors were part of a community of practice where they participated in a three-day group training at the launch of the CBT enhancement initiative, regular team meetings 2-3 times each month, and ongoing peer support and one-on-one interactions with the two national supervisors. These are strengths of the R&R model, yet the site directors were otherwise on their own to implement the program on the ground in their local communities. Funding for the site director positions came from the national YMCA through federal grants, and each site director was supervised by a staff person at the local YMCA. The supervisors also met regularly with the national director of R&R but supervising the site directors was only a small part of their overall responsibilities.

This context is important for understanding the complexities faced by individual site directors. For most things about the program, they were to look to the national office and other site directors to address their needs and secure the level of support that would help them thrive in their role. Yet, critical decisions about their position were made at the local YMCA, and as challenges presented themselves over the course of the five-year evaluation, many site directors faced tests of their personal resolve and capacity to do their job well. For example, about one year into the evaluation there was a disruption in some of the funding for R&R, and while the national office was able to resolve the immediate situation relatively quickly, it did introduce a level of uncertainty for the local YMCAs about the potential need to provide local resources to sustain the program. Not all of the YMCA sites were committed to that level of support for R&R and some of the sites opted to end their programs. Another example would be disparate ways that individual YMCAs responded to the global pandemic in March 2020. Some of the agencies laid off the site directors while others reassigned them to non- R&R responsibilities.

As the main conduit through which mentors and families learn about the strategies and techniques on which fundamental R&R principles are based (e.g., providing mentor training, ongoing support through conversations with the site director), site directors' interactions with the mentors and caregivers are key to increasing mentor and caregiver knowledge and use of CBT strategies with youth. For this reason, we posited that site directors' level of experience and readiness to implement CBT enhancements should play a key role in mentor uptake. As part of the implementation study, we examined both staff and program characteristics in exploring the various factors that facilitated the implementation of the enhancements as well as any factors that may have limited the initiative's progress.

Site directors' experience with the R&R program ranged from 5 months to over 10 years with an average of about 3.5 years (43 months) at the time the site directors responded to our close-out survey. Of the 22 sites that were included in our analyses, 10 sites experienced turnover (seven of the 16 CBT sites and three of six BAU sites).

While turnover is a common challenge in youth-serving agencies, these staffing changes may complicate the implementation of key practices, particularly in programs like R&R that have only one staff person. For example, staff turnover directly influenced whether and how the matches were supported because it took time for new staff to build rapport with the families and mentors to guide work with the youth. In addition, when staff left, R&R national staff were responsible to train new staff on the details of the program, share strategies, and prepare them for work with their existing caseload. When the study started in 2017, all site directors participated in an in-person training and monthly group calls with national leadership and received ongoing support to support implementation of the enhancements. That type of

immersive training works best when there are groups of new staff to train at the same time. Yet, over time there were many times that a new staff person would be hired, and a choice needed to be made to train that person one-on-one or wait for other new staff to be hired. Either option offered a less than optimal solution. Consequently, site directors who started in their position later in the initiative did not receive the same level of training and support that was provided to directors at the beginning of the study. One of the site directors explained her level of readiness when she took on the job mid-way through the initiative:

“I did not feel very prepared--my supervisor is pretty hands off. National support staff left right when I came on. In her [National Office staff's] last few weeks, she had training over zoom. I felt like I kept [being] thrown into different pieces. In my previous program we designed and changed parts, we tried to make it simple. Being handed this, I felt overwhelmed, I could not put my mark on it. It felt hard. It had tons of information.”

Not all directors had formal mental health training and a background in CBT. As part of the initiative, R&R directors at the CBT sites were expected to train mentors and support study matches in their understanding and use of CBT strategies. When the study began in 2018, all the site directors had either a background in mental health services or several years of experience as Reach & Rise site directors. As sites experienced turnover, (as noted, this was true in ten of the 22 agencies over the course of the evaluation), the new staff did not have the same level of experience with CBT as the site director they replaced. Of the 15 directors at the CBT sites who responded to the close-out survey, 7 had training in social work, 2 in counseling, 2 in education and psychology, and 1 in education, public health, political science, and conflict management, respectively. In our interviews, those directors with no background in CBT shared the additional steps they needed to take to implement the program enhancements. One director said:

“When I first started as a Reach & Rise site director for one-on-one mentoring, I had no idea about CBT. My director introduced it to me, but she did not give me much information. She gave me the manual, but I had to learn myself. Some modules on family relationships are different. I had to sit down and read through so I would be able to understand what CBT is. I had to train myself. In the google drive for site directors, they have a folder with resources. Before reading through the manual, I listened to the recording, then I went back to read it.”

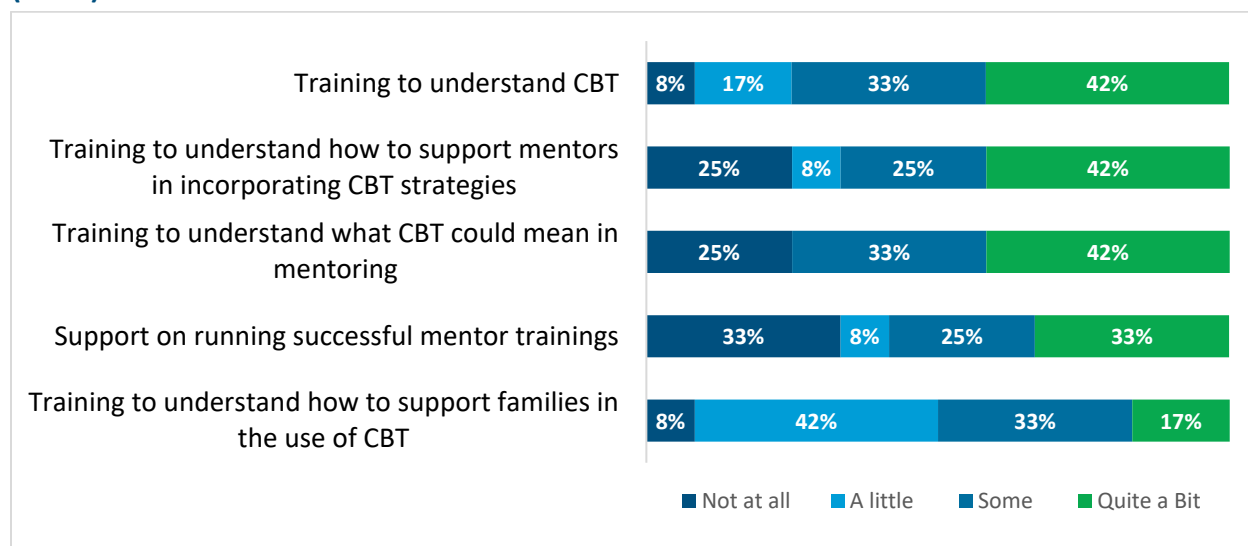
Most of the CBT site directors needed support on delivering the enhanced program activities effectively, but not all reported that the supports received were sufficient. In our close-out surveys with CBT site directors, we asked them to rate how much they needed different types of supports to deliver CBT enhancements. They responded to each item on a scale from ‘not at all’ to ‘quite a bit.’ We then asked, for each type of support, the level of support they actually *received* (using the same response set). Exhibit 35 includes only those directors who reported needing ‘some’ or ‘quite a bit’ of help in one or more areas (12 of the 15 CBT site directors). The

proportions noted in Exhibit 35 represent the extent to which they received support in those areas in which they reported needing help.

At least half of site directors reported receiving at least “some” support in all areas in which they needed help. Yet, in all the areas assessed, fewer than half reported receiving “quite a bit” of support, suggesting that supports for staff in all these areas could be improved. In particular, site directors reported needing more support than they received to run successful mentor trainings and to better support families in using CBT strategies.

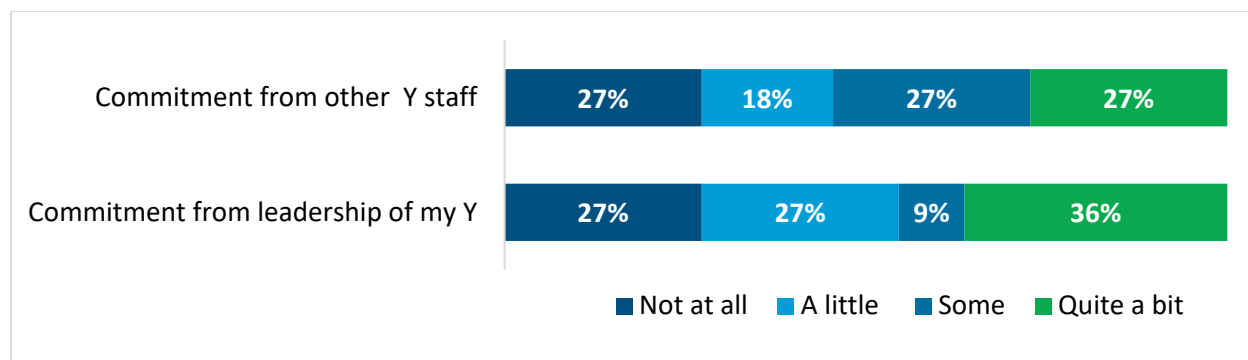
Some site directors expressed needing more support than was received from their YMCA. As noted, all Reach & Rise program sites operate through local YMCA organizations. These organizations supervise the administration of the program, provide program referrals, and provide matches with access to YMCA activities and resources. Thus, the level of support provided by YMCA leadership and staff could very well have influenced how many youth each site was able to recruit for the study and the site director’s availability to support the matches. Exhibit 36 shows that among the CBT directors who said they needed ‘some’ or ‘quite a bit’ of support from their YMCA, fewer than half (45%) received ‘some’ or ‘quite a bit’ of commitment from YMCA leadership, and just over half (54%) received that level of support from other YMCA staff.

Exhibit 35. CBT Site Director Reports of Receiving Support in Areas in which they Needed Help (N=12)



Note. Responses exclude those site directors who reported they needed support in each area *Not at All* or *A Little*.

Exhibit 36. Site Director Reports of the Extent to YMCA Staff Were Committed to the Program (N=11)



Site directors shared details about why they felt unsupported by their YMCA leadership or staff. These descriptions often suggested a lack of buy-in for the program (or study) by their colleagues. One of them said:

“My group did not support the study, and so I was given 5 matches to follow up with and told there was nothing more to do but call them every month and check on how things were going for them. I was trained about the full program but after I returned from that training was told it was not my responsibility to do any of it.”

Another director described her YMCA’s organizational culture which led to the lack of leadership support:

“I found the largest obstacles to my success as a site director had to do with my own individual YMCA. Upper-level management would continually ask why we were spending so much money per child when the sports or aquatics program only cost around \$100 a child for participation. That...line of thinking really hurt the progress of Reach & Rise® at my Association.”

A lack of leadership support and organizational culture at the YMCA were the primary reasons three directors said they were leaving their positions. One of them described the lack of support from management and staff:

“Overall, Reach & Rise® was a wonderful experience, I appreciated my Reach & Rise® supervisors and felt very supported in my role. My experience at YMCA is what made me leave the program. I very much disliked working at my YMCA. The management (especially the CEO) was not supportive of the Reach & Rise® program. I asked my “team” to assist with recruitment by providing me with names and numbers of possible mentors and mentees many times, but 80 percent of them never responded.”

Another director described the lack of communication with leadership that limited how well the director was able to support the matches in the study:

“The experience at my YMCA was terrible and the reason I am leaving the position. There was no communication between leadership and myself, and [I] was routinely left out of conversations. When our YMCA opened back up after COVID, I was not informed that we opened or were supposed to return to work.”

Program Implementation Costs

As part of the implementation study, AIR also collected information on R&R program budgets and expenditures from participating YMCA organizations. We asked for information for 2019, because this year would not only entail “start-up” time for the research (e.g., focusing mainly on recruitment and preparations for participation in the evaluation), but would also include training mentors, supervision of families and mentors, closing matches, and other activities for ongoing matches. Our questions focused on three broad areas: (1) total cash budget and what these funds were spent on; (2) in-kind donations; and (3) administrative costs including both estimates of supervisory time and administrative costs for operating in the YMCA building.

Three of the 25 participating organizations did not make any mentor-mentee matches during this period so were excluded from our cost analyses. A total of 15 of the remaining 22 organizations responded to our request. In the remaining cases, we were not able to collect this information directly from the YMCA. Thus, our study partner (YMCA of San Francisco) provided the amounts given to these organizations to support program operations. We then estimated administrative costs from the remaining CBT or BAU organizations that provided this information (i.e., we used the average administrative cost across those CBT sites providing this information for the CBT sites missing this information, and the average BAU administrative cost for the BAU sites missing this information). In six YMCA organizations, the program had closed prior to or during 2019. For those organizations, we asked for information from 2018.

Resources for the programs consisted of four main components that we asked about in the cost survey:

Funding from the National/Local YMCAs (R&R’s Program Budget). Responses suggested that most of the funding provided to the R&R program was by the national YMCA office. This funding was primarily used to support the salary and benefits of the site director. As noted, Reach & Rise® is unique from many other mentoring organizations in that, in most cases, it has only one part-time or full-time staff member (the R&R site director); and its main expense is the director’s salary. This salary varies slightly across sites depending on the cost of living and

associated salaries in the parent organization but is comparable across sites, and each site is expected to support 30 matches with this funding.

In five of the 20 YMCAs, the YMCA itself contributed to the R&R program budget, beyond what was provided by the national grant, to fund, for example, a portion of the site director's salary and fringe benefits (in two program sites) or in other cases, to fund other operating expenses. Additional operating expenses beyond the site director's salary included, for example, cell phone charges, postage, mileage, office supplies, mentor/match activities, and mentor background checks. At one program site, these funds, along with those from a local grant, helped fund an AmeriCorps*VISTA volunteer to support program operations.

Donated goods. Only four of the agencies (3 CBT and 1 BAU site) reported donated goods beyond \$100 with an average value of \$2,343. These mainly consisted of tickets for admission to local attractions and museums.

Supervisory time from the parent organization. Sites were asked to estimate the costs to supervise the R&R site director by providing the salary and benefits of their supervisor and the approximate proportion of their time that was dedicated to supervising the site director's activities. These costs ranged from \$3,107 in a site where it was reported that the supervisor spent about 5% of their time supervising the R&R site director to \$23,760 in a site where it was reported that the supervisor spent about a third of their time supervising the director. These costs were close to twice as high in the four BAU sites that provided this information (\$14,931) than in the 11 CBT sites that provided this information (\$7,958).

Administrative resources from the parent organization. Sites also estimated other administrative costs (outside of supervisory time) that the YMCAs absorbed—such as, building costs, administrative staff salaries, and supplies. Sites could provide either an itemized list of these expenses for the program (two chose this strategy), a percentage of R&R revenue that should be allocated to specific administrative costs (one chose this route), or the percentage of the YMCA's overall budget that is allocated to administrative costs, and this percentage was then allocated to the R&R budget to estimate their administrative costs (the remaining sites chose this strategy). Administrative costs ranged from \$2,801 (for a site in which the program had relatively high supervisory costs) to \$17,201 (for a site which had relatively low supervisory costs, and “building costs” were the bulk of the administrative expenses), and the average value was almost twice as high in CBT sites (\$8,725) than in BAU sites (\$4,645).

Exhibit 37 presents the estimated costs of each of the 20 R&R programs for which we have these data. These costs do not include donated goods and ranged from about \$44,346 (for a

program that funded a director for less than half the year) to \$103,309, with only four being above \$80,000.

The number of youth served (i.e., matches) also varied widely across sites, ranging from 2 to 25. None of the sites reached their 30-match capacity and only half served 10 or more matches; five sites served five or fewer. The number served was not highly associated with the site’s budget or whether the site was CBT (average = 11.13) or BAU (average = 10). For additional context, Exhibit 34 also presents the number of youth recruited for the study who were ultimately assigned to the control group (i.e., could not be served during that program year) by each site during that year.

Exhibit 37. Program Costs and Youth Served

Site	CBT or BAU site	Total Cost	NUMBER OF		COST PER MATCH		
			Recruited Controls	Matches Served	New program	Existing program, supervisory costs	Full-scale program
1	CBT	\$103,309	9	23	\$4,492	\$3,839	\$3,444
2	CBT	\$86,693	16	25	\$3,468	\$3,011	\$2,890
3	BAU	\$85,735	1	11	\$7,794	\$7,526	\$2,858
4	CBT	\$83,048	8	13	\$6,388	\$5,065	\$2,768
5	CBT	\$79,243	5	5	\$15,849	\$14,010	\$2,641
6	CBT	\$75,216	2	9	\$8,357	\$7,366	\$2,507
7	CBT	\$74,259	10	12	\$6,188	\$5,421	\$2,475
8	CBT	\$72,786	0	2	\$36,393	\$33,325	\$2,426
9	BAU	\$71,722	4	17	\$4,219	\$3,7745	\$2,391
10	CBT	\$66,464	12	14	\$4,747	\$4,258	\$2,215
11	CBT	\$64,456	4	9	\$7,162	\$6,192	\$2,149
12	BAU	\$61,050	3	8	\$7,631	\$7,051	\$2,035
13	BAU	\$59,269	3	9	\$6,585	\$6,172	\$1,976
14	CBT	\$58,761	2	10	\$5,876	\$5,004	\$1,959
15	CBT	\$58,536	5	4	\$14,634	\$12,453	\$1,951
16	CBT	\$56,362	0	3	\$18,787	\$17,046	\$1,879
17	BAU	\$48,578	3	5	\$9,716	\$8,845	\$1,619
18	CBT	\$48,146	5	11	\$4,377	\$3,584	\$1,605
19	CBT	\$47,149	0	8	\$5,894	\$5,393	\$1,572
20	CBT	\$44,346	3	19	\$2,334	\$2,187	\$1,478

Using standard calculations to estimate the cost per youth served would divide the total cost of the program (including all administrative expenses) by the number of matches served. This estimate is appropriate for calculating the cost per match for starting a new program in an organization in which the program is required to cover administrative costs. This calculation yields estimates ranging from about \$2,334 per youth for the program serving 19 matches to

\$36,393 per youth for the program serving two matches during this period. The average cost per youth across all programs was \$9,045 (CBT = \$9,663; BAU = \$7,189). Excluding the highest CBT outlier yields an overall average cost of \$7,605 per youth, with the CBT average dropping to \$7,754.

Space is an ongoing expenditure for organizations whether they introduce a new program or not. Thus, it may also be informative to consider what it would cost to start the program in an existing YMCA for which space would not be an added expense for the program. The main additional costs for an existing program in this case would be the costs of the site director, basic operational costs of the program, and time from the staff person who supervises the director's work. Costs per match are slightly lower in this case, ranging from \$2,187 to \$33,325 with an average of \$8,076 across all programs.

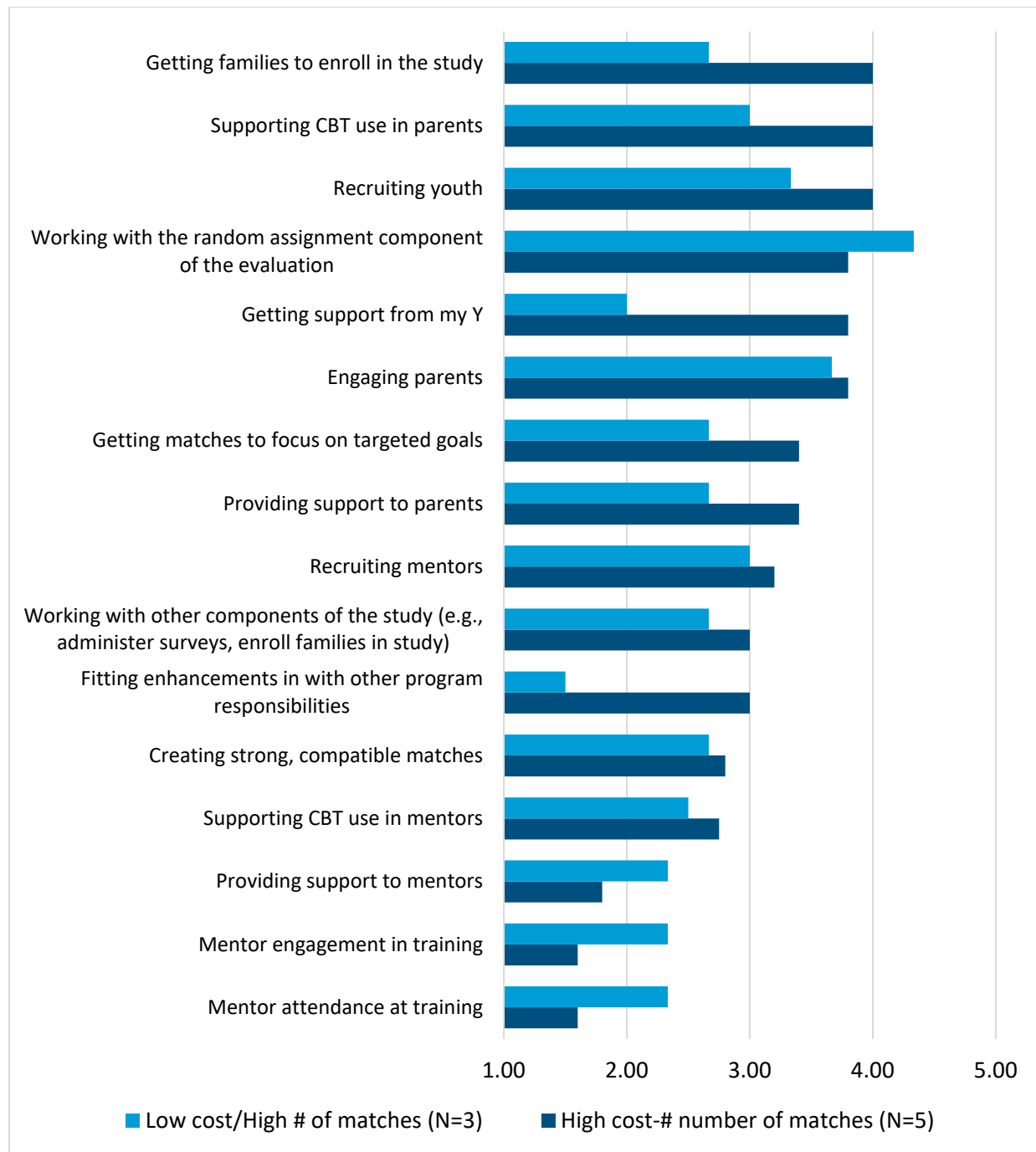
These values, however, do not reflect the staff time expended in recruiting youth who would ultimately be assigned to the control group (an average of 4.75 controls were recruited by each agency in the year of their cost assessment) and other research tasks (like survey administration, attending research meetings, documentation, etc.) which would not be undertaken in a normal program year. Nor do they reflect the fact that in another program year, youth assigned to the control group could have otherwise been served (which would have increased the number served). Other cost research on mentoring programs has highlighted the “up front” costs of the tasks leading up to the creation of a mentoring match (including recruitment and interviewing and screening potential families and mentors; Alfonso et al., 2019)—suggesting that the tasks that contribute to creating a match are significantly more costly than sustaining a match that has already been made. In fact, Alfonso et al.'s cost estimates for the “first month” of a match added to a caseload were close to 14 times the cost of the additional months of supporting that match. Thus, the efforts expended by R&R staff to recruit youth who ultimately weren't served likely inflates these cost estimates.

Another way to consider these costs is to estimate the cost per youth if all 30 slots were filled. In this case, estimates range from \$1,478 to \$3,444, with an average cost of \$2,242 (CBT = \$2,264; BAU = \$2,176). These estimates are much closer to those provided in other cost studies of community-based mentoring. For example, The Washington State Institute for Public Policy (WSIPP, 2018) estimated the cost per youth for a year of community-based mentoring services at \$2,505. The Alfonso et al. (2019) study used data from a Big Brothers Big Sisters Community-Based Mentoring program and estimated annual costs of \$3,000 and marginal costs of \$2,498 to add a mentoring match to a caseload for 12 months.

To understand why costs varied so much across the sites, we looked more closely at the five sites with the highest costs per match and the five sites with the lowest costs per match. As

expected, costs were highly dependent on the number of matches served: the five sites with the lowest number of matches also had the highest costs per match; and the five sites with the highest number of matches were among the six sites with the lowest costs. Focusing on these two sets of programs, we then explored the extent to which site directors reported experiencing challenges in several different areas (site directors from 9 of these 10 sites completed a close-out survey and were thus included in these analyses; see Exhibit 38). Site directors responded to each type of challenge on a scale from 1 to 5 (1 = Not at all, 2 = Mildly, 3 = Somewhat, 4 = Fairly, 5 = Extremely). Those site directors from the programs with the highest costs per match (and fewest matches) reported experiencing higher levels of challenges than the site directors from the programs with the lowest cost per match (and most matches) in several different areas. Most notably, they appeared to experience more challenge in getting support from their YMCA, fitting enhancements in with other program responsibilities (for those from CBT sites) and getting families to enroll in the study.

Exhibit 38. Staff Reports of Challenges among Programs with High versus Low Cost (N=9 sites)



Note. Of these 10 sites we reviewed, one site director did not complete a close-out survey.

How these costs were allocated across R&R activities. In addition to the cost data collected from YMCA agencies, AIR collected information from R&R directors on how they spent their time throughout the initiative. We collected these surveys three times a year from May 2018 to June 2021. The survey asked directors how many matches they were currently serving, how

many hours they worked in the previous week and how many of those hours were devoted to a variety of tasks. As noted, in addition to recruiting and screening participating families and the mentors who would serve them, the sites were also involved in the AIR evaluation, which asked them to engage in additional research activities (e.g., research training, meetings, data collection and sharing) as well as recruitment of youth who would ultimately be assigned to the control group. Thus, the tasks included in the time use survey were both mentoring-specific tasks (e.g., recruitment/screening mentors and families, mentor training, supervision) as well as administrative tasks and those related to conducting the research (which presumably would not be done in other program years).

As presented in Exhibit 39, almost two-fifths of staff time (39%) was devoted to “pre-match activities” including recruiting and screening mentors and families for the program, mentor training, and creating the match. Activities for supporting matches (i.e., working with parents on the CBT curriculum, supervision and support of mentors and families, hosting match activities, and tracking match progress) required close to a third (32%) of the site director’s time every week. The remainder of their time (29%) was used on administrative, research and “other” tasks (e.g., fundraising, attending conferences, committee work, travel time, attending retreats) that were likely fairly similar across sites regardless of the number of youth served.

Exhibit 39. Staff Allocation of Time by Tasks

Task	% of hours	Number of hours (in 40-hour work week)
Pre-match Activities		
Recruiting/screening youth	16.4%	6.6
Recruiting/screening mentors	14.1%	5.6
Mentor training	3.1%	1.2
Matching	5.6%	2.3
Supporting Matches		
Supervision/support of mentors	10.5%	4.2
Supervision/support of youth/parents	10.6%	4.2
Working with parents on CBM curriculum	0.6%	0.2
Match activities hosted by R&R	1.8%	0.7
Tracking progress of individual matches	8.5%	3.4
Administrative Tasks		
Research-related administrative tasks	6.4%	2.5
R&R or YMCA administrative tasks	14.7%	5.9
Other	7.9%	3.1

Notes. Values represent averages for the 20 sites for which we collected cost information during the year for which we collected the cost surveys. Nineteen sites had between one and three time points of data for the year of their cost survey. One site did not report time-use information during that year. In this case, we used time-use data from the previous year.

How site directors used their time did not vary extensively across CBT and BAU sites. Collapsing across the three different categories, CBT site directors spent the biggest proportion of their time (41% versus 39% for BAU) on pre-match activities, followed by supporting matches (36% versus 31% for BAU), and administrative tasks (24% versus 31% for BAU).

Chapter 5. Discussion and Conclusion

The Reach & Rise[®] evaluation was an opportunity to test an approach to strengthening the effectiveness of youth mentoring programs. Drawing on research suggesting the benefits of mentoring relationships and the effectiveness of cognitive behavioral therapy, or CBT, this study was designed to examine whether supporting mentors' and caregivers' use of CBT strategies could lead to improvements in how youth feel, think, and behave. If effective, this innovative "CBT mentoring" approach could be leveraged to support many youth who experience adversities affecting their mental health and well-being.

The goal of the evaluation was to rigorously examine: (1) whether and in what ways CBT mentoring, as delivered by the YMCA's Reach & Rise[®] mentoring program benefits youth; (2) whether CBT-related enhancements to this program model strengthen youth benefits; (3) how these benefits are yielded; and (4) the strength of the program's implementation. These broad goals contributed to the following questions:

Did R&R Improve Youth Outcomes?

Impact analyses support the following findings:

The study found impacts in youth-reported delinquency and substance use, but did not detect differences in arrest. These findings echo Tolan et al.'s (2008) meta-analysis which supported mentoring's effects in both delinquency and substance use across several evaluations. Other reviews and meta-analyses of mentoring program evaluations also have reported generally positive (albeit mixed) findings more specifically related to substance use (Dunn et al. 2012; Thomas et al., 2011, 2013; Tolan et al., 2014). Studies on CBT also support it as an effective approach for treating delinquency-related behaviors including substance use, aggression, and anger expression (Hoogsteder et al., 2015; Van Vugt et al., 2016; Windsor et al., 2015; Magill & Ray, 2009; Irvin et al., 1999). Thus, having a caring adult deliver components of CBT in the context of a supportive relationship may be particularly effective at fostering benefits related to delinquency, including substance use. Given the young age of the youth involved in this study and the relatively low level of previous substance use reported at baseline, these results reflect more on substance use *prevention* rather than a *reduction* in use. Understanding whether CBT-infused mentoring may also contribute to the cessation of substance use or decreasing the severity of substance use disorders will be an important next step for researchers.

We did not, however, detect significant impacts in arrest—as reflected in both caregiver reports and arrest records obtained for 70% of the sample. These results are perhaps surprising given

impacts on both self-reported delinquency and substance use. Impacts on arrest have also been reported in other evaluations of mentoring programs (Bry, 1982; Munson & McMillen, 2009; DuBois et al., 2022), and a recent meta-analysis supported decreases in recidivism for mentored youth (DuBois, 2022). The young age of the youth participating in the study, with half of the youth 11 years old or younger, as well as the timing of the study, with over a third of youth participants potentially experiencing the lockdown resulting from the COVID-19 pandemic may have contributed to our lack of findings in this important area. Although, it is important to note that the DuBois et al. (2022) study followed youth during a similar period and found impacts in parent-reported arrests. The youth in the DuBois et al. (2022) study were, however, slightly older and followed for a longer period (18 months) than the youth in this study which may have contributed to this difference in findings.

School and family connectedness were also improved for Reach & Rise® youth. Improvements in school connectedness were experienced by youth in the R&R group despite the COVID disruptions discussed below, which affected the way many participating youth attended school over the course of the study. Close to half of the matches in the study focused at least one of their goals on academic improvements, which may have contributed to this finding.

Similarly, matches across both BAU and CBT programs were asked to focus one of their goals on strengthening family relationships, which may have contributed to improvements in family connectedness for R&R youth. A recent RCT of Big Brothers Big Sisters community-based mentoring also found positive impacts in family relationships (DuBois et al., 2022). In contrast, we were not able to detect measurable benefits of program involvement on parenting behavior and stress (as reported by parents) in this study.

The CBT enhancements to the R&R program model included engaging caregivers in the use of CBT strategies, and we hypothesized this would contribute to better (i.e., more positive) outcomes for youth. As we saw in the path analyses, exposure of caregivers to the CBT enhancements did contribute to greater use of the CBT strategies with their children, which in turn was associated with more positive youth outcomes. However, as discussed below, this component of the intervention was not implemented with strong fidelity, and caregivers reported fairly low use of the CBT strategies during interactions with their child. Perhaps youth-reported improvements in family dynamics relied in large part on the focus of the mentor in working with the mentee on strengthening family relationships.

We did not detect impacts in other assessed areas including emotional well-being, social and problem-solving skills, and peer relationships. A lack of findings in these areas is unexpected. Other studies and reviews of CBT (e.g., Keles & Idsoe, 2018; Rasing et al., 2017), youth mentoring (Erdem et al., 2016; Keller & Pryce, 2012; Herrera et al., 2013; King et al., 2021;

Browne et al., 2022; DeWit et al., 2016) and CBT-infused mentoring (e.g., Jent & Niec, 2009) have reported benefits in various measures of well-being and mental health indicators including internalizing and depressive symptoms.

A review of the larger initiative may help shed light on this pattern of findings. Among youth assigned to the treatment group, 31% did not experience a meaningful mentoring relationship. This includes those who were never matched, due in part to recruitment challenges and staffing difficulties, as well as those for whom a match was initiated but did not become a sustained mentoring relationship. Decrements in well-being (e.g., due to disappointment at not being matched, counter to expectations) may have been present in this group in a way that decreased average outcomes across the R&R group (see discussion in DuBois et al., 2022, which noted a similar pattern of findings). In fact, past research has underscored the importance of relationship quality (Browne et al., 2022, Keller & Pryce, 2012; Haft et al., 2019) and consistent mentoring in generating positive social and emotional outcomes (Karcher, 2005; Grossman & Rhodes, 2002).

Our analyses did not detect impacts on goal setting behavior although setting and working on goals as part of the mentoring relationship is a key component of both the larger program and the CBT enhancements. Given that 27% of mentors reported not working with their mentees on goal setting, many youth may not have explicitly worked with their mentors on the achievement of goals.

The study's timing also may have contributed to a lack of findings in these areas. The mentoring relationships for about 36% of youth in the R&R group took place, at least in part, after the beginning of the COVID-19 pandemic lockdown (i.e., March 2022). During the lockdown, matches were not allowed to meet in person and the YMCAs closed for several months (some indefinitely). Meeting virtually and not having access to the YMCA's resources even after the lockdown ended may have affected the quality of relationships that developed through the initiative. In addition, increases in depression and anxiety in adolescents across the U.S. during the COVID-19 pandemic (Hawes et al., 2021), may have affected the ability of mentoring to make a difference in important areas including life satisfaction, depressive symptoms, happiness, and hope for the future.

Youth's experiences during the COVID pandemic may have also affected our ability to gauge impacts in other outcomes. For example, the disciplinary experiences included in our measure of school misbehavior (i.e., detention, suspensions) likely did not occur or were less frequent during remote learning for both groups of youth, which may have diminished impacts in these areas. This timing may have similarly affected peer relationships in that, for most youth, interactions with peers were much less frequent during the COVID lockdown.

Did Exposure to Enhanced Program Practices Make a Difference in Program Impacts?

The current study did not find support for significant differences in youth outcomes between programs implementing the BAU model and those implementing the CBT enhancements. Our findings are similar to other recent studies testing research-based enhancements to youth mentoring and yielding mixed effects (Peaslee & Teye, 2015; Jarjoura et al., 2018; Courser et al., 2014). In those other studies, the lack of strong differences between program models may have been due to several factors including participant uptake of enhancements, including elements like additional training after the match is made (Peaslee & Teye, 2015; Jarjoura et al., 2018; Courser et al., 2014), and staff buy-in for the enhancements (DuBois & Keller, 2017; Jarjoura et al., 2018). Importantly, our analyses did support links between *receiving* the enhancements, implementing CBT practices on the ground, and yielding stronger and more effective mentoring relationships. Thus, when programs were able to implement the CBT enhancements and support their use by mentors and parents, youth benefited.

To what extent were the program model and the enhancements implemented with fidelity?

The study supports several conclusions related to the implementation of both the broad R&R program and the CBT-related enhancements:

The R&R mentoring model was implemented as intended across both BAU and CBT sites; however, mentors and caregivers varied in their reports of receiving program supports. For example, close to half (45%) of the mentors and one third of caregivers (27%) reported speaking with their site director less than monthly (with monthly communication expected by the program). Staff turnover, which occurred in 11 sites over the course of the initiative may have contributed to these findings. In addition, even for consistent staff who make every effort to contact participants, contacts with both families and mentors are, in large part, driven by participants. If they don't respond to site director efforts (e.g., by returning calls), apart from closing a match, staff are left with few options. Staff, in fact, reported that connecting with caregivers was one of the most challenging aspects of their work.

In addition, although all matches were expected to have at least one goal for the youth to work on and document it in the youth growth plan at the beginning of the match, as noted, just over a quarter (27%) of the mentors reported that they did not have a goal set for their mentee, and half of the caregivers reported that the mentor was not helping their child achieve a goal (17%) or they did not know if the mentor was working toward a goal (33%). When they did have a goal, however, most mentors talked about these goals with their site director frequently; and when mentors reported greater exposure to the CBT strategies through program staff

(including the review of the youth’s growth plan), they were significantly more likely to report working with their mentee around goals.

The CBT enhancements to the R&R program model were developed as planned; however, they were not implemented consistently. Many CBT mentors reported that the program provided them with training, materials and resources, that staff provided them with ideas on how to implement CBT strategies, and that the tools developed as part of the enhancements helped them use CBT strategies. As expected, mentors in the CBT group reported higher levels of these supports and provision of these tools. They also felt more knowledgeable and prepared to apply CBT strategies than mentors in the BAU group. Yet, many mentors reported that they did not experience these supports. For example, more than a quarter of the CBT mentors reported that their agency did not help them use CBT principles with their mentee, and close to one third of them said their training did not focus on CBT principles. Some mentors may have been unfamiliar with the specific terminology used in our surveys—several site directors highlighted their conscious efforts to use simpler, more relatable terminology with mentors when discussing CBT strategies. Yet, staff reports across a number of items suggested at least some variability in implementation of the enhancements with the mentors.

From interviews with site directors, it was clear they used creative ways to make the enhancements more relatable to their participants—for example, changing when they provided caregivers with the workbook and using check-in tools in a way that allowed conversations to flow more smoothly. These changes affected implementation fidelity but likely increased participant uptake. This tension between implementing a program with fidelity and being responsive to the needs of program participants is a common tension faced by programs when testing out new practices (see Castro et al., 2004, for a discussion). Thus, despite contributing to implementation variability, this kind of responsiveness undoubtedly leads to innovation and refinement of practices in a way that can ultimately improve the intervention.

Mentors in the CBT group reported that some strategies were easier to use than others and thus were more frequently used in their interactions with their mentee. Celebrating success, creating new habits, and getting the mentee to stop and think about his/her behavior were the most frequently used CBT strategies. They were also among the most frequently discussed with the site directors during their monthly check-in meetings. Mood mapping, journaling, and whole health check-ups were three strategies that the mentors tried the least frequently and found the most difficult to implement. Mentors are likely to use strategies they can easily apply and encourage their mentee to use during their mentoring interactions, and some strategies may not apply to all mentees. For example, journaling may not be a useful activity for a mentor who is typically engaged in physical or outdoor activities with their mentee and those who believe their mentee would not be interested in this type of reflection. Future studies should

explore how mentors' use of specific strategies may align with youth needs and strengths and how this alignment (or misalignment) affects relationship quality, match length and ultimately youth outcomes.

What Factors were Challenging in Implementing the Enhancements?

Several take-aways are evident from our analyses:

The enhanced tools designed to support mentors' and caregivers' use of CBT strategies were difficult to use and led to inconsistent implementation. As part of the enhancements to the R&R program model, a 2-hour CBT-focused training module was added to the existing pre-match mentor training, existing match support tools were augmented with more targeted questions on the use of CBT strategies, and a caregiver handbook was developed that included worksheets for caregivers to practice CBT strategies at home with their child. While all CBT sites included the additional module in the mentors' training prior to their being matched, some site directors noted that the module was content heavy and included less interaction than the other modules—interaction which would have helped mentors understand how to use CBT principles during their mentoring activities. Site directors felt that their ability to help mentors understand and apply CBT strategies was imperative in determining whether and how well mentors applied those principles to their match interactions. This suggests that although pre-match training may help prepare volunteer mentors for a CBT-focused mentoring approach, once the mentors are matched, the role of the site directors in providing ongoing guidance and support may be vital in helping the mentors use what they've learned during match interactions. In addition, site directors shared that the components that were added to the youth growth plan and monthly check-in tools made it difficult for them to navigate their communications with the mentors and caregivers during their monthly check-ins. Thus, they adapted the terminology requested in these tools and/or used the tools inconsistently.

Programs developing or enhancing tools that are meant to guide staff interactions with clients should ensure that these tools and resources are designed with staff input to ensure ease of use, cultural relevance, and ultimately, the potential for long-term use. Involving site staff who have experience and understanding of the participants and communities being served in the development of these tools will increase not only their contextual relevance but also staff buy-in.

Educating and engaging caregivers in reinforcing CBT strategies at home was the CBT enhancement with the weakest implementation fidelity. An important component of the initiative was the support of caregiver engagement in the use of CBT strategies at home in the day-to-day life of the young person. The hope was that this would increase the likelihood that caregivers would reinforce cognitive, emotional, and behavioral changes initiated through the

mentoring relationship. This program component reflected previous research highlighting the importance of parent engagement in the CBT process (Albano & Kendall, 2002; King et al., 2005).

Most caregivers received the workbook developed as an enhancement to caregiver support, but only a few read the entire workbook, used the worksheets in the workbook, and found the exercises useful. Although fewer than half of the caregivers talked about the CBT strategies with their program staff, those who learned about CBT from the site director found these ideas and tips useful in supporting their child's development. And, as we found in our outcome analyses, when caregivers were exposed to the CBT enhancements, they were more likely to use them with their children, and those children were more likely to report more positive outcomes, specifically related to connections with others and social emotional factors.

Significant barriers for site directors in engaging caregivers were both the limited contact program staff were able to achieve with them and challenges they faced in encouraging them to use the workbook materials they shared with them. Several site directors felt that the workbooks were not structured in a way that helped caregivers easily identify how to use them, and some felt uncomfortable handing busy caregivers a big folder to use. A takeaway for future programming is the importance of carefully considering potential cultural/contextual barriers that may prevent families from fully using program tools and resources and the value of creating culturally sensitive, contextually relevant approaches that have been vetted by site staff to educate and engage caregivers. For example, site directors suggested conducting workshops and group events to help caregivers understand CBT principles and strategies and practice ways they could use these strategies at home. In addition, caregivers suggested the use of technology in receiving this information rather than a folder they received in their initial meeting with the site director.

The strength of YMCA leadership and commitment to Reach & Rise® was not uniform across all agencies, which had implications for implementation quality. A unique feature of the R&R program is its connections with the local YMCA program and its operations through the YMCA facility. The partnership is intended to increase the financial and operational sustainability of the R&R program through such supports as mentor and youth recruitment as well as access to YMCA facilities and activities for the matches. Many site directors expressed limited support from YMCA leadership (e.g., limited access to YMCA facilities and activities, lack of office space and supplies for the site director), which they believed created barriers to implementation quality. With limited YMCA operational and financial support, several study sites closed or lost their site director to turnover over the course of the initiative, and program sites struggled to maintain or recruit staff with the required qualifications due to budget cuts.

Support from the Reach & Rise® national office may have strengthened the support received by site directors. Yet, there were ultimately reductions in the level of national support available over the course of the initiative. Many site directors reported that they needed support and guidance in CBT implementation. While most directors felt they received support in the areas they needed help with, at least a quarter reported receiving ‘none’ or only ‘a little’ support in their specific areas of need. Program costs, which relied for the most part on the number of matches served, were also associated with support from the broader program. When YMCA support was high, the program recruited and served more matches than when support was low. Supports included, for example, allowing the site director to use YMCA networking events to recruit mentors, providing access to technology and supplies, and allowing matches to meet at Y facilities. These findings highlight the important role of the sponsoring or umbrella organizations that houses the program in supporting staff with the financial, material, and professional development resources they need to enable programs to deliver their services as expected.

Study Limitations

In this section, we identify limitations that we needed to address in our analyses.

1. When cases were enrolled into the study, they were assigned study IDs that were to follow them through all stages of data collection. When the data were all collected and processed, we found that for 59 cases (about 10% of the analysis sample) we could not reliably link baseline and follow-up surveys for either the youth or the caregiver. We conducted sensitivity analyses and found that the results were similar when we removed those cases, so we opted to report results for the full sample in this report.
2. At the start of the evaluation, each site could opt to administer surveys in an online version or using a paper version of the same instrument. We envisioned that within each site the mode of administration would not vary within or between cases. Yet, for a number of sites, the research team played a key role in the administration of the follow-up surveys, and because we were not able to travel from site to site, we needed to be flexible in how follow-up surveys were administered. Once the pandemic hit, there were additional barriers to administering surveys in person. We were concerned that the differences in administration mode from baseline to follow-up may have had an adverse effect on the various measures. We conducted sensitivity analyses to were able to rule out the possibility that there was undue influence on the results due to mode.
3. As we noted above, many of the outcome measures focused on behaviors that would have changed due to pandemic restrictions faced by all youth and families. Thus, for the portion of the sample that completed the follow-up surveys after the start of the

pandemic, we may have been measuring changes in outcomes that were because of the pandemic rather than a reflection of the impact of mentoring. We conducted sensitivity analyses and found that the results were similar when we excluded cases with follow-up data collection after the start of the pandemic, so we opted to report results for the full sample in this report.

Conclusion

This report provides documentation of the benefits of a researcher-practitioner partnership. Beginning in 2016, the implementing agency and the evaluation partner took a full year for planning and then launched the evaluation after a joint training event for each of the site directors. Through ongoing collaboration, the pieces were in place for strong program implementation and a rigorous evaluation. In terms of strengths, the R&R sites carried out the pre-match training for all mentors and provided the targeted level of ongoing support to youth, caregivers, and mentors. For the evaluation, the research team worked in collaboration with R&R staff to develop the data collection instruments and achieved high response rates for all study participants.

R&R seeks to develop and sustain what they call the “therapeutic mentoring relationship” for youth. By training mentors on developing rapport and building trust with their mentees, this may lead to a bond between the mentor and mentee that is beneficial even if the mentor does not adopt the CBT strategies. Through the development and attainment of goals, as outlined in the growth plans established at the start of the mentoring relationship, the program intentionally targets outcomes such as family connectedness, school connectedness, and reductions in problem behaviors like delinquency and substance use. This evaluation found evidence that R&R participants were more likely to achieve these targeted outcomes than youth who did not have access to the program. Yet, incorporating CBT enhancements did not appear to significantly improve youth outcomes. Given the nature of the existing R&R model, it is likely the CBT enhancements were not different enough from the BAU model to contribute to even better outcomes.

The evaluation, however, also highlighted several challenges with the implementation of the program. Fidelity to a program model is tricky when there are as many sites as was the case in this initiative. Despite the level of support provided at the national level for all the sites, there was variability in support by leadership at the local YMCA. Each R&R program was led by one primary staff person (i.e., the site director), and several sites experienced turnover in this position. The sites also expressed different levels of buy-in for the use of random assignment in determining receipt of services. That the data collection phase lasted four years meant that

these complicating factors could reappear at various times. And, of course, the global pandemic was disruptive in ways that could not be anticipated.

Analyses presented in this report are focused on assessing the effectiveness of the enhanced R&R model. The dataset we have compiled, however, is rich in details from the perspective of each of the key stakeholder groups: youth, caregivers, mentors, and staff. In many ways, the results presented here are just the beginning of the story that could be told. There is an opportunity for further exploration of staff experiences implementing the program, mentors' use of the CBT strategies, youth and parent perceptions of the program, and the dynamics of the mentoring relationships. Future analyses with these data can address a number of important questions in these areas both for R&R and the broader mentoring field.

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Evaluation of Reach & Rise[®] Program Enhancements to Cognitive Behavioral Mentoring Appendices

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American Institutes for Research

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Contents

Appendix A. Study Measures	A-1
Appendix B. Steps for Analyses	B-1
Appendix C. Evaluation Plan.....	C-1
Appendix D. Survey Instruments.....	D-1
Youth Baseline Survey.....	
Youth Follow-Up Survey.....	
Caregiver Baseline Survey	
Caregiver Follow-Up Survey	
Mentor Baseline Survey	
Mentor Follow-Up Survey	
Staff Baseline Survey.....	
Staff Follow-Up Survey.....	
Appendix E. Research Activities Manual	E-1
Appendix F. Analysis Plan.....	F-1

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Appendix A. Study Measures

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
<i>Distal Outcomes</i>					
Youth Arrest	<p>Youth Arrest: 2 items asking caregivers whether this has happened over the past year.</p> <p>Response options:</p> <ul style="list-style-type: none"> • This has NEVER happened to my child, in his/her entire life. (0) • This has happened to my child but not in the last year. (1) • This happened to my child in the last year. (2) <p>Source: Adapted from Add Health Study (Wave III; Bearman et al., 1997)</p>	Caregiver	<ul style="list-style-type: none"> • In the past 12 months, has your child been stopped or detained by the police for questioning about his/her activities? • In the past 12 months, has your child been arrested or taken in by the police? 	<p>0 = No reports of child being stopped by police or arrested in past year</p> <p>1 = Either or both occurred in past year</p>	NA
	<p>Youth Arrest—data received from local and state juvenile justice agencies</p> <p>Based on data sharing agreement, we accepted data in format that was approved by juvenile justice agency</p>	Official Records	Data from juvenile justice agencies on referrals to juvenile court, reason for referrals, and disposition of referrals.	<p>0 = No new referrals to juvenile court over 15-month period</p> <p>1 = One or more referrals to juvenile court over 15-month period</p>	NA
Antisocial Behavior	<p>Self-reported delinquency: 11 items asking youth how often over the past 12 months they engaged in behaviors.</p> <p>Response options:</p> <ul style="list-style-type: none"> • I have NEVER done this in my entire life (0) • I have done this but not in the last year (1) • I have done this 1-2 times in the last year (2) • I have done this 3 or more times in the last year (3) <p>Source: Adapted from Add Health Study (Wave I; Bearman et al., 1997)</p>	Youth	<ul style="list-style-type: none"> • Hurt someone badly enough to need bandages or care from a doctor or nurse • Deliberately damage property that didn't belong to you • Take something from a store without paying for it • Sell marijuana (pot) or other drugs 	<p>0 = No delinquent behaviors in past 12 months</p> <p>1 = At least one delinquent behavior in past 12 months</p>	.82/.83

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Antisocial Behavior	<p>Gang Involvement: 2 items asking youth about whether they were involved.</p> <p>Response options: No (0) Yes (1)</p> <p>Source:</p>	Youth	<ul style="list-style-type: none"> • Have you ever been initiated into a named gang? • Do you affiliate with a named gang? 	<p>0 = No involvement in gang</p> <p>1 = Youth reports involvement in gang</p>	NA
Substance Use	<p>Substance Use: 7 items asking youth how often over the past year they engaged in behaviors.</p> <p>Response options:</p> <ul style="list-style-type: none"> • I have NEVER done this in my entire life (0) • I have done this but not in the last year (1) • I have done this 1-2 times in the last year (2) • I have done this 3 or more times in the last year (3) <p>Source: Adapted from Herrera et al. (2013)</p>	Youth	<ul style="list-style-type: none"> • Drink alcohol to the point of getting drunk • Use marijuana (pot) • Use other drugs (such as inhalants, cocaine, LSD, heroin, steroids), not including medicine 	<p>0 = No use of substances reported in past year</p> <p>1 = Use of substances reported in past year</p>	.89/.72
Truancy	<p>Truancy: 2 items asking youth about skipping school during the past 3 months of school</p> <p>Response options:</p> <ul style="list-style-type: none"> • I have NEVER done this in my entire life. (0) • I have done this but not in the last 3 months of school (1) • I have done this 1-2 times in the last 3 months of school (2) • I have done this 3 or more times in the last 3 months of school (3) <p>Source: Adapted from Herrera et al. (2013)</p>	Youth	<ul style="list-style-type: none"> • Skipped one or more classes at school without your parent or guardian knowing • Skipped a full day of school without your parent or guardian knowing 	<p>0 = No skipping school in past 3 months (neither item endorsed)</p> <p>1 = Skipped school in past 3 months (one or both items endorsed)</p>	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
School Misbehavior	<p>School Misbehavior: 4 items asking caregivers how often there was a disciplinary response from the school.</p> <p>Response options:</p> <ul style="list-style-type: none"> • This has NEVER happened in my child’s entire life. (0) • This has happened but not in the last 3 months of school (1) • This happened 1-2 times in the last 3 months of school (2) • This happened 3 or more times in the last 3 months of school (3) <p>Source: Adapted from Herrera et al. (2013)</p>	Caregiver	<ul style="list-style-type: none"> • My child’s parent or guardian had to go to school because my child got in trouble • My child was sent to the principal’s office for misbehavior (but not suspension or detention) • My child was sent to in-school detention • My child was suspended (i.e., he/she was not allowed to go to school for one or more days) 	<p>0 = No disciplinary experiences in past 3 months</p> <p>1 = One or more disciplinary experiences in past 3 months</p>	.89/.86
Emotional Well-Being	<p>Depressive Symptoms: 8 items asking youth how often over the previous 7 days they experienced feelings.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Almost never (2) • Sometimes (3) • Often (4) • Always (5) <p>Source: Short-form Pediatric Depressive Symptoms Scale: Patient-Reported Outcomes Measurement Information System (PROMIS; Irwin et al., 2010)</p>	Youth	<ul style="list-style-type: none"> • I could not stop feeling sad. • I felt unhappy. • I felt like I couldn’t do anything right. 	Average across items	.92/.91

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Emotional Well-Being	<p>Happiness: 4 items asking youth how often over the previous 7 days they experienced feelings.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Almost never (2) • Sometimes (3) • Often (4) • Always (5) <p>Source: Short-form Pediatric Positive Affect Scale: Patient-Reported Outcomes Measurement Information System (PROMIS; Irwin et al., 2010)</p>	Youth	<ul style="list-style-type: none"> • I felt happy. • I felt great. • I felt joyful. 	Average across items	.90/.88
	<p>Life Satisfaction: Single item asking youth how they feel about the way their life is</p> <p>Response options from 0 to 10 presented on a ladder: 0 (The worst possible life) to 10 (The best possible life)</p> <p>Source: Cantril (1965); WHO (2006)</p>	Youth	The top of the ladder “10” is the best possible life and the bottom “0” is the worst possible life. In general, where on the ladder do you feel your life is these days?	Response on the single item	NA
	<p>Hope for the Future: 8 items asking youth how they see each description being true for them when they are older and an adult</p> <p>Response options:</p> <ul style="list-style-type: none"> • I’m very sure it won’t be true (1) • I think it probably won’t be true (2) • I think it probably will be true (3) • I’m sure it will be true (4) <p>Source: Abbreviated version of the Hopeful Future Expectations Scale (Bowers et al., 2012)</p>	Youth	<ul style="list-style-type: none"> • Having a job or career that you really enjoy. • Going to college. • Staying out of trouble. 	Average across items	.81/.83

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Quality of Family Connectedness	<p>Family Connectedness: 6 items asking youth how true the statements are about their parents (or guardian).</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Somewhat true (3) • Mostly true (4) • Completely true (5) <p>Source: Karcher (2003)</p>	Youth	<ul style="list-style-type: none"> • I care about my parents very much. • It is important that my parents trust me. • I enjoy spending time with my parents. 	Average across items	.80/.86
Quality of Peer Relationships	<p>Quality of Peer Relations: 8 items asking youth how they have felt about their friends over the past 7 days.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Almost never (2) • Sometimes (3) • Often (4) • Always (5) <p>Source: Quality of Peer Relationships Scale: Patient-Reported Outcomes Measurement Information System (PROMIS; Irwin et al., 2010)</p>	Youth	<ul style="list-style-type: none"> • My friends and I helped each other out. • I was able to count on my friends. • I felt accepted by other kids my age. 	Average across items	.90/.87

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
School Connectedness	<p>School Connectedness: 6 items asking youth how true the statements are about school.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Somewhat true (3) • Mostly true (4) • Completely true (5) <p>Source: Karcher (2003)</p>	Youth	<ul style="list-style-type: none"> • Doing well in school is important to me. • I work hard at school. • I do well in school. 	Average across items	.78/.87
Academic Performance	<p>Academic Performance: Single item asking about grades youth received on their last report card</p> <p>Response options:</p> <ul style="list-style-type: none"> • F's (1) • D's and F's (2) • D's (3) • C's and D's (4) • C's (5) • B's and C's (6) • B's (7) • A's and B's (8) • A's (9) • Something else (10) <p>Source: Adapted from Herrera et al. (2013)</p>	Caregiver	<p>Think about the grades and marks your child got on his/her last report card. Which of the following best describes his/her grades? If your child does not get letter grades, please choose the answer that comes closest to the grades your child got on his/her last report card.</p>	Response on the single item	NA
<i>Intermediate Outcomes</i>					
Creates Connections with Community Supports	<p>Creates Connections with Community Supports: 3 items asking caregivers whether youth has been involved in different types of activities in the last year.</p> <p>Response options:</p> <ul style="list-style-type: none"> • No (0) • Yes (1) <p>Source: Herrera et al. (2007) and Herrera et al. (2013)</p>	Caregiver	<ul style="list-style-type: none"> • Been involved in after-school programs or activities at your child's school? • Been involved in after-school programs or activities but not at your child's school and not at the YMCA? • Volunteered to help out in the community? 	<p>0 = No involvement of child in activities reported (none of items endorsed)</p> <p>1 = Involvement of child in activities reported (one or more items endorsed)</p>	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
<p align="center">Creates Connections with Significant Adults</p>	<p>Connections with Significant Adult: single item asking youth if they have a very important adult (VIA) in their life at the time of the survey.</p> <p>Response options (check all that apply):</p> <ul style="list-style-type: none"> • My parent or other person who raises me (1) • Another adult relative (grandparent, aunt or uncle, etc.) (2) • Teacher, guidance counselor, or other adult at school (3) • Coach or activity leader outside of school (4) • Adult friend, neighbor, friend of your family, or friend's parent (5) • A mentor through the Reach & Rise® mentoring program (6) • A mentor through a different program (7) • Someone else (8) • I do not have a Very Important Adult in my life right now (9) <p>Source: Herrera et al. (2013)</p>	<p align="center">Youth</p>	<p>A Very Important Adult is someone who:</p> <ul style="list-style-type: none"> • Spends a lot of time with you • You can really count on • Gets you to do your best, and • Cares about what happens to you 	<p>0 = Youth did not report a VIA or reported only parent/ caregiver as a VIA</p> <p>1 = Youth reported one or more VIAs other than parent/caregiver</p>	<p align="center">NA</p>
<p align="center">Develops Interests and Talents</p>	<p>Develops Interests and Talents: Single item asking youth if they have a special interest or hobby that they really care about.</p> <p>Response options:</p> <ul style="list-style-type: none"> • No, not at this time (1) • Sort of (2) • Yes, definitely! (3) <p>Source: Adapted from Benson & Scales (2009)</p>	<p align="center">Youth</p>	<p>Some people have a special interest or hobby that they really care about. This is something that takes time and effort to learn about and do well. So it would not be just watching TV or spending time on the internet or social media (e.g., YouTube). Do you have a special interest or hobby like this?</p>	<p>0 = No interest or hobby</p> <p>1 = Youth reports having interest or hobby (either "sort of" or "yes, definitely!")</p>	<p align="center">NA</p>

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Explores Career-Related Interests	<p>Explores Career-Related Interests: 5 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Somewhat true (3) • Mostly true (4) • Completely true (5) <p>Source:</p>	Youth	<ul style="list-style-type: none"> • Thought about all the aspects of working that are important to me. • Learned what I can do to improve my chances of getting into my chosen career. • Identified my strongest talents as I think about careers. 	Average across items	.90/.94
	<p>Explores Career-Related Interests: 2 items asking caregivers whether career-related exploration took place</p> <p>Response options:</p> <ul style="list-style-type: none"> • No (0) • Yes (1) <p>Source:</p>	Caregiver	<ul style="list-style-type: none"> • My child has visited a workplace to see what it would be like to work there in the last 12 months • My child has visited a college to learn about college life or what subjects he/she might be interested in studying in the last 12 months 	<p>0 = No exploration of career-related interests reported (neither item endorsed)</p> <p>1 = Caregiver reports the exploration by child of career-related interests (one or both items endorsed)</p>	NA
Develops Social Skills	<p>7 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Somewhat true (3) • Mostly true (4) • Completely true (5) <p>Source: Social Competencies scale of the Youth Outcome Measures Online Toolbox (adapted from Muris, 2001)</p>	Youth	<ul style="list-style-type: none"> • I can make friends with other kids. • I work well with other kids. • I can tell other kids that they are doing something I don't like. 	Average across items	.76/.86

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Develops Problem-Solving Skills	<p>Problem-solving Skills: 5 items asking youth how much the statements describe themselves</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all like me (1) • A little like me (2) • Somewhat like me (3) • A lot like me (4) • Exactly like me (5) <p>Source: Jarjoura et al. (2018) and Snyder et al. (1997)</p>	Youth	<ul style="list-style-type: none"> • If I'm interested in something, I can find lots of ways to learn more about it. • I can think of lots of solutions when something goes wrong. • When I have a problem, I can come up with lots of ways to solve it. 	Average across items	.83/.81
Develops Goal Setting Skills	<p>Goal Setting Skills: 5 items asking youth how much the statements describe themselves</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all like me (1) • A little like me (2) • Somewhat like me (3) • A lot like me (4) • Exactly like me (5) <p>Source: Lippman et al. (2014)</p>	Youth	<ul style="list-style-type: none"> • It is important to me that I reach my goals. • If I set goals, I take action to reach them. • I develop step-by-step plans to reach my goals. 	Average across items	.85/.85
Strengthens Family Interactions	<p>Parental Involvement 10 items asking how often each behavior or situation typically occurs in the youth's home</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Almost never (2) • Sometimes (3) • Often (4) • Always (5) <p>Source: Alabama Parenting Questionnaire (Essau et al., 2006)</p>	Caregiver	<ul style="list-style-type: none"> • You talk to your child about his/her friends. • You ask your child about his/her day in school. • You help your child with his/her homework. 	Average across items	.84/.89

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Strengthens Family Interactions	<p>Positive Parenting 6 items asking how often each behavior or situation typically occurs in the youth's home</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Almost never (2) • Sometimes (3) • Often (4) • Always (5) <p>Source: Alabama Parenting Questionnaire (Essau et al., 2006)</p>	Caregiver	<ul style="list-style-type: none"> • You let your child know when he/she is doing a good job with something. • You praise your child if he/she behaves well. • You tell your child that you like it when he/she helps out around the house. 	Average across items	.89/.75
<i>Mentoring Relationship Quality</i>					
Closeness	<p>Closeness: Single item asking mentor to what extent they agree with the statement.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Strongly disagree (1) • Disagree (2) • Neither agree or disagree (3) • Agree (4) • Strongly agree (5) <p>Source:</p>	Mentor	I feel close with my mentee.	Response on the single item	NA
	<p>Closeness: Single item asking youth how close they feel toward mentor.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not close at all (1) • Not very close (2) • Somewhat close (3) • Very close (4) <p>Source:</p>	Youth	How close do you feel to your mentor?	Response on the single item	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Satisfaction	<p>Satisfaction: 5 items asking mentors asking mentor to what extent they agree with the statement.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Strongly disagree (1) • Disagree (2) • Neither agree or disagree (3) • Agree (4) • Strongly agree (5) <p>Source: DuBois & Keller (2017)</p>	Mentor	<ul style="list-style-type: none"> • I feel satisfied with my relationship with my mentee. • My relationship with my mentee is an important source of fun and companionship in my life. • I feel my mentee and I accomplish things in our time together. 	Average across items	.91
Investment	<p>Investment: 4 items asking mentors asking mentor to what extent they agree with the statement.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Strongly disagree (1) • Disagree (2) • Neither agree or disagree (3) • Agree (4) • Strongly agree (5) <p>Source:</p>	Mentor	<ul style="list-style-type: none"> • I have invested a great deal of time in my relationship with my mentee. • Compared with most mentors, I think I have put a lot of effort into my relationship with my mentee. • I have put a great deal into my relationship with my mentee that I would lose if our relationship ended. 	Average across items	.77
Growth	<p>Growth: 4 items asking mentors asking mentor to what extent they agree with the statement.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Strongly disagree (1) • Disagree (2) • Neither agree or disagree (3) • Agree (4) • Strongly agree (5) <p>Source:</p>	Mentor	<ul style="list-style-type: none"> • Learning new things together is an important part of our relationship. • My mentee and I spend time on his/her personal growth and development. • I help my mentee to set and reach goals. 	Average across items	.72

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Youth Centered	<p>Youth Centered: 6 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: Jucovy (2002)</p>	Youth	<ul style="list-style-type: none"> • My mentor almost always asks me what I want to do. • My mentor and I decide together what we will do when we meet. • My mentor and I do things I really want to do. 	Average across items	.89
Growth	<p>Growth Focus: 6 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: DuBois & Keller (2017)</p>	Youth	<ul style="list-style-type: none"> • My mentor and I spend time working on how I can improve as a person. • Learning new things together is an important part of our relationship. • My mentor helps me to set and reach goals. 	Average across items	.89
Relational Health	<p>Relational Health: 5 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: Liang et al. (2010)</p>	Youth	<ul style="list-style-type: none"> • My mentor helps me to get to know myself better. • My mentor helps me even more than I ask for or expected. • My mentor encourages me and believes in me. 	Average across items	.87

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Conflict	<p>Conflict: 3 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: Furman & Buhrmester (2009)</p>	Youth	<ul style="list-style-type: none"> • My mentor and I argue with each other. • My mentor and I disagree and quarrel (have upsetting arguments). • My mentor and I get upset with or mad at each other. 	Average across items	.74
Criticism	<p>Criticism: 3 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: Furman & Buhrmester (2009)</p>	Youth	<ul style="list-style-type: none"> • My mentor points out my faults or puts me down. • My mentor says mean or harsh things to me. • My mentor criticizes me. 	Average across items	.88
Pressure	<p>Pressure: 3 items asking youth how true each statement is for them</p> <p>Response options:</p> <ul style="list-style-type: none"> • Not at all true (1) • A little true (2) • Mostly true (3) • Very true (4) <p>Source: Jarjoura et al. (2018)</p>	Youth	<ul style="list-style-type: none"> • I wish my mentor wouldn't always try to teach me things. • My mentor is always trying to make me learn things I'm not interested in. • My mentor expects too much from me sometimes. 	Average across items	.58

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Match Length	Length of mentoring relationship calculated from the match meeting where mentor and mentee are introduced until the termination date when the match is officially closed.	Program Records, Mentor, Caregiver	If mentor (or caregiver, if mentor report is not available) indicates that last contact with mentee happened prior to official termination date, we treat the date of final contact as the match end date. If match is going to continue beyond the youth follow-up survey date, we calculate the match length based on the youth follow-up survey as the end date for the match.	Number of days from start of match to date of match closure. If mentor and mentee did not meet again after match meeting, and youth was not rematched, then match length is set to 0.	NA
<i>Implementation of CBT Enhancements</i>					
Enhancements to Mentor Training, Case Management and Support	Mentor Reported Ways in Which R&R Helped to Use CBT Principles: Single item asking mentors about various ways agency helped them to use CBT principles with mentee Source: Developed for this study	Mentor	<ul style="list-style-type: none"> • The agency provided me with written materials and resources. • My initial training focused on this. • My mentee's growth plan helped me to focus on this during our interactions. • Completing my log helped me to focus on this during our interactions. • The program connected me with other mentors who helped me take on this focus. • Program staff provided me with ideas during our discussions. 	<p>0 = the agency did not help mentor use CBT principles with mentee</p> <p>1 = mentor identified one or more ways that agency provided help</p>	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Enhancements to Mentor Training, Case Management and Support	<p>Program Staff Often Reviews Growth Plan with Mentor: Single item asking mentors to what extent they agree that program staff provided this assistance.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Strongly disagree (1) • Disagree (2) • Neither agree or disagree (3) • Agree (4) • Strongly agree (5) <p>Source: Developed for this study.</p>	Mentor	Program staff often reviewed my mentee's growth plan with me.	<p>0 = mentor did not agree that program staff often reviewed mentee's growth plan together</p> <p>1 = mentor agreed or strongly agreed that program staff often reviewed mentee's growth plan together</p>	NA
	<p>How Often Staff Talk About CBT Strategies in Support Calls: 13 items asking mentors how often staff talked about each CBT strategy</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Rarely (2) • Sometimes (3) • Very often (4) <p>Source: Developed for this study.</p>	Mentor	<ul style="list-style-type: none"> • Getting my mentee to stop and think about his/her behavior. • Helping my mentee to understand the links between thoughts and behaviors. • Relaxation, restructuring, communication or humor to manage anger. 	A count ranging from 0 to 13 indicating for how many of CBT strategies did mentor report talking with staff sometimes or very often.	NA
Mentor Incorporates CBT Practices into Role	<p>Extent of Implementation by Mentor of CBT Strategies: 13 items asking mentors about the extent of four dimensions for each CBT strategy.</p> <p>Source: Developed for this study.</p>	Mentor	<ul style="list-style-type: none"> • How well do you understand this strategy? • How often did staff talk with you about this strategy? • How often did you try to use this strategy with your mentee? • How difficult was it for you to put this strategy into action? 	Weighted average across combined items: Understand the strategy somewhat or very well; talked with staff about strategy sometimes or very often; tried to use strategy sometimes or very often; and did not find difficult to use	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Mentor Incorporates CBT Practices into Role	<p>Youth Report of Mentor Use of CBT Strategies: 13 items asking youth how often their mentor has talked about CBT strategies.</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Sometimes (2) • Often (3) • Always (4) <p>Source: Developed for this study.</p>	Youth	<ul style="list-style-type: none"> • How to be aware of your thoughts, feelings or behaviors? • Understanding how you see yourself, others and things happening around you? • How to keep track of your moods and how you are feeling? 	Average across items	.91
Working on Goals	<p>Mentor Report on Extent Working on Goals with Mentee: 5 items asking mentor about talking with mentee about strategies for achieving goals. Mentors could select all that apply.</p> <p>Source:</p>	Mentor	<ul style="list-style-type: none"> • Specific steps your mentee needs to take to reach these goal(s) • How long it will take to reach these goal(s) • Challenges that might be keeping him/her from reaching these goal(s) 	Count of number of ways (0-5) mentor talked with mentee about achieving goals.	NA
Enhancements to Caregiver Education and Support	<p>Exposure of Caregivers to CBT Enhancements: 3 items asking caregivers about ways program provided information on CBT strategies.</p> <p>Source: Developed for this study.</p>	Caregiver	<ul style="list-style-type: none"> • Did Parent Receive Workbook? • Parent Talked Sometimes or More with Staff about CBT. • Parent Talked More Than Once with Staff about Goals. 	Count of the number of the Enhancements caregiver reported (0-3)	NA

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
<p>Caregiver Uses CBT Practices in Youth Interactions</p>	<p>Caregiver Uses CBT Practices in Youth Interactions: Single item asking caregivers how often they used tips from program in applying CBT strategies in interactions with child(ren).</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (I didn't learn about this) (0) • Never (I did learn about this, but didn't use any tips) (1) • Very rarely (2) • Sometimes (3) • Often (4) • Very often (5) <p>Source: Developed for this study.</p>	<p>Caregiver</p>	<p>How often did you use tips from what you learned about cognitive behavioral mentoring (either through your workbook or in discussions with Reach & Rise® staff) during interactions with your child?</p>	<p>0 = Caregiver did not use CBT strategies in interactions with child(ren) or only used rarely 1 = Caregiver uses CBT strategies at least sometimes.</p>	<p>NA</p>
<p>Caregiver Perceived Support in Parenting</p>	<p>Caregiver Perceived Support in Parenting: 5 items asking caregivers how often they felt like they got support concerning their child(ren).</p> <p>Response options:</p> <ul style="list-style-type: none"> • Never (1) • Rarely (2) • Sometimes (3) • Quite Frequently (4) • Nearly Always (5) <p>Source: Winefield, et al. (1992)</p>	<p>Caregiver</p>	<ul style="list-style-type: none"> • Did they really listen to you when you talked about your concerns or problems related to your child? • Did you feel that they were really trying to understand your problems related to your child? • Did they answer your questions or give you advice about how to solve your problems related to your child? 	<p>Average across items</p>	<p>NA</p>

Construct	Measure(s)	Reporter(s)	Sample Item(s)	Scoring	Reliability
Caregiver Stress	Caregiver Stress: 4 items asking caregivers how often they feel a form of stress Response options: <ul style="list-style-type: none"> • Never (1) • Rarely (2) • Sometimes (3) • Quite Frequently (4) • Nearly Always (5) Source: Adapted from Zarit et al. (1980)	Caregiver	<ul style="list-style-type: none"> • That because of the time you spend with your family you don't have enough time for yourself • Stressed between caring for your family and trying to meet other responsibilities • Uncertain about how to overcome challenges you are facing in your family 	Average across items	NA

Appendix B. Steps for Analyses

Appendix C. Evaluation Plan



Domestic Research & Evaluation

The National Evaluation of Reach and Rise Evaluation Plan

JUNE 2017

The National Evaluation of Reach and Rise

Evaluation Plan

June 2017



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Contents

- Introduction..... 1
- Background on Mentoring and CBT..... 1
- Theory of Change 5
- Sampling 7
- Study population and recruitment..... 8
- Evaluation design..... 13
- Evaluation preparation 13
- Timing and Frequency of Data Collection Using Surveys 14
- Measures 15
- Placement of the study’s measures: 17
- Analytic methods 18
- Power analysis 22
- Process Evaluation 23
- Timeline 29

Introduction

The American Institutes for Research (AIR) is conducting a rigorous process and outcome evaluation of enhancements to the YMCA's Reach & Rise Mentoring program. Recent research has identified both mentoring and cognitive behavioral theory (CBT) as effective delinquency prevention and intervention approaches. Yet, few studies have examined how CBT principles could be combined with mentoring approaches to strengthen youth benefits.

This study will not only provide rigorous evidence about whether the program's enhancements improve youth outcomes and reduce risk for future delinquency; it will also describe the practice models and program characteristics needed to achieve these improvements so that other programs can replicate them with high quality implementation, and thereby serve youth more effectively.

There are currently 38 Reach & Rise sites across the United States. Of those 38 programs, five were deemed to be currently unprepared to participate in a randomized control trial. This was due to a number of factors, including the capacity of the program to deliver the "business-as-usual" model of Reach & Rise and whether there was a program director (the key person to carry out the research activities at each site) in place. As such, a total of 33 of the 38 Reach & Rise programs across the country were invited to participate in the study. To compare the effects of the CBT enhancements to the existing Reach & Rise model, 25 percent of the sites were randomly selected for the business-as-usual (BAU) group that will provide services following the current program model; the remaining 25 will be trained to provide enhanced services and supports to their matches. Then each youth that enrolls in Reach & Rise (regardless of whether it is an enhancement site or BAU site) would be randomly assigned to receive mentoring services as soon as possible (the treatment group), or wait 12 months before receiving services (the control group).

Background on Mentoring and CBT

An estimated 24 million young people—half of the youth between the ages of 8 and 18 years—experience one or more factors putting them at risk for juvenile delinquency.¹ Many of these young people face individual, family, and/or community challenges that contribute to trajectories of lifetime risk.² Youth with low self-esteem; emotional problems; and favorable attitudes toward drugs, rebelliousness, early substance use, and antisocial behavior are prone to experience mental, emotional, or behavioral disorders. Family stress, including conflict, parental anxiety or depression, parent drug or alcohol use, lack of supervision, and poor attachment between parent and child, also hinder youth development. Many youth also face problems in the

¹ Bruce, M., & Bridgeland, J. (2014). *The mentoring effect: Young people's perspectives on the outcomes and availability of mentoring*. Boston, MA: MENTOR.

² O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.



school and community contexts, including poverty, peer rejection, and violence—all linked to a range of mental and emotional challenges. Given the scale of stressors and risks faced by youth within these overlapping contexts, it is not surprising that more than half of youth today will have received a psychiatric diagnosis by the time they reach 18.³ The scale and scope of challenges facing youth today are formidable—each year about 1.1 million youth end up in juvenile court for alleged criminal behaviors.⁴ Yet research has begun to outline the types of support that can make a difference for many of these vulnerable young people.

Mentoring has been cited as a protective factor that can promote a range of cognitive, social, and emotional benefits in youth.⁵ A growing body of rigorous research has indicated that youth experiencing risk and adversity tend to benefit from mentoring in a wide range of areas, including peer and parent relationships, school performance, and avoidance of problem behavior.⁶ High-risk youth also benefit from mentoring in key areas of mental health, including depression.⁷ There is an increasing recognition that mentors are uniquely positioned to influence the thinking and behavior of their mentees. Although modest in magnitude, recent meta-analyses support these findings and reveal greater benefits for youth in programs structured to support mentors in assuming teaching, advocacy, and emotional support roles with youth, along with those that provide strong training for mentors, and support and engage the youth's parents.⁸

Cognitive behavioral therapy (CBT)—an intervention aimed at changing negative patterns of thinking or behavior that contribute to one's difficulties—also shows promise in helping high-risk youth overcome risk.⁹ This approach includes opportunities for youth to gain new skills that help them recognize maladaptive thought patterns, such as cognitive thinking errors, and leverage strategies to improve thinking and modify negative behavior patterns. Research has

³ Merikangas, K. R., Burstein, M., Swanson, S. A., Avenevoli, C. L., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study—Adolescent Supplement. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49, 980–989.

⁴ Hockenberry, S., & Puzanchera, C. (2015). *Juvenile Court Statistics 2013*. Pittsburgh, PA: National Center for Juvenile Justice.

⁵ Rhodes, J. E. (2002). *Stand by me: The risks and rewards of mentoring today's youth*. Cambridge, MA: Harvard University Press; DuBois, D. L., & Karcher, M. J. (Eds.). (2005). *Handbook of youth mentoring*. Thousand Oaks, CA: Sage.

⁶ Tierney, J. P., Grossman, J. B., & Resch, N. L. (1995). *Making a difference. An impact study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures; Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2013). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*. Advance online publication. doi:10.1007/s11292-013-9181-4

⁷ Bauldry, S. (2006) *Positive support: Mentoring and depression among high-risk youth*. Philadelphia: Public/Private Ventures; Herrera, C., DuBois, D. L., & Grossman, J. B. (2013). *The role of risk: Mentoring experiences and outcomes for youth with varying risk profiles*. New York: A Public/Private Ventures project published by MDRC. Retrieved from <http://www.mdrc.org>

⁸ Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2013). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*. Advance online publication. doi:10.1007/s11292-013-9181-4; DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 12, 57–91. doi:10.1177/1529100611414806

⁹ Sudhir, P. M. (2015). Cognitive behavior therapy with adolescents. In M. Mehta & R. Sagar R. (Eds.), *A practical approach to cognitive therapy for adolescents* (pp. 21–42). India: Springer.



documented benefits for youth receiving CBT, including improvements in anxiety, depression, aggression, and substance use disorders.¹⁰ CBT approaches have been shown to be among the most effective types of interventions for high-risk justice-involved youth, particularly those tailored for anger management, sex offenders, and substance use disorders.¹¹

An important feature of CBT success is involvement of the child's family.¹² Involving parents and other significant adults in the child's life as collaborators, or "cognitive behavioral coaches," can help strengthen outcomes by altering maladaptive patterns that these adults may be supporting. At the same time, such an approach reinforces thinking skills learned through CBT, extending benefits beyond the therapy room and into the day-to-day life of the young person.

There is reason to believe that pairing research-informed CBT practices with effective mentoring programming could yield targeted benefits to high-risk youth. Mentors naturally provide an interactive platform for youth to learn and practice new ways of thinking and behaving. Mentors can reinforce positive behaviors and help youth spot maladaptive thought processes. Evidence also suggests that trained and supervised paraprofessionals—lay individuals trained to deliver a particular intervention—may be as effective as mental health professionals when treating some types of behavior problems.¹³ The proposed evaluation seeks to better understand the impact of enhanced mentoring services infused with CBT to identify potential service pathways to better respond to the range of risks faced by youth today.

Although researchers are just beginning to explore how CBT approaches can enrich mentoring, several studies show promise. In one study,¹⁴ youth referred to a community mental health center were randomly assigned to participate in small CBT mentoring groups for 12 weekly, 4-hour sessions or to a control group. Mentors received at least 24 hours of initial training and weekly supervision by an experienced clinician, used modeling, praise, and token economies to reinforce appropriate behavior, and engaged in supportive conversations with youth. After 3 months, mentored youth improved more than those in the control group in social problem solving, and externalizing and internalizing symptoms. Similarly, the ACCESS program for college students

¹⁰ Ollendick, T., & King, N. J. (2004). Empirically supported treatments for children and adolescents: Advances toward evidence-based practice. In P. M. Barrett & T. H. Ollendick (Eds.), *Handbook of interventions that work with children and adolescents: Prevention and treatment* (pp. 3–25). London: Wiley; Report of the Children's Evidence-Based Practices Expert Panel. (2005). Submitted to DSHS Children's Administration, Mental Health Division; Sudhir, P.M. (2015). Cognitive behavior therapy with adolescents. In M. Mehta & R. Sagar (Eds.), *A practical approach to cognitive therapy for adolescents* (pp. 21–42). India: Springer.

¹¹ Latessa, E.J. (2006). Effectiveness of cognitive behavioral interventions for youthful offenders. In B. Glick (Ed.), *Cognitive Behavioral Interventions for At-Risk Youth* (pp. 14-1–14-18). Kingston, NJ: Civic Research Institute; Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52; Pearson, F., Lipton, D., Cleland, C., & Yee, D. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime and Delinquency*, 48(3), 476-496.

¹² Albano, A. M., & Kendall, P. C. (2002). Cognitive behavioural therapy for children and adolescents with anxiety disorders: Clinical research advances. *International Review of Psychiatry*, 14, 129–134. Barrett, P. M., Dadds, M. R., & Rapee, R. M. (1996). Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology*, 64(2), 333.

¹³ Weisz, J. R., Weiss, B., Han, S. S., Granger, D. A., & Morton, T. (1995). Effects of psychotherapy with children and adolescents revisited: A meta-analysis of treatment outcomes studies. *Psychological Bulletin*, 117, 450–468.

¹⁴ Jent, J. F., & Niec, L. N. (2009). Cognitive behavioral principles within group mentoring: A randomized pilot study. *Child & family behavior therapy*, 31(3), 203–219.



with attention-deficit/hyperactivity disorder (ADHD) involves group CBT and individual mentoring. In ACCESS, the mentor's role is, in part, to help students apply behavioral and adaptive thinking strategies (learned in group) to everyday situations and to help them develop and attain realistic goals. Early findings suggest the CBT-mentoring combination reduces maladaptive thinking and ADHD symptoms, and increases organizational skills.¹⁵

These studies, as well as key principles of successful CBT, hint at some of the ways programs might effectively combine CBT with mentoring—strategies that align well with what we already know are best practices in strong mentoring programs. For example, extensive, interactive mentor training prior to beginning the relationship would be essential to ground mentors in key principles and provide examples of how CBT can be used in everyday interactions. Also essential would be regular, focused support throughout the mentoring relationship from an experienced staff person knowledgeable in CBT to encourage the consistent use of effective strategies and redirect mentors when necessary. Finally, engaging and educating parents is critical to ensuring that positive strategies are reinforced consistently at home.

With sites in 38 states, Reach & Rise pairs adult mentors serving in paraprofessional “therapist” roles with youth experiencing risk factors for mental, emotional, and behavioral disorders closely linked with juvenile delinquency. Since 2013, Reach & Rise has received national OJJDP funding to serve high-risk youth. At intake, the program collects baseline data documenting youth experiences with depression, school problems, poor decision making, peer and other relationship challenges, and low self-esteem. Most of the youth in the program exhibit one or more deficits in these areas and are often referred to the program after engaging in behaviors that stem from faulty cognition. Even more notable is that few of these young people have positive role models in their lives to help them learn new ways of approaching challenges. Many are living in families and communities that reinforce—rather than remediate—such behaviors. This particular population, thus, not only appears to be well-served by mentoring but could benefit from focused CBT interventions, especially those that provide new ways of responding to stressors and offer additional layers of support within the family.

The Reach & Rise model of community-based one-on-one mentoring closely adheres to MENTOR's *Elements of Effective Practice*. The model also includes such specialized structures as therapeutic approaches supporting positive adolescent development—a combination that provides a unique context for exploring CBT enhancements to mentoring. For example, the Reach & Rise model provides mentors with more than 16 hours of pre-match training, delivered by program staff with graduate degrees in counseling or social work, and infuses case management practices that support not only the youth but also his or her family—helping to extend the safety net of support for participants.

Specific enhancements—including pre-match training modules for mentors on CBT techniques, strategies for augmenting the youth's growth (i.e., case management) plan, targeted “check-in” tools for mentor support, and a CBT parent education and support component—are being introduced to the model to infuse CBT throughout the mentoring relationship. The next section

¹⁵ Anastopoulos, A. D., & King, K. A. (2015). A cognitive-behavior therapy and mentoring program for college students with ADHD. *Cognitive and Behavioral Practice, 22*(2), 141–151.



describes the research design that AIR is employing to examine potential impacts of this program, and an in-depth analysis of the implementation of CBT-infused mentoring practices in the Reach & Rise model.

Theory of Change

Using principles from CBT, Reach & Rise is enhancing its mentoring programming to include the following strategies:

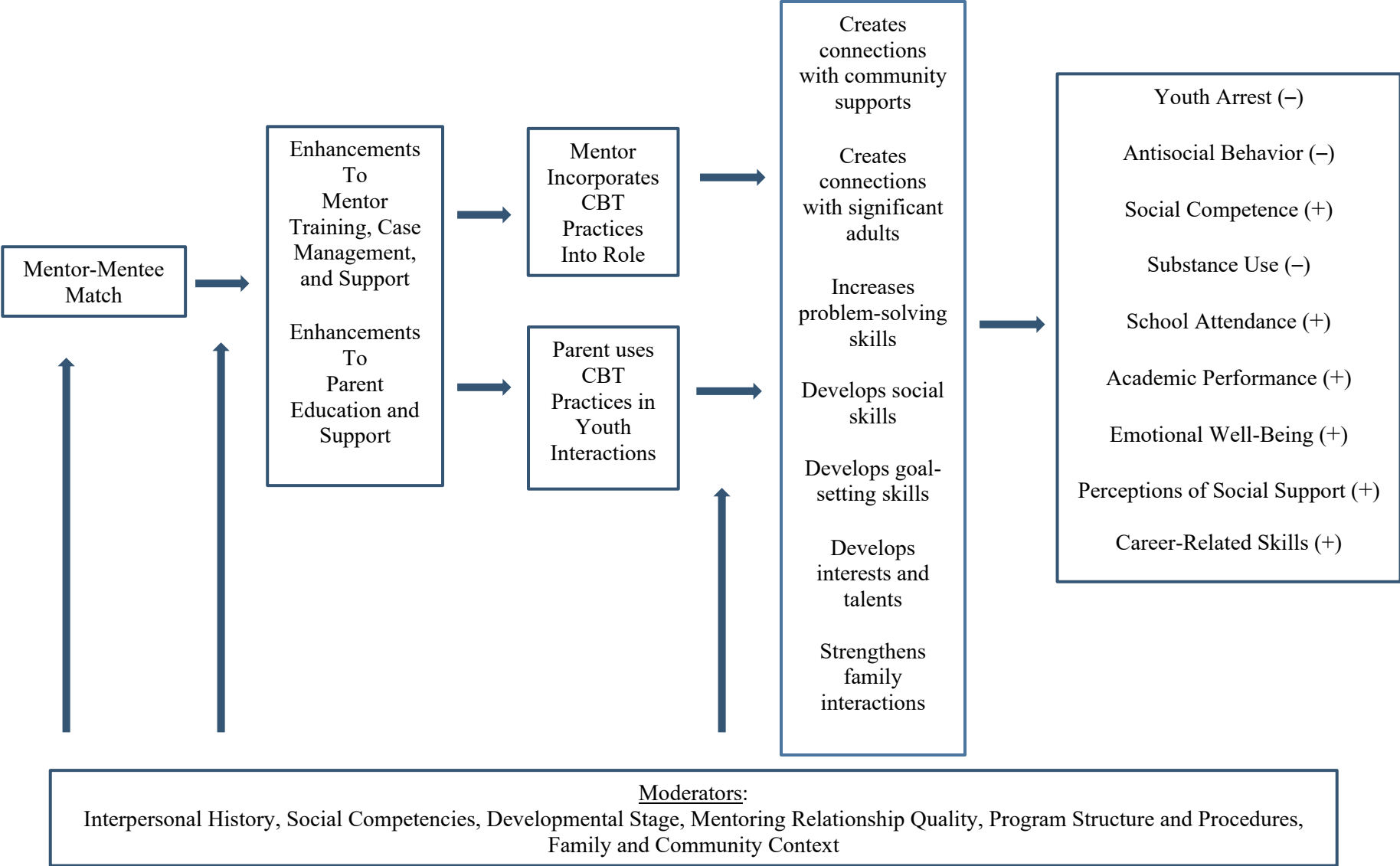
- Providing targeted pre-match training to mentors on CBT techniques;
- Augmenting the youth's case management plan;
- Enhancing mentor support through a targeted “check in” tool; and
- Implementing a CBT parent education and support component.

Combining and targeting these elements is expected to strengthen outcomes for young people aged 9 and older. To test whether the programs have the intended effects on young people, we will conduct a multi-site randomized controlled trial of Reach & Rise programs. The theory of change guiding our evaluation is presented in Figure 1.

The theory of change for this intervention is as follows: Youth are either assigned to be matched with a mentor or to be on a waiting list for 12 months. For the youth in the enhancement programs, their mentors will receive additional specialized training in CBT, the mentors will experience ongoing support from program staff to encourage and reinforcement their use of CBT techniques, and the parents will receive specialized training in CBT. Where the enhancements are implemented well, we expect to find that the mentors will indeed incorporate CBT practices into their role, and parents will use CBT practices in their interactions with the youth. When youth are in relationships with mentors incorporating CBT practices into their mentoring and/or have parents using CBT practices with the youth, then we expect to find that the youth are more likely to: create connections with community supports, create connections with significant adults, increase problem-solving skills, develop social skills, develop goal-setting skills, develop interests and talents, and strengthen family interactions. When youth are changing in these ways, then we expect to see reductions in the likelihood for youth arrest, antisocial behavior, and substance use. We also expect these youth will experience increases in social competence, school attendance, academic performance, emotional well-being, perceptions of social support, and career-related skills.



FIGURE 1. THEORY OF CHANGE



Sampling

The primary focus of this study is to conduct an evaluation of the CBT enhancements as implemented by the R&R programs. With the capacity of each program to support 30 mentor-mentee matches at any one time, and with a majority of matches lasting 12 months or longer, we determined that a no-treatment control group would double the number of youth in the evaluation at each program. This has important implications for the statistical power of the study. To compare the enhancements to the business-as-usual (BAU) model, however, the most feasible design was determined to be a split of 25% of sites using the business-as-usual model and 75% of sites using the enhancements.

Sites were selected to be business-as-usual or enhancement using stratified sampling after the full set of program sites were sorted into four groups using cluster analysis. There were 33 program sites identified to participate in the evaluation and the goal was to select 8 of those sites for the business-as-usual group, leaving 25 sites for the enhancement group. Using cluster analysis provided the opportunity to create four relatively homogeneous strata from which to select the final sample using random sampling procedures. By constructing clusters first, we ensure that we get as diverse a set of programs in the BAU condition as possible, given that we are only selecting one-quarter of the sites (rather than one half) for this comparison condition.

The R&R staff identified 33 sites that will be included in the study. From that list, we used data from a staff survey we conducted in January 2017 to construct four clusters. Using Two-Step Cluster Analysis, four variables were selected as the basis for sorting the programs into four distinct clusters. The most important variable in this analysis is the number of potential adult volunteers that were successfully screened by each program in 2016. The next most important variable is the current size of the mentee wait list. The third variable used, in order of importance, is the percentage of 2016 matches that lasted at least 300 days. The fourth variable used is the length of time that the program directors have been working for R&R. The overall results are that two programs were sorted into Cluster 1, 6 programs were sorted into Cluster 2, 8 programs were sorted into Cluster 3 and 16 programs were sorted into Cluster 4. Since we want programs from each cluster in the BAU condition, we randomly selected one program from Cluster 1, two programs each from Clusters 2 and 3, and three programs from Cluster 4. The final site selection is as follows:

Enhancement Sites			
	State	Cities	YMCA
1	California	San Francisco	YMCA of San Francisco
2	Alabama	Montgomery	YMCA of Greater Montgomery
3	Arizona	Phoenix Area	Valley of the Sun
4	Colorado	Denver area	YMCA of Metro Denver
5	Florida	Pensacola	YMCA of Northwest Florida
6	Hawaii	Honolulu	YMCA of Honolulu
7	Illinois	Belleville, IL	Gateway Region YMCA



Enhancement Sites			
	State	Cities	YMCA
8	Indiana	Kokomo	Kokomo Family YMCA
9	Iowa	Dubuque	Dubuque Community YMCA/YWCA
10	Maryland	Baltimore	Central Maryland
11	Massachusetts	Old Colony	Old Colony YMCA
12	Michigan	Marquette	YMCA of Marquette County
13	Nebraska	Omaha	YMCA of Greater Omaha
14	New Jersey	Newark area	YMCA of Newark & Vicinity
15	New Mexico	Los Alamos	Los Alamos Family YMCA
16	New York	Yonkers	Yonkers Family YMCA
17	Ohio	Cincinnati	Greater Cincinnati
18	Oklahoma	Tulsa	YMCA of Greater Tulsa
19	Oregon	Eugene	Eugene Family YMCA
20	Pennsylvania	Berwick	Berwick Area YMCA
21	Rhode Island	Westerly	Ocean Community YMCA
22	Texas	Fort Worth	YMCA of Metropolitan Fort Worth
23	Washington	Grays Harbor	YMCA of Grays Harbor
24	West Virginia	Mineral County	YMCA Cumberland
25	Tennessee	Nashville	YMCA of Middle Tennessee
Business-as-Usual Sites			
1	Arkansas	Hot Springs	Hot Springs Family YMCA
2	Connecticut	Hartford	YMCA of Greater Hartford
3	Georgia	Atlanta	Northwest Family YMCA
4	Maine	Waterville	YMCA of Greater Waterville
5	North Dakota	Fargo	YMCA of Cass and Clay Counties
6	South Dakota	Aberdeen	Aberdeen Family YMCA
7	Virginia	Martinsville	Martinsville-Henry Co YMCA
8	Wisconsin	La Crosse	La Crosse Area Family YMCA

Study population and recruitment

Most of the programs have volunteers and youth “in the pipeline” that they would like to include in our study. In most cases, these volunteers and youth are appropriate for inclusion. There are some considerations that we believe may impact the outcomes of the particular mentor-mentee relationship that we would be studying, and thus the internal validity of our study. For instance, when a volunteer has recent experience in another project involving enhancements to the mentoring role, it may not be possible for us to identify how the recent mentoring experience has shaped that particular volunteer’s mentoring strategy in ways that complicate our assessment of



either the “business-as-usual” or “enhanced” mentoring in the current study. With these considerations in mind, we offer the following:

- If volunteers have previously been matched in a non-research study match, then these volunteers can be considered for participation in this study.
- If a youth has been previously matched in an R&R mentoring match, that child will not be eligible for inclusion in the study. This will help ensure that we can accurately outline the “first-year-of-match” impacts for youth in the enhanced and business-as-usual treatment groups relative to controls.
- When a youth in the study has a match that closes prematurely, we support/encourage the decision by program staff to seek to rematch the youth to a new mentor, provided that new mentor is provided the opportunity to take part in the study.

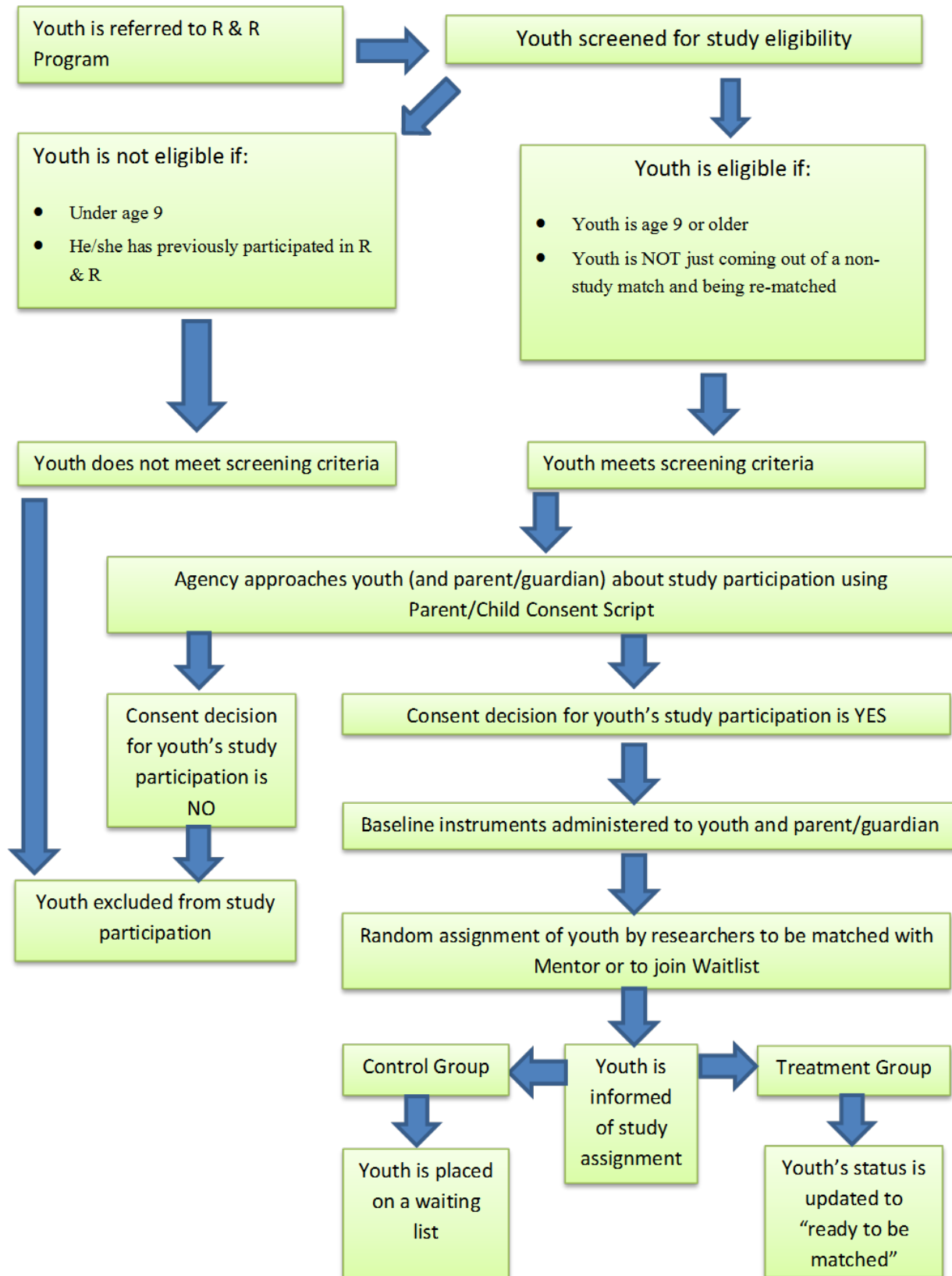
One further restriction is based on the age of the youth. While the R&R program serves youth as young as 6, our plan to collect primary data from the youth participants with surveys affects the suitability for including youth under age 9. For this evaluation, youth are eligible if they are 9 years or older. We have elected not to impose any other restrictions on the enrollment of youth or volunteers for this study.

In each of the sites, young people would consent to take part in the study (see Flow Chart A) and would be randomly assigned to either be matched as soon as possible or to be placed on a wait list for 12 months; volunteers would consent to take part in the study (see Flow Chart B); and then youth assigned to be matched would be matched with consenting volunteers, after which the youth and mentor would be introduced and begin their relationship (see Flow Chart C).

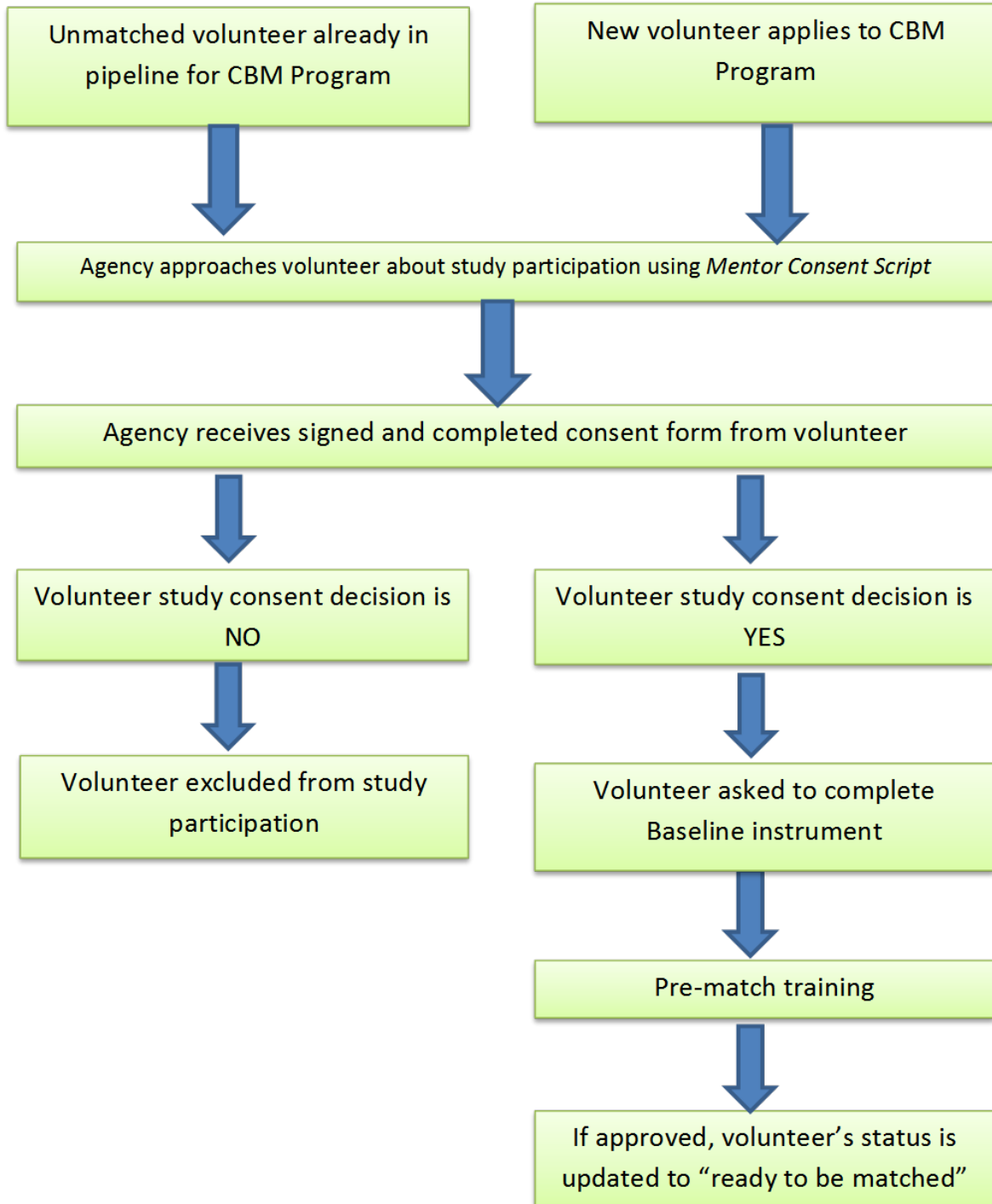
Note: The observation period begins at the time of random assignment and lasts for 12 months. This means that, depending on how long it takes to find a suitable mentor to match with the youth, we will observe less than 12 months of mentoring for each match.



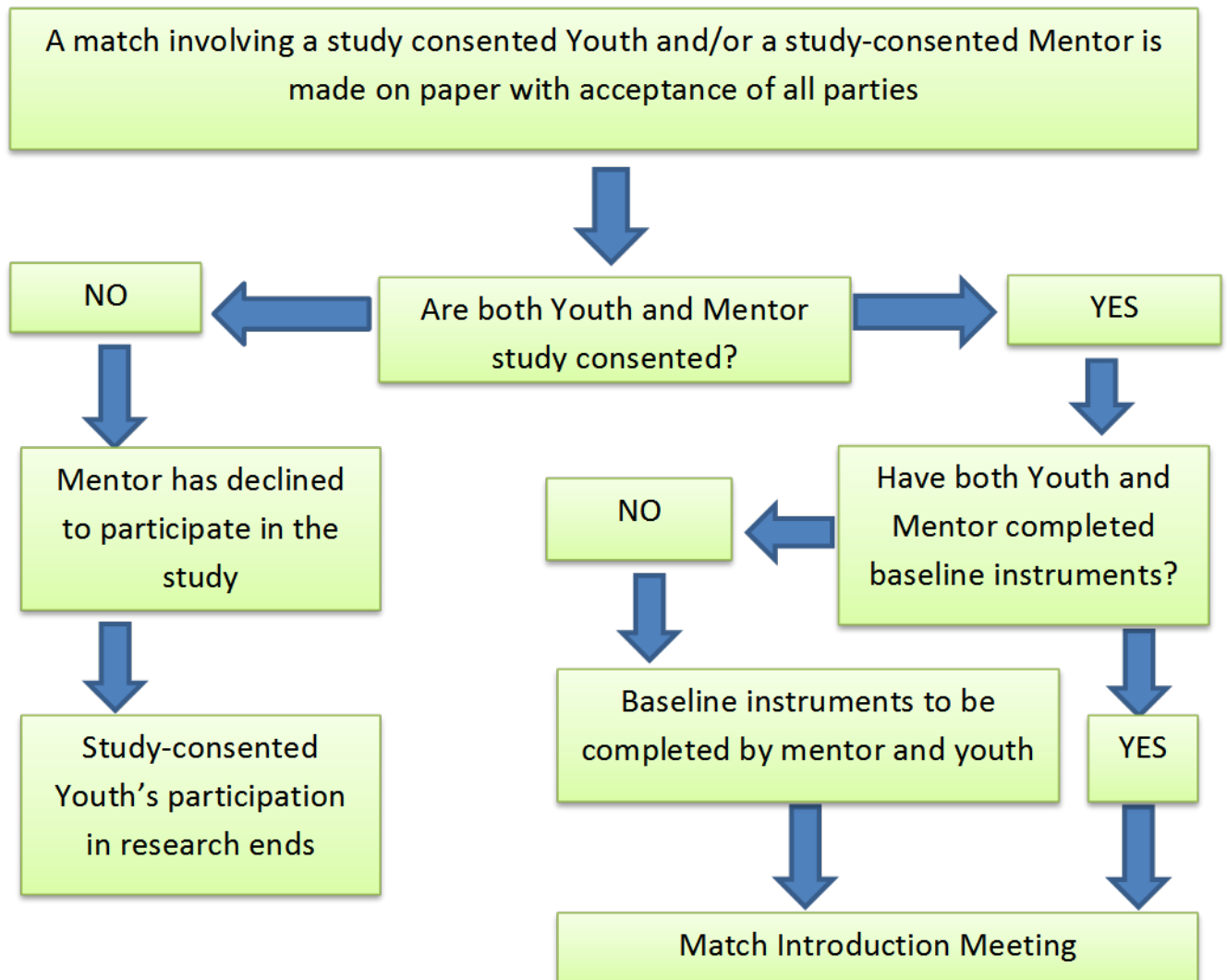
FLOW CHART A: RESEARCH ACTIVITIES WITH YOUTH



FLOW CHART B: RESEARCH ACTIVITIES WITH MENTORS



FLOW CHART C: RESEARCH ACTIVITIES WITH MATCHES



Evaluation design

The comparative effectiveness impact study will compare the outcomes of three groups of youth: (1) youth in a randomly assigned control group that does not receive Reach & Rise mentoring (the control group); (2) youth randomly assigned to a group that will be exposed to the program enhancements (the treatment group); and (3) youth randomly assigned to a group that will receive the current Reach & Rise model (the business-as-usual group). A randomized-controlled trial will provide the strongest evidence that the CBT enhancements improve outcomes for youth. In each program, young people would be randomly assigned to either receive mentoring as soon as possible, or to be put on a wait list for 12 months, until they have completed their follow-up assessment. Whether the youth receive business as usual or enhanced mentoring will be determined by the program's assignment to one of these two groups.

Evaluation preparation

In August 2017, we will conduct an in-person training involving all participating sites and the national office. This day-long interactive training will include the following strategies and goals:

- Meeting program staff where they “are at” and, based on an assessment of their readiness, building on their strengths and capacities;
- Clarifying the role of the evaluators versus that of program staff to minimize the study's burden on program staff and ensure that the research design is not compromised;
- Highlighting and further developing the collaborative nature of the relationship between the evaluation team and the program staff at each collaborative site; and
- Obtaining the “buy-in” of program staff regarding the importance of random assignment and informed consent and how to implement these elements with rigor.

It is important that the program sites are ready to participate in the evaluation before we launch the evaluation. We are providing a checklist to the sites so they could assess their own readiness to begin the outcome evaluation. They will have the checklist prior to the training and will have support from AIR and the Reach & Rise national office to prepare according to the items on the checklist, which include:

- For the enhancement sites, are all of the processes and procedures in place for the CBT enhancements that have designed (e.g., all staff have been hired, training has been designed)?
- Does the AIR team have the details on what your enhancements entail and have we talked with you about how to document implementation/compliance/fidelity with your model?
- Are all of the appropriate staff certified to carry out research duties?
 - Completed online IRB training (from NIH, for instance)
 - Signed the PPA form



- Attended the in-person AIR training (for those staff unable to attend the training, AIR will provide an alternative option)
- Have you verified that consent forms and associated scripts have been prepared and finalized for your site to your satisfaction?
- Have we agreed on the process and timing for the administration of consent forms and baseline instruments?
- Is the site's data collection and management process in place?
 - Do you have a place to securely and separately store blank and completed surveys before mailing to AIR's evaluation team?
- Do you have a process to work with your AIR data manager on random assignment and assigning case IDs that is understood and clear?

We will prepare a series of instructional videos with details for the sites on each of the following: (a) obtaining informed consent; (b) administering baseline surveys; (c) making random assignments; (d) uploading documents to secure AIR server; and (e) use of REDCap system for data entry. The videos will be permanently available for program staff.

Timing and Frequency of Data Collection Using Surveys

1. Youth will complete a baseline survey at the time of their consent and then complete an additional survey at 12 months after random assignment—the advantage here is that will be exactly 12 months between baseline and follow-up for both the control group that is not going to be matched with mentors and the treatment group even though there may be variation among the treatment group participants as to when they are matched with mentors.
2. Parents will complete a baseline survey once they have consented and then another survey at 12 months after random assignment to assess both a subset of youth outcomes and experiences of key program practices/enhancements at follow-up.
3. Mentors will complete a baseline survey once they have consented and then 12 months after youth's assignment to the business as usual/enhanced group, or at the end of their match (whichever comes first). Surveys will assess a range of potential moderators at baseline (e.g., mentor age, experience with youth/CBT principles, perseverance) as well as program experiences at follow-up (e.g., receipt and experience of training, case management, support)
4. R&R staff will complete surveys at the study's beginning and at the end of the study follow-up period. Surveys will assess potential program moderators at baseline (e.g., quality of YMCA support, staff background/characteristics, CBT experience) as well as approach to program implementation at follow-up.

The baseline survey instruments are attached to this plan.



Measures

For the process evaluation, our priorities include:

- Measures of CBT mentoring enhancements
- Measures of parent engagement
- Measures of mentor-mentee compatibility
- Measures of mentoring self-efficacy

In addition, we will be finalizing measures for the following:

- Implementation/fidelity (program delivery)
- Mentor experiences and perceived outcomes
 - a. Mentor perceptions of preparedness for mentoring
 - i. Quality of training
 - ii. Self-efficacy for mentoring
 - b. Perceived Quality/degree of mentor-mentee compatibility (fit on interests, etc.)
 - c. Fulfillment of CBT role
 - d. Quality of mentoring relationship
- Integration of enhancements into program
 - a. What challenges arose and how were they overcome?
 - b. How much do the enhancements cost? (staff hours, mentor incentives, materials, consultants, etc.)
 - c. How does each enhancement fit within broader program services?
- Costs of implementation

For the outcome evaluation, we are seeking to incorporate the following types of outcome measures:

- Performance measures for programs in demonstration project required by OJJDP
- Measures of outcomes identified in other mentoring studies
- Measures theoretically or empirically linked to the integration of CBT functions in the mentoring relationship
- Measures central to the R&R Theory of Change

As such, the outcomes for this evaluation will include youth arrest, antisocial behavior, social competence, substance use, school attendance, grades, emotional well-being, and perceptions of social support. These outcomes will be measured with the follow-up surveys for the youth and parents. For the survey instruments, we plan to incorporate scales and measures of the following variables:

- Pre-delinquent forms of misbehavior
- Justice system involvement and other infractions
- Substance use
- Academic performance
- Social competence
- Family relationships



- Support from non-parental adults
- Problem-solving
- Goal setting
- Sparks development¹⁶
- Mental health
- Mentoring relationship
 - Youth-centered
 - Instrumental growth
 - Emotional engagement
 - Coping support

¹⁶ To measure Sparks development, we offer the following definition to the youth before asking questions on the survey: “When people really care about their talents, interests, or hobbies, we say they have a “spark” in their life. This spark is more than just interesting or fun for them. It gives them joy and energy. It is a really important part of who they are and they spend a lot of time doing it, even if nobody notices.”



Placement of the study's measures:

✓✓ = Primary sources ✓ = Secondary sources	Youth Survey	Mentor Survey	Parent Survey	Staff Survey	Official Records	Program Records
Outcomes						
Delinquency and justice system involvement	✓✓		✓		✓✓	
Academic achievement			✓✓			
Mental health and well-being	✓✓					
Social competence, peer relationships	✓✓		✓✓			
Cognitive skills (e.g., goal setting, problem solving)	✓✓					
Misbehavior (e.g., substance use, school misbehavior, truancy)	✓✓		✓✓			
Career readiness	✓✓		✓			
School/community involvement	✓✓					
Parent-child relationship quality	✓✓					
Parent attitudes/behavior			✓✓			
Mentoring relationship quality/duration	✓✓	✓✓				✓
Mediators/Moderators						
Risks/adversity & assets/resources	✓		✓✓			
Youth & mentor background/characteristics (e.g., youth receipt of mental health care, parenting practices, mentor working in helping professions)	✓	✓✓	✓✓			✓
Staff characteristics (e.g., openness to innovations, experience with CBT)				✓✓		
Program capacity/characteristics				✓✓		✓
Delivery/receipt of enhancements		✓✓	✓✓	✓		✓✓

We anticipate needing to work with the sites to establish partnerships with local juvenile justice agencies. Our goal is to receive the following data from the juvenile court:

- Any involvement in the juvenile justice system prior to being enrolled in the mentoring program:
 - All referrals to juvenile court, with specific data points to include:
 - » Date of arrest or referral to juvenile court
 - » Most serious charge at arrest or referral (type of offense and level of offense)
 - » Was the case diverted from juvenile court processing or was a petition filed?
 - » Was there a true finding (or adjudication)?
 - » What was the disposition (e.g., probation, placements outside of the home)?



- » What was the date when case was finally closed?
- During the time the youth is in the program, we would also want to know of any:
 - Referrals to juvenile court, with specific data points to include:
 - » Date of arrest or referral to juvenile court
 - » Most serious charge at arrest or referral (type of offense and level of offense)
 - » Was the case diverted from juvenile court processing or was a petition filed?
 - » Was there a true finding (or adjudication)?
 - » What was the disposition (e.g., probation, placements outside of the home)?

With regard to the mentor-mentee relationship, we are asking programs to capture data (and submit to AIR team) on the following:

- Length of match
- Frequency of contacts
- Length of contacts
- Description of contacts
 - » In person or other
 - » Activity
 - » Location

Analytic methods

The impact analyses will be structured to address two key questions. First, did enhanced mentoring lead to more positive outcomes (i.e., social competence, school attendance, academic performance, emotional well-being, and perceptions of social support) for youth randomly assigned to receive enhanced mentoring in contrast to those assigned to a wait list for 12 months? Second, did enhanced mentoring lead to reduced involvement in problem behaviors (i.e., substance use, juvenile arrest, antisocial behavior) and lower likelihood of involvement in the juvenile justice system for those youth randomly assigned to receive enhanced mentoring in contrast to those assigned to a wait list for 12 months? These two key questions will be examined to compare outcomes for youth randomly assigned to receive BAU mentoring in contrast to those assigned to a wait list for 12 months, and to compare outcomes for youth receiving enhanced mentoring in contrast to those receiving BAU mentoring.

For each outcome of interest, we will estimate intent-to-treat effects (i.e., analyzing all cases assigned to treatment regardless of exposure to treatment). The intent-to-treat analysis attempts to estimate the average effect of *offering* youth the opportunity to receive enhanced mentoring on the outcomes described above.

The impact evaluation will compare the outcomes of youth offered the program enhancements to those assigned to a wait list. The study involves two clusters—those assigned to provide BAU mentoring and those assigned to provide enhanced CB mentoring. Youth in each program within each cluster are randomly assigned to the mentoring (i.e., treatment) condition. Consequently, the study design parameters are those of a three-level multisite cluster randomized trial. For these



models, the unit of analysis is the individual youth. In this case, youth (Level 1-L1) are clustered within programs (Level 2-L2), and programs are clustered within two programmatic groups (Level 3-L3). The nested structure of the data calls for the use of multilevel modeling techniques that account for interdependencies within the data.

There are 2 clusters at L3, and 32 programs at L2. Recent scholarship has cautioned about the modeling of effects at L2 or L3 where there are fewer than 30 clusters.¹⁷ As such, we will estimate multilevel models for two levels only, where we do just over 30 clusters.

The experimental outcomes will only yield unbiased estimates of the effect of mentoring if the two groups are the same (or statistically similar enough) on basic demographics and baseline outcomes. To establish equivalence between the two groups at baseline, we will estimate effect sizes for the differences between the two groups. Any tests resulting in effect sizes greater than .05 will be seen as significantly different. In the case of the outcome variables, statistically significant differences will lead us to include both baseline and outcome values in those analyses.

Based on the theory of change, there are a number of outcome measures that we assess within families of outcomes. Mathematically, including more outcome measures will increase the likelihood of statistically significant findings that lead us to conclude that enhanced mentoring contributes to a particular outcome, even though the intervention did not actually have a true effect on the youth. In an effort to minimize the number of times that we falsely reject null hypotheses, we will use the Benjamini-Hochberg procedure to compute an adjustment to α (the probability of making a Type I error). We will consider statistically significant results to be those where the adjusted $p < .10$.

Prior to conducting analyses, we will prepare the datasets by using the **mi** command in STATA to address missing data on outcome and control variables.¹⁸ This is a multiple imputation approach.¹⁹ We expect missing data to occur primarily due to lack of collection of 12-month

¹⁷ McNeish, Daniel, & Stapleton, Laura. (2016). The effect of small sample size on two level model estimates: A review and illustration. *Educational Psychology Review* 28(2). DOI 10.1007/s10648-014-9287-x; Raudenbush, S. W., & Bryk, A. S. 2002. *Hierarchical linear models: Applications and data analysis methods (2nd ed.)*. Thousand Oaks, CA: Sage.

¹⁸ We will create a set of dummy variables for missingness for each of the variables (i.e., 0=not missing, 1=missing). We will then look to determine if the data are *Missing Completely at Random* or *Missing at Random*. More importantly, though, is to detect when data are *Not Missing at Random*, so that there is “a relationship between the propensity of a value to be missing and its values.”[see Grace-Martin, K. “How to Diagnose the Missing Data Mechanism.” The Analysis Factor. Available at: <http://www.theanalysisfactor.com/missing-data-mechanism/>] To assess the type of missingness, we will examine the relationship between the missing dummies and the following variables that get at propensity to be missing: demographic characteristics like gender, age, and race/ethnicity; individual and environmental risk; and indicators of the implementation of the programmatic enhancements. We will consider a number of standard tests. For continuous variables, t-tests are relatively simple while we might consider cross-tabs and chi-squares for categorical variables. Nonsignificant findings would imply that the data are missing at random.

¹⁹ Medeiros, R. (2016). Handling missing data in Stata: Imputation and likelihood-based approaches. StataCorp LP; 2016 Swiss Stata Users Group Meeting. Available at: <http://www.stata.com/meeting/switzerland16/slides/medeiros-switzerland16.pdf>



follow-up data from youth, with additional small numbers of youth who do complete the survey but have missing data on each outcome. Based on the total proportion of missing data for any particular outcome, imputation will be used to create a number of different data sets. Imputation will be applied to the outcome measure at both follow-up and baseline, and also the control variables. The outcome analyses will then be conducted on these data sets. Parameter estimates will be averaged across the different analyses. Standard errors for the aggregated results will be calculated using Rubin's (1987) formula that combines variability within and between data sets.

Plan for Multilevel Analyses

Step 1. We will estimate the unconstrained (i.e., null) model to compute the intraclass correlations (ICC) for each youth outcome. The mixed-effects model we will estimate is:

$$Y_{ij} = \gamma_{00} + u_{0j} + r_{ij}$$

where:

γ_{00} is the mean value of the L1 dependent variable

u_{0j} is the error for unit j

r_{ij} is the error for L1

and

$$ICC = \frac{\sigma_{u0}^2}{(\sigma_{u0}^2 + \sigma_r^2)}$$

Step 2. For the Intent-To-Treat analyses, we first will examine an unadjusted model. We will allow the intercepts and slopes from the L1 model to vary across L2 units, but we will not model the variability with L2 predictors. The mixed-effects model we will estimate is:

$$Y_{ij} = \gamma_{00} + \gamma_{10}X_{ij} + u_{0j} + u_{1j}X_{ij} + r_{ij}$$

where:

γ_{00} is the mean value of the L1 dependent variable

γ_{10} is the mean value of the L1 slope for the treatment condition (X)

u_{0j} is the error for the intercepts

u_{1j} is the error for the slopes

r_{ij} is the error for L1

Step 3. For the Intent-To-Treat analyses, we conduct a sensitivity analysis controlling for the baseline L1 control variables noted above. Once again we will allow the intercepts and slopes from the L1 model to vary across L2 units, but we will not model the variability with L2 predictors. The mixed-effects model we will estimate is:



$$Y_{ij} = \gamma_{00} + \gamma_{10}X_{ij} + \gamma_{11}Z_{ij} + u_{0j} + u_{ij}X_{ij} + r_{ij}$$

where:

γ_{00} is the mean value of the L1 dependent variable

γ_{10} is the mean value of the L1 slope for the treatment condition (X)

γ_{11} is the mean value of the L1 slope for the vector of control variables (Z)

u_{0j} is the error for the intercepts

u_{ij} is the error for the slopes

r_{ij} is the error for L1

Model Selection

The specific models we will use for each analysis are based on the distributional properties of each outcome variable. We will be using variations of mixed effects models for nested, multi-level data. For instance:

- For a dependent variable with a continuous distribution, we choose to use a multilevel mixed-effects linear regression model, which assumes a Gaussian (normal) error distribution. This model uses a maximum likelihood method to estimate coefficients.
- For a dependent variable with a non-normal continuous distribution, we will take the log of the dependent variable and use the new logged values as the dependent variable for analyses. In doing so, we would want to use a multilevel mixed-effects generalized linear model which assumes the random effects to be distributed as multivariate normal with a mean of zero and $q \times q$ variance matrix Σ (StataCorp. 2013. Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP. Accessed 14 April 2017: <http://www.stata.com/manuals14/memeglm.pdf>).
- For a dependent variable with a binary or binomial distribution, we choose to use a multilevel mixed-effects logistic regression model. This model gives a conditional distribution for the response assuming that the random effects are Bernoulli, with success probability determined by the logistic cumulative distribution function (CDF) (StataCorp. 2013. Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP. Accessed 14 April 2017: <http://www.stata.com/manuals14/memelogit.pdf>).
- For a dependent variable with ordered, categorical responses, we choose to use a multilevel mixed-effects ordered logistic regression model. This model assumes that larger values correspond to “higher” outcomes and gives a conditional distribution for the response assuming that the random effects are multinomial, with success probability determined by the logistic CDF (StataCorp. 2013. Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP. Accessed 14 April 2017: <http://www.stata.com/manuals14/memeologit.pdf>).
- For a dependent variable of count responses, we choose to use a multilevel mixed-effects Poisson regression model. This model gives a conditional distribution of the responses assuming that the random effects follow a Poisson distribution (StataCorp. 2013. Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP. Accessed 14 April 2017: <http://www.stata.com/manuals14/memepoisson.pdf>).



- For a dependent variable of count responses with evidence of overdispersion (greater variability than we might expect), we choose to use a multilevel mixed-effects negative binomial regression model. This model gives a conditional distribution of the responses assuming that the random effects follow a Poisson-like distribution, but with greater variation than an actual Poisson distribution. The negative binomial model adds a second parameter to allow for the estimation of the model overdispersion (StataCorp. 2013. Stata: Release 13. Statistical Software. College Station, TX: StataCorp LP. Accessed 14 April 2017: <http://www.stata.com/manuals14/memebreg.pdf>).

Power analysis

The design of this study will have the statistical power to detect a minimum effect size of $ES=.18$ (power=.8; $\alpha=.05$) under reasonable assumptions of effect size variability. The DuBois et al. (2011) meta-analysis found average effect sizes of $ES=.18$, but some as high as $ES=.40$. Even under assumptions of high effect-size variability, we would have statistical power to detect a minimum effect size of $ES=.18$. Since random assignment will take place separately in each of the 33 program sites, this provides us with some flexibility in how we choose to pool the data for our analyses. As the variability of effect sizes increases, though, then it is advantageous to pool the data at the program level. With 33 different sites, sample sizes of 80 youth per program would yield minimum detectable effect sizes between $ES=.13$ and $ES=.15$. Under modest variability of effect sizes, we have the power to detect similar effect sizes with only 60 cases in each of the 33 sites.

In estimating statistical power for 2-level random effects blocked individual random assignment, we assume that covariates and blocking at the site level account for 20% and 10% of the variance, respectively; a fairly conservative intraclass correlation (i.e., nonindependence of data within mentoring groups) of .10; and $\alpha = .05$.²⁰ With power for detecting effects set at .80,²¹ we have enough power to detect effect sizes as low as 0.15 when comparing the effectiveness of the enhanced practices to BAU. When comparing the effectiveness of the enhanced practices to no mentoring at all, we have somewhat increased power (i.e., with power for detecting effects set at .80, we have enough power to detect effect sizes as low as 0.13). Finally, when comparing the effectiveness of the BAU mentoring to no mentoring, we have a reduction in statistical power (i.e., with power for detecting effects set at .80, we have only enough power to detect effect sizes as low as 0.27). This table provides the minimum detectable effect sizes (MDES) for a number of scenarios. We also consider the power of an analysis in which we assume the R^2 with risk factors as predictors for delinquency outcomes is 0.20. Finally, we consider how MDES changes when we have 80 youth enrolled at each site, and then reduce the number per site to 70 or even 60.

²⁰ Note that because all BAU sites will be implementing the same BAU program model and all enhanced sites will be implementing the same enhanced program model, we may be able to justify an assumption of fixed effects.

²¹ Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd edition). Hillsdale, NJ: Lawrence Erlbaum Associates.



Comparison:	Treatment vs. Control (Enhancement)		Treatment vs. Control (Business-as-Usual)		Enhancement vs. Business-as-Usual	
	N per site	N of sites	MDES	N of sites	MDES	N of sites
40	25	0.133	8	0.270	33	0.149
35	25	0.140	8	0.283	33	0.158
30	25	0.148	8	0.300	33	0.169
25	25	0.159	8	0.322	33	0.182
40	24	0.136	8	0.270	32	0.152
35	24	0.143	8	0.283	32	0.160
30	24	0.151	8	0.300	32	0.171
40	24	0.136	7	0.301	31	0.154
35	24	0.143	7	0.315	31	0.163
30	24	0.151	7	0.334	31	0.174

There are many encouraging signs from this data display. First, if the study is implemented as designed with 33 sites and 80 youth per site, the statistical power will allow us to comfortably detect effect sizes below the target of 0.18. Second, if we have fewer than 33 sites, we can still detect effect sizes related to the enhancements (i.e., enhancement vs. control; enhancement vs. business-as-usual), even if we lose one enhancement site and one control site. Third, if the programs enroll fewer than 80 youth, then we also expect to still have enough power to detect effect sizes under 0.18. This is true if sites only enroll 70 youth rather than 80; and even if they only enroll only 60 youth. This also applies in the situation where programs enroll 80 youth, but experience attrition at follow-up between 20-25%.

If, however, we determine the variability of effect sizes is so large as to limit the statistical power of our analyses, we may elect to treat each of the 33 programs as a separate experiment and then conduct a meta-analysis of the 33 estimated effects. This is a promising strategy that will even allow for differences in the structure of the analyses in each program (so that those sites randomizing clusters might be analyzed separately). Depending on the level of variance in effect size, we will have sufficient power with 33 estimates to yield minimum detectible effect sizes between $ES=.09$ and $ES=.23$.

Process Evaluation

The process study will be guided by Dane and Schneider's widely used conceptual framework and its application to youth mentoring. The framework includes five components: the extent to which services were provided as planned (adherence), how much (exposure or dosage) and how well (quality of delivery) they were provided, how clients responded to and experienced the services (responsiveness), and how the services differed from those in similar programs (program differentiation). Our process evaluation adds the components of reach (i.e., the proportion of the intended population that receives the intervention) and costs to this framework.



Key features of the data collection plan include: (1) use of the REDCap platform for ongoing, detailed, and uniform recording of reach, implementation, and dosage by staff; (2) site visits to 5 representative sites during Years 2-3, during which we will conduct staff interviews, mentor interviews/focus groups, and parent interviews/focus groups; (3) strategic use of and triangulation across multiple data sources, including staff, mentor, youth, and parent surveys (at Time 2), objective records (REDCap and program), and expert review (to augment assessment of the differentiation of enhancements from existing program models); and (4) a mixed-methods approach using qualitative data (e.g., observations, case notes) to provide depth, detail, and sensitivity to unexpected phenomena that complement the strengths of quantitative data.

Analyses of process data will be organized to address each of the following questions:

- What are the CBT mentoring program enhancements and how are they distinguished from standard practices?
- To what extent are the CBT program enhancements implemented as intended?
- What factors affect the implementation of the CBT mentoring enhancements in the mentoring programs?
- To what extent are study participants exposed to the CBT mentoring program enhancements?
- To what extent do mentors incorporate CBT mentoring into the mentoring role?
- What resources and supports are required to implement the enhancements?

The next table provides details for each of these research questions.



LEVEL OF DATA	Evaluation Question: How do programs implement the enhancements to promote effectiveness?	Components of implementation fidelity	Data Source					
			Surveys	Observations	Document Review	In-person interviews	“Virtual” Staff Focus (BAU)	Cost survey
PROGRAM LEVEL	1. What are the CBT mentoring program enhancements and how are they distinguished from standard practices?	Program differentiation	<p>Staff: Self-reports of differentiation</p> <p>Mentor: Self-reports of understanding of CBT versus BAU</p> <p>Parent: Self-reports of understanding of CBT versus BAU</p> <p>Youth: Self-reports of understanding CBT</p>	Observation of CBT enhancements Training with volunteers	<p>CBT Program Document review: Reach and Rise CBT policies and newly developed documents; Reach and Rise BAU policies and existing program guidance documents; CBT match support documents; BAU match support documents; CBT Training curriculum BAU Training</p>	CBT Staff (What are the CBT enhancements? Describe how these are different from BAU?).	<p>Focus Group BAU Description of BAU training (what are they? What do they look like?) Description of BAU case management (What happens? When? How) Description of BAU parent and family engagement.</p>	
	2. To what extent are the CBT program enhancements implemented as intended?	Adherence	Staff (self-reported use of program enhancements)	Observation of CBT enhancement training;	<p>Database review: numbers of volunteers trained (BAU versus CBT);</p>	<p>Staff interviews: (How are CBT enhancements being implemented at the site? How are staff adapting enhancements?)</p>	<p>Focus Group BAU☺ How does your agency provide training to mentors in the BAU model?)</p>	
	3. What factors affect the implementation of the CBT mentoring enhancements in the mentoring programs?	Implementation quality	<p>Staff (self-report ease of use of enhancements)</p> <p>Parent (self-reported experience of cbt case management)</p> <p>Mentor (self-reported experience participating in CBT training—what worked?)</p>	Observation of CBT enhancement training	<p>Database review: Volunteer attendance (hours); CBT specific match activities (frequency/timing) documented in database</p>	<p>Staff interviews: What challenges do sites face implementing CBT enhancements? How prepared did sites feel about implementing enhancements? What difficulties do staff face? Why do they think these</p>		



LEVEL OF DATA	Evaluation Question: How do programs implement the enhancements to promote effectiveness?	Components of implementation fidelity	Data Source					
			Surveys	Observations	Document Review	In-person interviews	“Virtual” Staff Focus (BAU)	Cost survey
			Youth (Self-reported understanding of CBT use)			challenges are happening?		
INDIVIDUAL LEVEL	4. To what extent are study participants exposed to the CBT mentoring program enhancements?	Dosage	<p>Staff: self-reports of frequency of CBT exposure;</p> <p>Mentor Mentor self-reported hours of training; Mentor self-reported hours of support from program; Mentor self-report frequency of use of CBT activities in match</p> <p>Parent: Self-report contacts frequency with case manager</p>		<p>Document and database review: Documentation of participation in specific training, participation in group activities organized by agency (number of hours, type of activity)</p> <p>Document review: Number of reported use of CBT in monthly match activity logs</p>	<p>Staff interviews: In what ways are your mentors being exposed to CBT enhancements as part of the training? How do you see the program offering CBT enhancements to parents and youth?</p> <p>Mentor interviews: What was your experience participating in the CBT enhancement training? What worked? What was challenging?</p> <p>Parent interview: How did you experience case support from the program? How frequently did you</p>	BAU Staff Focus groups: how frequently do you provide case management and support to your matches?	



LEVEL OF DATA	Evaluation Question: How do programs implement the enhancements to promote effectiveness?	Components of implementation fidelity	Data Source					
			Surveys	Observations	Document Review	In-person interviews	“Virtual” Staff Focus (BAU)	Cost survey
	5. To what extent do mentors incorporate CBT mentoring into the mentoring role?	Participant responsiveness	<p>Mentor survey: Perception of use of CBT enhancements Perception of feelings of self-efficacy using CBT enhancements; perceptions of use of/value in receiving CBT; training; Perceptions of quality of match</p> <p>Parent survey: Perception of use of CBT enhancements; perceptions of feelings of self-efficacy using CBT enhancements with child; Value of receiving CBT enhancements</p>		<p>Document Review: Training evaluations</p>	<p>Staff (Interview questions: please give examples of mentors that incorporated CBT enhancements— what do these relationships look like? What differences do staff see between matches that are high fidelity and low fidelity?)</p> <p>Mentor (Interview questions: How have mentor trainings have shaped their mentoring role, How are mentors incorporating CBT enhancements in their role; In what ways do mentors see youth benefiting from the use of CBT enhancements?)</p>	<p>BAU Focus group: How do your BAU mentors incorporate BAU training into match? How do you work with families on non-CBT enhancements? What are the strategies that are important to use?</p>	
	6. What resources and supports are required to implement the enhancements?	Capacity	<p>Staff survey: types of resources and supports that are critical (e.g. practice, opportunities for feedback)</p>			<p>Staff: what resources were important for you to implement CBT enhancements in your program? What was most</p>	<p>BAU staff focus groups: what support is needed to support day-to-day? What resources are critical for the success of each match?</p>	<p>calculation of program staffing allocation (% time), time spent on each CBT task, and expenses (\$)</p>



LEVEL OF DATA	Evaluation Question: How do programs implement the enhancements to promote effectiveness?	Components of implementation fidelity	Data Source					
			Surveys	Observations	Document Review	In-person interviews	“Virtual” Staff Focus (BAU)	Cost survey
						helpful when you started implementing? Now? How has this changed? What implementation challenges did you face? How would a reduction in (funds, staff time, etc,) change the way you were able to implement CBT enhancements?		



Timeline

Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
1-2	1. Inform the development and assessment of research-informed CBT-based enhancements in each of four practice areas to effectively meet the needs of youth at high-risk of delinquency.	1. Plan all evaluation activities and ensure they are well-suited to measure and assess all study enhancements	Convene research team to strategize planning year	November 2016*	Jarjoura; All team members
1-10			Develop a full evaluation plan including key questions that will be addressed in outcome and process studies and detailed timeline	July 2017	Jarjoura
7-9			Secure IRB approval for research activities	July 2017	Jarjoura; Rummell
7-9			Work with OJJDP and NACJD to develop Data Archiving Plan	August 2017	Jarjoura; Haight



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
1-12			Hold regular strategy meetings with R&R to ensure design stays in line with planned enhancements	September 2017	Jarjoura; All team members
3-9		2. Design outcomes study	Design protocols for conducting random assignment	July 2017	Jarjoura; Herrera
1-9			Design youth, parent, mentor and staff baseline surveys	July 2017	Herrera; Jarjoura
7-8			Pilot survey instruments and revise as needed	June 2017	Herrera
1-8			Create consent forms and protocols for study enrollment	June 2017	Rummell
8-10			Translate surveys and consent forms where necessary and create online versions of instruments	July 2017	Herrera; TBD
10			Develop survey administration procedures, guides, manuals for sites and staff training around survey administration	July 2017	Rummell; Herrera
9-10			Design a database to capture all program-collected data	July 2017	Jarjoura; Haight



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
3-11			Create system for collecting records data and system for coding records data	August 2017	Jarjoura
9-12			Outline structure and content of outcome analyses	September 2017	Jarjoura; Herrera
3-9			Design instruments for collection of cost data	August 2017	Guo; Herrera
2-9		3. Design implementation study	Develop all forms for site data collection (e.g., match activities, receipt of enhancements, implementation data)	July 2017	Rummell; Herrera
7-12			Create protocols for focus groups and interviews	September 2017	Rummell; Haight
10			Submit all study materials, protocols and surveys to IRB for approval	July 2017	Jarjoura; Rummell
1-10		4. Prepare/submit evaluation plan	Prepare detailed evaluation plan and submit to OJJDP	July 2017	Jarjoura



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
10-11		5. Conduct site training in study procedures	Train sites in one central location in obtaining consent, survey administration, random assignment, and other study procedures	August 2017	Jarjoura; Rummell; Crowley
3-8		6. Develop Communication/ Dissemination plan	Develop dissemination plan	June 2017*	Jarjoura; Rummell
13-48	2. Conduct a scientifically-rigorous randomized controlled evaluation of the CBT enhancements to mentoring practices.	1. Ensure that sites are well supported in enrollment and baseline survey administration	Hold bi-weekly meetings with sites to guide data collection efforts (weekly meetings for months 13-21)	September 2020	Rummell; Crowley
13-36			Clean incoming data and troubleshoot to ensure that all incoming study participants are being consented into the study and completing the baseline survey	September 2019	Rummell; Haight



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
13-18		2. Prepare for 12-month follow-ups	Develop follow-up surveys for staff, youth, mentors and parents	March 2018	Herrera
19-20			Translate follow-up surveys, submit to IRB, and move to online format	May 2018	Herrera; Rummell
13-18			Develop tools (scripts, administration guides, etc.) to use in collecting follow-up data	March 2018	Rummell; Herrera
5-10			Develop staff surveys	July 2017	Herrera
22-47		3. Administer follow-up surveys	Hold regular meetings with AIR survey administrators to support data collection efforts	August 2020	Herrera; Rummell
13-48		4. Collect process/implementation data	Conduct staff interviews using Skype	September 2020	Rummell; Crowley
13-48			Conduct focus groups using GoToWebinar	September 2020	Rummell; Crowley; Haight



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
13-48			Transcribe and code all qualitative data	September 2020	Rummell Crowley
6-12		5. Work with sites in the collection of records data	Assist sites in the development of relationships with juvenile justice agencies	September 2017	Jarjoura
37-50		6. Oversee collection of records data	Code incoming records data and integrate into study database	November 2020	Jarjoura
45-56	3. Conduct analyses to rigorously test conceptual model and answer research questions.)	1. Use analysis plan to guide analysis answering all key research questions	Analyze survey and records data to address question of whether the CBT enhanced program model had an impact on youth outcomes	May 2021	Jarjoura; Haight
45-56			Analyze survey data and site data on receipt of enhancements to address mediation/moderation questions to understand what factors affected the strength of effects seen in the overall impact analyses	May 2021	Jarjoura; Haight



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
45-56			Analyze all transcribed focus group and interview data to address implementation/process questions	May 2021	Rummell; Haight
52-55			Conduct cost-benefit analysis	June 2021	Guo
Bi-annually	4. Implement plan to disseminate and translate research findings to inform the field.	1. Prepare/submit 6-month progress reports to OJJDP	Prepare 6-month progress reports, summarizing progress toward study goals and performance measures	Ongoing	Jarjoura
57		2. Prepare/submit practitioner friendly study overview, progress reports and briefs	Prepare practitioner-friendly study overview	June 2021	Rummell; Herrera
Bi-annually			Prepare practitioner friendly progress reports on the study's progress	Ongoing	Jarjoura; Rummell



Month	Project Goal	Related Objective	Activity	Expected Completion Date (*=completed)	Person Responsible
56-59			Prepare practitioner friendly briefs highlighting findings and next steps for practitioners in key areas	August 2021	Jarjoura; Rummell
56-60		3. Prepare/submit final integrative technical and nontechnical reports to OJJDP	Prepare and submit final technical report for OJJDP	September 2021	Full Leadership Team
56-60			Prepare and submit final non-technical report for OJJDP	September 2021	Full Leadership Team
56-60		4. Summarize findings in 2 technical journal articles with input from OJJDP	Prepare article summarizing findings on overall effects of the enhanced CBT model	September 2021	Full Leadership Team
56-60			Prepare article summarizing findings on moderators of program model effects	September 2021	Full Leadership Team



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Egypt
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Ivory Coast
Kyrgyzstan
Liberia
Tajikistan
Zambia

Appendix D. Survey Instruments

Youth Baseline Survey

YOUTH ID: _____

The National Evaluation of Reach & Rise®

YOUTH SURVEY

(Baseline)

Reach & Rise® Location: _____

Youth's First Name *[please print]*: _____

Youth's Last Name *[please print]*: _____

[This cover page should be removed from the survey before it is administered to youth.]

DATE: _____

YOUTH ID: _____

YOUTH SURVEY

ABOUT ME

These first few sets of questions are all about you. Remember there are no right or wrong answers and your name will not be linked with your answers.

1. In this first table, please select one box to show how true each of these sentences is FOR YOU.

	(Please Select One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. I work well with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I can make friends with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I can talk with people I don't know.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I can tell other kids that they are doing something I don't like.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I can tell a funny story to a group of kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I can stay friends with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I can tell other kids what I think, even if they disagree with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. When people have a talent, interest, or hobby that they really care about, we say they have a “spark” in their life. It gives them joy and energy, is a really important part of who they are, and they spend a lot of time doing it, even if nobody notices. A spark is something that takes time and effort to do well so it would not be just watching TV or spending time on the internet or social media (e.g., YouTube).

a. Do you have this kind of spark in your life?

₁ Yes, definitely! → Please write what your spark is here: _____

₂ Sort of → Please write what your possible spark is here: _____

₃ No, not at this time → Please skip to Question 3.

b. About how long have you been spending a lot of time doing the activity that you listed as your spark?

₁ A week or less

₂ A few weeks

₃ 1-2 months

₄ 3-6 months

₅ 7-12 months

₆ More than one year

c. Who has helped you find, spend time on, or get better at your spark? *[Please select all that apply]*

- ₁ A parent or guardian
- ₂ Another adult family member or relative
- ₃ An adult outside of my family
- ₄ A friend or relative my age (not an adult)
- ₅ Someone else *(Please write who this person is to you—not the person’s name:
_____)*
- ₆ No one yet—I’ve done it on my own

3. Please let us know how much each of the following sentences is like you.

	(Please Select One)				
	Not at All Like Me	A Little Like Me	Somewhat Like Me	A Lot Like Me	Exactly Like Me
a. I have goals in my life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I develop step-by-step plans to reach my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If I set goals, I take action to reach them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. It is important to me that I reach my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I make plans to achieve my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I have trouble figuring out how to make my goals happen.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I know how to make my plans happen.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. When I want to get better at something, I look for ways to help myself improve.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. If I’m interested in something, I can find lots of ways to learn more about it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I can think of lots of solutions when something goes wrong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. When I have a problem, I can come up with lots of ways to solve it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. Even when others want to quit, I know that I can find ways to solve the problem.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. Now, please think about your future—that is, what things will be like when you are older and are an adult. How do you see your chances of the following being true for yourself when you are older and an adult?

	(Please Select One)			
	I'm Very Sure It <u>Won't</u> Be True	I Think It Probably <u>Won't</u> Be True	I Think It Probably <u>Will</u> Be True	I'm Very Sure It <u>Will</u> Be True
a. Being involved in helping other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Having friends you can count on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Being healthy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Being safe.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Having a job or career that you really enjoy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Having enough money to buy the things you need.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Staying out of trouble.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Going to college.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5. This next question asks you how you feel about the way your life is lately. It uses a picture of a ladder. The top of the ladder “10” is the best possible life and the bottom “0” is the worst possible life. In general, where on the ladder do you feel your life is these days? Select the box next to that number.

10 <input type="checkbox"/>
9 <input type="checkbox"/>
8 <input type="checkbox"/>
7 <input type="checkbox"/>
6 <input type="checkbox"/>
5 <input type="checkbox"/>
4 <input type="checkbox"/>
3 <input type="checkbox"/>
2 <input type="checkbox"/>
1 <input type="checkbox"/>
0 <input type="checkbox"/>

ADULTS IN MY LIFE

6. Now, we'd like to ask you about any Very Important Adults you might have in your life right now. A Very Important Adult is someone who:

- spends a lot of time with you,
- you can really count on,
- gets you to do your best, and
- cares about what happens to you.

Please select the boxes that describe any Very Important Adults in your life right now. **If you have more than one Very Important Adult, you may select more than one box, but each person should do all of the things listed.** If you do not happen to have a Very Important Adult in your life right now, please select the very last box.

- ₁ My parent or other person who raises me
- ₂ Another adult relative (grandparent, aunt or uncle, etc.)
- ₃ Teacher, guidance counselor, or other adult at school
- ₄ Coach or activity leader outside of school
- ₅ Adult friend, neighbor, friend of your family, or friend's parent
- ₆ A mentor through this program
- ₇ A mentor through a different program than this one
- ₈ Someone else (*Please write who this person is to you—not the person's name:*
_____)
- ₉ I do not have a Very Important Adult in my life right now.

SCHOOL

These next few questions ask about how things are going in school.

7. Please tell us how true the following sentences are for YOU.

	(Please Select One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. I work hard at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I enjoy being at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I get bored in school a lot.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I do well in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I feel good about myself when I am at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Doing well in school is important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. These questions ask about how often you have done different things **in the last 3 months of school**. If you are in summer break now, think about the last three months that you were in school before the summer break.

How often, <u>in the last 3 months of school</u> have you...	(Please Select One)			
	I have NEVER done this in my entire life	I have done this but not in the last 3 months of school	I have done this 1-2 times in the last 3 months of school	I have done this 3 or more times in the last 3 months of school
a. skipped one or more classes at school without your parent or guardian knowing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. skipped a full day of school without your parent or guardian knowing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

HOW I FEEL

9. These questions ask about how you have been feeling over the past 7 days. Please select one box to show how often you have been feeling this way over the past 7 days.

In the past 7 days...	(Please Select One)				
	Never	Almost Never	Sometimes	Often	Almost Always
a. I could not stop feeling sad.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I felt alone.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I felt great.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I felt everything in my life went wrong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I felt unhappy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I felt like I couldn't do anything right.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I felt cheerful.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I felt lonely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. I felt sad.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I felt joyful.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. It was hard for me to have fun.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. I felt happy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY FRIENDS

10. Now, please think about how you've felt about your friends **over the past 7 days**.

In the past 7 days...	(Please Select One)				
	Never	Almost Never	Sometimes	Often	Almost Always
a. I was able to count on my friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I was able to talk about everything with my friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Other kids wanted to be my friend.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I was good at making friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My friends and I helped each other out.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Other kids wanted to be with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Other kids wanted to talk to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I felt accepted by other kids my age.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY FAMILY

11. The next few questions are about your family. **When we ask about your parents, please think about the adult or adults who are raising you, even if you live with only one parent or guardian.** Please tell us how true each of the following sentences is about your family.

	(Please Select One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. My family has fun together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is important that my parents trust me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I enjoy spending time with my parents.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My parents and I disagree about many things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My parents and I get along well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I care about my parents very much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

THE LAST YEAR

12. In these next questions, we'd like to know about different things you've done or that have happened to you during the LAST YEAR. This section asks about some activities which may be against the rules or against the law. We hope you will answer all of these questions. However, if you find a question which you cannot answer honestly, we would rather that you leave it blank. **Remember, your answers will be kept completely private—your name will not be on your survey. Please remember to think only about the last 12 months.**

In the past 12 months, how often did you...	(Please Select One)			
	I have NEVER done this in my entire life	I have done this but not in the last year	I have done this 1-2 times in the last year	I have done this 3 or more times in the last year
a. paint graffiti or signs on someone else's property or in a public place?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. deliberately damage property that didn't belong to you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. lie to your parents or guardians about where you had been or whom you were with?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. take something from a store without paying for it?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. get into a serious physical fight?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. hurt someone badly enough to need bandages or care from a doctor or nurse?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. run away from home?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. drive a car without its owner's permission?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. steal something worth more than \$50?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. go into a house or building to steal something?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. use or threaten to use a weapon to get something from someone?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. sell marijuana (pot) or other drugs?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. steal something worth less than \$50?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. take part in a fight where a group of your friends was against another group?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. act loud, rowdy, or unruly in a public place?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

In the past 12 months, how often did you...	(Please Select One)			
	I have NEVER done this in my entire life	I have done this but not in the last year	I have done this 1-2 times in the last year	I have done this 3 or more times in the last year
p. use an electronic vapor product (e-cigarettes, e-pipes, vaping pens, e-hookahs, etc.)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. use tobacco (cigarettes, cigars, chewing tobacco)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. drink alcohol without your parents' permission?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. drink alcohol to the point of getting drunk?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. use marijuana (pot)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u. use medicine or prescription drugs to get high?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. use other drugs (such as inhalants, cocaine, LSD, heroin, steroids), <u>not</u> including medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

13. Now, please think about things you may have done over the last year when thinking about a career or job you might want to have when you get older. How true are the following statements for you **over the past 12 months?**

Over the past 12 months, I have...	(Please Select One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. identified my strongest talents as I think about careers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. learned as much as I can about the particular educational requirements of the career that interests me the most.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. learned what I can do to improve my chances of getting into my chosen career.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. tried to find people that share my career interests.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. thought about all the aspects of working that are important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A “gang” or “street gang” is a **named** group of young people who do things together that are against the law. Some gangs show their colors or other symbols to represent the gang, they sometimes claim turf or territory, and many have leaders.

14. Have you ever been initiated into a named gang?

- ₀ No
- ₁ Yes

15. Do you affiliate with a named gang?

- ₀ No
- ₁ Yes

16. **For these last questions, please think about things you’ve done ONLY during the past year.**

Over the past year have you...

a. been involved in clubs during the school day at your school (like band, newspaper, drama, chorus, public speaking)?

- ₀ No
- ₁ Yes

b. been a leader in a school or community activity (for example serving in student council or student government)?

- ₀ No
- ₁ Yes

c. gone to religious classes (like Sunday School, catechism, Hebrew School) or religious services (like Mass) at your church, mosque, temple or synagogue?

- ₀ No
- ₁ Yes, once or twice
- ₂ Yes, every month or two
- ₃ Yes, more than once a month

Thank you for taking the time to complete our survey!

YOUTH ID: _____

Youth Follow-Up Survey

DATE: _____

YOUTH ID:

The National Evaluation of Reach & Rise®

YOUTH FOLLOW-UP SURVEY

Reach & Rise® Location: _____

Youth's First Name: _____

Youth's Last Name: _____

[This cover page should be removed from the survey before it is administered to the youth.]

DATE: _____

YOUTH ID:

«YOUTH»

YOUTH SURVEY

ABOUT ME

These first few sets of questions are all about you. Remember there are no right or wrong answers and your name will not be linked with your answers.

1. In this first table, please check one box to show how true each of these sentences is FOR YOU.

	(Please Check One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. I work well with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I can make friends with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I can talk with people I don't know.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I can tell other kids that they are doing something I don't like.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I can tell a funny story to a group of kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I can stay friends with other kids.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I can tell other kids what I think, even if they disagree with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. What is the month and day of your birthday?

Month: _____ Day: _____

3. Some people have a special interest or hobby that they really care about. This is something that takes time and effort to learn about and do well. So it would not be just watching TV or spending time on the internet or social media (e.g., YouTube). Do you have a special interest or hobby like this?

₁ No, not at this time → Please skip to Question 4 on the next page.

₂ Sort of → Please write your possible special interest or hobby here: _____

₃ Yes, definitely! → Please write your special interest or hobby here: _____

a. About how often do you spend time doing activities that involve your special interest or hobby?

₁ Never or almost never

₂ A few times each year

₃ 1 or 2 times a month

₄ 1 or 2 times a week

₅ Almost every day or every day

b. Who has helped you find, spend time on, or get better at your special interest or hobby? [Please check all that apply.]

- ₁ A parent or guardian
- ₂ Another adult family member or relative
- ₃ An adult outside of my family
- ₄ A friend or relative my age (not an adult)
- ₅ Someone else (Please write who this person is to you—not the person's name:
_____)
- ₆ No one yet—I've done it on my own

4. Please let us know how much each of the following sentences is like you.

	(Please Check One)				
	Not at All Like Me	A Little Like Me	Somewhat Like Me	A lot Like Me	Exactly Like Me
a. I have goals in my life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I develop step-by-step plans to reach my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If I set goals, I take action to reach them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. It is important to me that I reach my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I make plans to achieve my goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I have trouble figuring out how to make my goals happen.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I know how to make my plans happen.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. When I want to get better at something, I look for ways to help myself improve.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. If I'm interested in something, I can find lots of ways to learn more about it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I can think of lots of solutions when something goes wrong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. When I have a problem, I can come up with lots of ways to solve it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. Even when others want to quit, I know that I can find ways to solve the problem.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. Now, please think about your future—that is, what things will be like when you are older and are an adult. How do you see your chances of the following being true for yourself when you are older and an adult?

	(Please Check One)			
	I'm Very Sure It <u>Won't</u> Be True	I Think It Probably <u>Won't</u> Be True	I Think It Probably <u>Will</u> Be True	I'm Very Sure It <u>Will</u> Be True
a. Being involved in helping other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Having friends you can count on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Being healthy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Being safe.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Having a job or career that you really enjoy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Having enough money to buy the things you need.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Staying out of trouble.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Going to college.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. This next question asks you how you feel about the way your life is lately. It uses a picture of a ladder. The top of the ladder “10” is the best possible life and the bottom “0” is the worst possible life. In general, where on the ladder do you feel your life is these days? Check the box next to that number.

10 <input type="checkbox"/>
9 <input type="checkbox"/>
8 <input type="checkbox"/>
7 <input type="checkbox"/>
6 <input type="checkbox"/>
5 <input type="checkbox"/>
4 <input type="checkbox"/>
3 <input type="checkbox"/>
2 <input type="checkbox"/>
1 <input type="checkbox"/>
0 <input type="checkbox"/>

ADULTS IN MY LIFE

7. Now, we'd like to ask you about any Very Important Adults you might have in your life right now. A Very Important Adult is someone who:

- spends a lot of time with you,
- you can really count on,
- gets you to do your best, and
- cares about what happens to you.

Please check the boxes that describe any Very Important Adults in your life right now. **If you have more than one Very Important Adult, you may check more than one box, but each person should do all of the things listed.** If you do not happen to have a Very Important Adult in your life right now, please check the very last box.

- ₁ My parent or other person who raises me
- ₂ Another adult relative (grandparent, aunt or uncle, etc.)
- ₃ Teacher, guidance counselor, or other adult at school
- ₄ Coach or activity leader outside of school
- ₅ Adult friend, neighbor, friend of your family, or friend's parent
- ₆ A mentor through the Reach & Rise[®] mentoring program
- ₇ A mentor through a different program
- ₈ Someone else (*Please write who this person is to you—not the person's name:*
_____)
- ₉ I do not have a Very Important Adult in my life right now.

SCHOOL

These next few questions ask about how things are going in school.

8. Please tell us how true the following sentences are for YOU.

	(Please Check One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. I work hard at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I enjoy being at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I get bored in school a lot.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I do well in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I feel good about myself when I am at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Doing well in school is important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

9. These questions ask about how often you have done different things **in the last 3 months of school**. If you are in summer break now, think about the last three months that you were in school before the summer break.

How often, <u>in the last 3 months of school</u> have you...	(Please Check One)			
	I have NEVER done this in my entire life	I have done this but <u>not</u> in the last 3 months of school	I have done this 1-2 times in the last 3 months of school	I have done this 3 or more times in the last 3 months of school
a. skipped one or more classes at school without your parent or guardian knowing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. skipped a full day of school without your parent or guardian knowing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

HOW I FEEL

10. These questions ask about how you have been feeling over the past 7 days. Please check one box to show how often you have been feeling this way **over the past 7 days**.

In the past 7 days...	(Please Check One)				
	Never	Almost Never	Sometimes	Often	Almost Always
a. I could not stop feeling sad.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I felt alone.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I felt great.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I felt everything in my life went wrong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I felt unhappy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I felt like I couldn't do anything right.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I felt cheerful.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I felt lonely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. I felt sad.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I felt joyful.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. It was hard for me to have fun.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. I felt happy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY FRIENDS

11. Now, please think about how you've felt about your friends **over the past 7 days**.

In the past 7 days...	(Please Check One)				
	Never	Almost Never	Sometimes	Often	Almost Always
a. I was able to count on my friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I was able to talk about everything with my friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Other kids wanted to be my friend.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I was good at making friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My friends and I helped each other out.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Other kids wanted to be with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Other kids wanted to talk to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I felt accepted by other kids my age.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY FAMILY

12. The next few questions are about your family. **When we ask about your parents, please think about the adult or adults who are raising you, even if you live with only one parent or guardian.** Please tell us how true each of the following sentences is about your family.

	(Please Check One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. My family has fun together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. It is important that my parents trust me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I enjoy spending time with my parents.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My parents and I disagree about many things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My parents and I get along well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I care about my parents very much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

THE LAST YEAR

13. In these next questions, we'd like to know about different things you've done or that have happened to you during the LAST YEAR. This section asks about some activities which may be against the rules or against the law. We hope you will answer all of these questions. However, if you find a question which you cannot answer honestly, we would rather that you leave it blank. **Remember, your answers will be kept completely private—your name will not be on your survey. Please remember to think only about the last 12 months.**

In the past 12 months, how often did you...	(Please Check One)			
	I have NEVER done this in my entire life	I have done this but not in the last year	I have done this 1-2 times in the last year	I have done this 3 or more times in the last year
a. paint graffiti or signs on someone else's property or in a public place?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. deliberately damage property that didn't belong to you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. lie to your parents or guardians about where you had been or whom you were with?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. take something from a store without paying for it?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. get into a serious physical fight?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. hurt someone badly enough to need bandages or care from a doctor or nurse?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. run away from home?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. drive a car without its owner's permission?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. steal something worth more than \$50?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. go into a house or building to steal something?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. use or threaten to use a weapon to get something from someone?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. sell marijuana (pot) or other drugs?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. steal something worth less than \$50?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. take part in a fight where a group of your friends was against another group?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. act loud, rowdy, or unruly in a public place?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

In the past 12 months, how often did you...	(Please Check One)			
	I have NEVER done this in my entire life	I have done this but not in the last year	I have done this 1-2 times in the last year	I have done this 3 or more times in the last year
p. use an electronic vapor product (e-cigarettes, e-pipes, Juuls, vaping pens, e-hookahs, etc.)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. use tobacco (cigarettes, cigars, chewing tobacco)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. drink alcohol without your parents' permission?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. drink alcohol to the point of getting drunk?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. use marijuana (pot)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u. use medicine or prescription drugs to get high?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. use other drugs (such as inhalants, cocaine, LSD, heroin, steroids), not including medicine?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

14. Now, please think about things you may have done over the last year when thinking about a career or job you might want to have when you get older. How true are the following statements for you **over the past 12 months?**

Over the past 12 months, I have...	(Please Check One)				
	Not at All True	A Little True	Somewhat True	Mostly True	Completely True
a. identified my strongest talents as I think about careers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. learned as much as I can about the particular educational requirements of the career that interests me the most.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. learned what I can do to improve my chances of getting into my chosen career.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. tried to find people that share my career interests.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. thought about all the aspects of working that are important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A “gang” or “street gang” is a **named** group of young people who do things together that are against the law. Some gangs show their colors or other symbols to represent the gang, they sometimes claim turf or territory, and many have leaders.

15. Have you ever been initiated into a named gang?

- ₀ No
₁ Yes

16. Do you affiliate with a named gang?

- ₀ No
₁ Yes

17. For these next questions, please think about things you’ve done **ONLY during the past year.**

Over the past year have you...

a. been involved in clubs during the school day at your school (like band, newspaper, drama, chorus, public speaking)?

- ₀ No
₁ Yes

b. been a leader in a school or community activity (for example serving in student council or student government)?

- ₀ No
₁ Yes

c. gone to religious classes (like Sunday School, catechism, Hebrew School) or religious services (like Mass) at your church, mosque, temple or synagogue?

- ₀ No
₁ Yes, once or twice
₂ Yes, every month or two
₃ Yes, more than once a month

18. Have you met with a mentor two or more times in the last year as part of the Reach & Rise® mentoring program? A mentor is an adult who is assigned to spend time with you as part of your involvement in a mentoring program. Please think only about the person who was assigned to be your mentor, not someone who works with all the youth in the program.

- Please answer “**NO**” to this question only if you have never met with a mentor OR if you have met with a mentor but only once during this entire year.
- Please answer “**YES**” even if you are no longer meeting with this mentor or your relationship lasted only a very short period of time (but more than one meeting).

- ₀ No → If you answered ‘No,’ you have finished completing the survey. Thank you!
₁ Yes → Please continue with the next section.

MY MENTOR

These next questions ask about your relationship with your Reach & Rise® mentor. For each question, please choose the ONE response that fits your feelings the best.

- If you were matched with another mentor before the one you are matched with now, please think about the mentor you are matched with now.
- If you are no longer matched with a mentor, please think about the last mentor you were matched with and how you felt near the end of the time you were matched.

19. How close do you feel to your mentor?

- ₁ Not close at all
₂ Not very close
₃ Somewhat close
₄ Very close

20. Please decide how true each sentence is for your feelings about your mentor. Then choose one answer that fits best.

How true is each of the following statements for you?	(Please Check One)			
	Not at All True	A Little True	Mostly True	Very True
a. My mentor almost always asks me what I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. My mentor and I spend time working on how I can improve as a person.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. My mentor and I argue with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. My mentor helps me to get to know myself better.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. My mentor and I work on projects together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. My mentor helps me even more than I ask for or expected.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. My mentor is always interested in what I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I wish my mentor wouldn't always try to teach me things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. My mentor and I can work out our differences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. My mentor and I decide together what we will do when we meet.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. My mentor and I disagree and quarrel (have upsetting arguments).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. My mentor helps me to set and reach goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

How true is each of the following statements for you?	(Please Check One)			
	Not at All True	A Little True	Mostly True	Very True
m. My mentor and I accomplish a lot of things together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. My mentor and I talk together about how to solve problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. My mentor points out my faults or puts me down.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. My mentor encourages me and believes in me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. I feel happy after being with my mentor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r. My mentor and I like to do a lot of the same things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s. My mentor says mean or harsh things to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t. My mentor is always trying to make me learn things I'm not interested in.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
u. My mentor tries hard to understand my feelings and goals about school, my life or whatever is important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
v. My mentor thinks of fun and interesting things to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
w. My mentor and I get upset with or mad at each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
x. My mentor criticizes me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
y. My mentor expects too much from me sometimes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
z. My mentor and I do things I really want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
aa. Learning new things together is an important part of our relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. Mentors talk about a lot of different things with their mentees. Here are some examples of things they might talk about. Has your mentor talked about any of these things with you? Please choose one answer that fits best to show how often your mentor has talked about each of these things with you.

How often has your mentor talked about these things with you...	(Please Check One)			
	Never	Sometimes	Often	Always
a. How to set goals for yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How to reach goals?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Questioning negative things you tell yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How to be aware of your thoughts, feelings or behaviors?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Understanding how you see yourself, others and things happening around you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How to make yourself feel better when you are angry?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. How you are doing in general (for example, if you feel happy, healthy, or lonely)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Writing down your thoughts, feelings and experiences?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. How to keep track of your moods and how you are feeling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Reminding you to use positive thinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Encouraging you to think of new ways to behave?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Keeping track of your goals?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Letting you know when you've done a good job?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

22. Is your mentor trying to help you reach any goals (for example, to do better in school, get better at something you enjoy, make new friends, learn a new hobby or sport, etc.)?

- ₀ No → **Skip to Question 23.**
- ₁ Yes → **Go to Question 22a below.**

22a. Who chose these goals? (You can check more than one.)

- ₁ I did
- ₂ My mentor
- ₃ My parent(s) or caregiver(s)
- ₄ The mentoring program
- ₉ Someone else (Who?): _____
- ₈ I don't know

22b. How many times have you talked about these goals with your mentor?

- ₀ We have never talked about these goals
- ₁ We talked about them once or twice
- ₂ More than once or twice, but not every time we met
- ₃ Just about every time we met

22c. Which of the following have you talked about with your mentor? *(You can check more than one.)*

- ₁ Specific steps you need to take to reach your goal(s)
- ₂ How long it will take to reach your goal(s)
- ₃ Challenges that might be keeping you from reaching your goal(s)
- ₄ Some things you will need to do to overcome any challenges in reaching your goal(s)
- ₅ How your mentor will help you overcome any challenges in reaching your goal(s)

22d. Have you shared these goals with your parent or guardian?

- ₀ No
- ₁ Yes

22e. Have you asked for help to reach these goals from someone other than your mentor? *(You can check more than one.)*

- ₀ No
- ₁ Yes, my parent or guardian
- ₂ Yes, another adult
- ₃ Yes, a friend

22f. Have you reached these goals?

- ₁ Not at all
- ₂ A little
- ₃ Mostly
- ₄ Definitely

MY MENTORING PROGRAM

23. The next few questions ask about the Reach & Rise® mentoring program that matched you with your mentor. We’d like to know a little bit about the adults who work at the program to support your relationship with your mentor. Please let us know how true each of the following statements are about your Reach & Rise® mentoring program.

There is an adult at my Reach & Rise® mentoring program (<u>other than my mentor</u>) who...	(Please Check One)			
	Not at All True	A Little True	Mostly True	Very True
a. I could go to if I had a problem with my mentor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I talk with regularly about how things are going with my mentor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I feel close to.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I feel comfortable talking with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. I could talk to if I had a problem at school or at home.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

24. Are you still meeting with your mentor?

- ₀ No → **Go to Question 24a.**
- ₁ Yes → **You have finished the survey—Thank you!**

24a. How did you feel when your match ended?

- ₁ Not disappointed at all
- ₂ Not very disappointed
- ₃ Somewhat disappointed
- ₄ Very disappointed

24b. Did you meet with your mentor before your match ended, so you could say good-bye?

- ₀ No
- ₁ Yes

24c. Did you meet with someone from your mentoring program to talk about your match ending?

- ₀ No
- ₁ Yes

THANK YOU FOR TAKING OUR SURVEY!

YOUTH ID:

«YOUTH»

Caregiver Baseline Survey

PARENT ID: _____

The National Evaluation of Reach & Rise®

PARENT SURVEY

(Baseline)

Reach & Rise® Location: _____

Youth's First Name *[please print]*: _____

Youth's Last Name *[please print]*: _____

[This cover page should be removed from the survey before it is administered to parents.]

DATE: _____

PARENT ID: _____

PARENT SURVEY

This survey asks questions about your family, the community you live in and the behavior and experiences of your child. If you are enrolling two children in the program, please fill out a separate survey for each child. All of your answers will be kept private and will not be shared with anyone outside of the research group. Your name and your child's name will not be linked with your answers. You may skip any questions you do not want to answer. We hope, however, that you will answer as many questions as you can. **Your responses will not be used to determine whether your child is matched with a mentor.**

MY BACKGROUND

The first few sets of questions are about your and your child's background.

1. What is your relationship to the child noted on the front page of this survey? *(Please continue to think about only this child for the rest of the survey.)*

- ₁ Mother/Stepmother
- ₂ Father/Stepfather
- ₃ Grandparent
- ₄ Other Relative *(please describe):* _____
- ₅ Foster Parent/Guardian

2. What is this child's date of birth?

Month: _____ Day: _____ Year: _____

3. Is this child...

- ₁ Male
- ₂ Female

4. Is this child's ethnicity Hispanic or Latino?

- ₀ No
- ₁ Yes

5. What is this child's race? *(Select all that apply.)*

- ₁ African American or Black
- ₂ American Indian or Alaska Native
- ₃ Asian
- ₄ Caucasian, White
- ₅ Native Hawaiian or other Pacific Islander
- ₆ Other *(please describe):* _____

6. What is your current marital status?

- ₁ Never married
- ₂ Married, living with my husband, wife, or partner
- ₃ Separated or living apart from my husband or wife
- ₄ Divorced
- ₅ Widowed
- ₆ Other (*please describe*): _____

7. Think about where your child lives most of the time. Who lives there with him or her? (*Select all that apply.*)

- ₁ Mother
- ₂ Father
- ₃ Brother/stepbrother(s)
- ₄ Sister/stepmother(s)
- ₅ Stepmother
- ₆ Stepfather
- ₁₂ Other adults: (*How many?*): _____
- ₁₃ Other children: (*How many?*): _____
- ₇ Grandmother
- ₈ Grandfather
- ₉ Aunt
- ₁₀ Uncle
- ₁₁ Foster Parents

8. How many people live in your child's home on a regular basis?

- a. How many children **including** your child? _____
- b. How many adults **including** you? _____

9. Which of the following services is your child currently receiving? (*Select all that apply.*)

- ₁ Education support (e.g., for a learning disability, tutoring, English as a second language)
 - ₂ Mental health care (e.g., counseling, therapy sessions, medication for ADHD or anxiety)
 - ₃ Physical health care to monitor an ongoing health concern (e.g., asthma, diabetes, weight problems)
 - ₄ Targeted programming to address a behavior concern or challenge (e.g., anger management training, substance abuse treatment, conflict management, etc.)
 - ₅ Other (*please describe*): _____
- OR**
- ₆ None of the above

10. Which of the following services are other children in your child's home currently receiving? (*Select all that apply.*)

- ₁ Education support (e.g., for a learning disability, tutoring, English as a second language)
 - ₂ Mental health care (e.g., counseling, therapy sessions, medication for ADHD or anxiety)
 - ₃ Physical health care to monitor an ongoing health concern (e.g., asthma, diabetes, weight problems)
 - ₄ Targeted programming to address a behavior concern or challenge (e.g., anger management training, substance abuse treatment, conflict management, etc.)
 - ₅ Other (*please describe*): _____
- OR**
- ₆ None of the above

11. Which of the following services are one or more of the adults in your child's home receiving? (Select all that apply.)

- ₁ Help with drug or alcohol use
- ₂ Mental health care (e.g., counseling, therapy sessions, medication)
- ₃ Physical health care to monitor an ongoing health concern
- ₄ Legal help
- ₅ The Supplemental Nutrition Assistance Program (SNAP—food stamps)
- ₆ Housing assistance (e.g., Section 8)
- ₇ Income assistance (e.g., unemployment)
- ₈ Adult workforce training/education programs to help prepare for and secure employment
- ₉ Other (*please describe*): _____

OR

- ₁₀ None of the above

12. What was your household's total combined family income last year? (*Please estimate if you are not sure.*)

- ₁ \$0 - \$10,000
- ₂ \$10,001 - \$20,000
- ₃ \$20,001 - \$30,000
- ₄ \$30,001 - \$40,000
- ₅ \$40,001 - \$50,000
- ₆ \$50,001 - \$60,000
- ₇ \$60,001 - \$70,000
- ₈ \$70,001 - \$80,000
- ₉ \$80,001 or more

13. Are either/both of your child's parents in the military?

- ₁ Yes, one parent is currently deployed.
- ₂ Yes, both parents are currently deployed.
- ₃ Yes, one or both parents returned from being deployed within the last year.
- ₄ Yes, one or both parents likely will be deployed within the next year.
- ₅ Yes, but neither has recently been nor likely will be deployed in the near future.
- ₆ No, neither of my child's parents is in the military.
- ₇ Other (*please describe*): _____

14. How much does your child want to participate in the Reach & Rise program? (*Please select one.*)

- ₁ Not at all
- ₂ Very little
- ₃ Some
- ₄ A lot

15. How much do you want your child to participate in the Reach & Rise program? (*Please select one.*)

- ₁ Not at all
- ₂ Very little
- ₃ Some
- ₄ A lot

16. What state do you live in? _____

MY FAMILY

17. Over the past 3 months, have you talked with anyone outside of your family and friends about issues relating to your child?

- ₀ No → *Please skip to Question 19 on the next page.*
- ₁ Yes → *Please continue with Question 18.*

18. Please think about the people you’ve talked with over the past 3 months about issues relating to your child **outside of your family and friends** (for example a counselor, people at your child’s school or after-school program). **Please think about the last 3 months and answer for the 2-3 people (outside of your family and friends) that you have talked with the most concerning your child during that time.**

How often...	(Please Select One)				
	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
a. did they really listen to you when you talked about your concerns or problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. did you feel that they were really trying to understand your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. did they fulfil their responsibilities toward you in helpful practical ways related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. did they answer your questions or give you advice about how to solve your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. could you use them as examples of how to deal with your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

19. The following is a list of statements that reflect how parents or other caregivers sometimes feel when taking care of their family. After each statement, indicate how often you feel that way. There are no right or wrong answers.

How often do you feel...	(Please Select One)				
	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
a. that because of the time you spend with your family you don't have enough time for yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. stressed between caring for your family and trying to meet other responsibilities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. strained when you are around your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. uncertain about how to overcome challenges you are facing in your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY CHILD

The rest of our questions are about **the child noted at the beginning of this survey**. Please think about only this child when answering the rest of the questions in this survey. Remember there are no right or wrong answers. We just want to learn more about your child and his/her experiences.

20. The following statements are about your interactions with this child. Please rate each item as to how often it typically occurs in your home, **thinking only about the child noted at the beginning of this survey**.

	(Please Select One)				
	Never	Almost Never	Sometimes	Often	Always
a. You have a friendly talk with your child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. You play games or do other fun things with your child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. You ask your child about his/her day in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

e. You help your child with his/her homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You ask your child what his/her plans are for the coming day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. You drive your child to a special activity.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You talk to your child about his/her friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Your child helps plan family activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. You let your child know when he/she is doing a good job with something.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. You reward or give something extra to your child for obeying you or behaving well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. You compliment your child when he/she does something well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. You praise your child if he/she behaves well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. You hug or kiss your child when he/she has done something well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. You tell your child that you like it when he/she helps out around the house.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

21. These next few questions are about things that your child may have experienced **in the last 12 months**. Please select "Yes" or "No" to indicate whether, to the best of your knowledge, each statement is true of your child, **during the last 12 months**.

	(Please Select One)	
	Yes	No
a. My child has run away from home in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. In the last 12 months, there have been times when it was hard for my child's family to pay the bills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. There have been many fights or arguments in my child's home in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. My child lost, or lost contact with, an important adult role model in the last 12 months (for example, the person died or moved out of my child's home).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

	(Please Select One)	
	Yes	No
e. My child has moved to a different home two or more times in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. My child has been picked on or bullied often in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. My child's parents/guardians separated in the last 12 months (for example, started living in different places).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. My child missed school often over the last year (3 or more times a month).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. My child has worked for pay at home (e.g., did chores for an allowance) in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. My child has worked for neighbors or other people outside of his/her home for pay (e.g., babysitting, mowing lawns) in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. My child has worked at a job for pay (e.g., at a store, restaurant or other business) in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. My child has visited a workplace to see what it would be like to work there in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. My child has visited a college to learn about college life or what subjects he/she might be interested in studying in the last 12 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

22. Please select "Yes" or "No" to indicate whether, to the best of your knowledge, each statement is true of your child.

	(Please Select One)	
	Yes	No
a. My child often says he/she feels alone, sad, or upset, cries, or seems unhappy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. I have been told by a professional that my child has a mental health issue or he/she is currently under the care of a mental health care provider (a therapist or counselor).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. My child spends time with gang members.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. My child often picks fights with other youth or bullies them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. My child's neighborhood has gangs, a lot of illegal drug activity or violence.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. My child lives in an unstable housing situation (his/her family could be asked/forced to leave).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. A member of my child's family (parent or sibling) struggles with alcohol or drug use.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. One of my child's parents has spent time in jail/prison within the last 3 years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. My child has experienced homelessness in the last five years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

j. In the last five years, my child or one or more of his/her siblings was placed into foster care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. My child is currently living in foster care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. My child's parent or caregiver has been diagnosed with a mental health issue (for example, depression, anxiety) or is under the care of a mental health care provider (a therapist or counselor)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. My child is significantly overweight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. One or more of my child's closest friends gets into serious trouble (for example, has been involved with illegal drug use, arrested by police, or expelled from school).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. My child has a physical, emotional or mental condition that makes it difficult for him/her to do schoolwork at grade level (for example, ADHD, ADD or a learning disability).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
p. My child is failing or at risk of failing a class/subject in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
q. My child is learning English as a second language.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
r. My child has repeated a grade in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
s. My child has or has had an Individual Education Plan (IEP) at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

23. **In the past 12 months**, has your child been stopped or detained by the police for questioning about his/her activities? If he/she drives, don't count minor traffic violations.

- ₁ This has NEVER happened to my child, in his/her entire life.
- ₂ This has happened to my child but not in the last year.
- ₃ This happened to my child in the last year.

24. **In the past 12 months**, has your child been arrested or taken in by the police?

- ₁ This has NEVER happened to my child, in his/her entire life.
- ₂ This has happened to my child but not in the last year.
- ₃ This happened to my child in the last year.

MY CHILD’S SCHOOL EXPERIENCES

25. The following questions are about your child's experiences at school. Please answer these first questions thinking about **the last 3 months of school**. If your child is on summer break, please think about the last three months that he/she attended school before the break.

	(Please Select One)			
	This has NEVER happened in my child’s entire life	This has happened but not in the last 3 months of school	This happened 1-2 times in the last 3 months of school	This happened 3 or more times in the last 3 months of school
a. My child’s parent or guardian had to go to school because my child got in trouble?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. My child was sent to the principal’s office for misbehavior (but not suspension or detention)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. My child was sent to in-school detention (but <u>not</u> a suspension where he/she was not allowed to go to school for one or more days)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. My child was suspended (i.e., he/she was not allowed to go to school for one or more days)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

26. Does your child get “letter” grades in school (i.e., A, B, C, D, F)?

- ₀ No
- ₁ Yes

27. Think about the grades and marks your child got on his/her **last** report card. Which of the following best describes his/her grades? If your child does not get letter grades, please choose the answer that comes closest to the grades your child got on his/her **last** report card.

- ₁ F’s
- ₂ D’s and F’s
- ₃ D’s
- ₄ C’s and D’s
- ₅ C’s
- ₆ B’s and C’s
- ₇ B’s
- ₈ A’s and B’s
- ₉ A’s
- ₁₀ Something else (*please describe*): _____

28. In these last few questions, please tell us more about different things your child may have done during the **last year**. Please select either “Yes” or “No” to let us know if, to your knowledge, your child has done each of these things. **Remember to think only about the last 12 months.**

Over the past 12 months, has your child...	(Please Select One)	
	YES	NO
a. Been part of a mentoring program where your child had an assigned mentor who met with just him/her, <i>one-on-one</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Been part of a mentoring program where your child had an assigned mentor who met with him/her and other kids <i>in a group</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Been involved in <u>after-school</u> programs or activities <u>at your child’s school</u> (like arts, science club, music or sports)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Been involved in after-school activities at the YMCA ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Been involved in after-school programs or activities but not at your child’s school and not at the YMCA (like a sports team, music lessons, Boys & Girls Club, 4H, Boy/Girl Scouts, recreation center or a church youth group)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Volunteered to help out in the community (for example, helping out at a homeless shelter or rest home, or doing something to help his/her neighborhood or city to be a better place to live—do not include something your child did only during school, like a class project, or something he/she was required to do)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

THANK YOU FOR COMPLETING OUR SURVEY!

PARENT ID: _____

Caregiver Follow-Up Survey

DATE: _____

PARENT ID:

The National Evaluation of Reach & Rise®
PARENT/GUARDIAN FOLLOW-UP SURVEY

Reach & Rise® Location: _____

Parent's First Name: _____

Parent's Last Name: _____

Youth's First Name: _____

Youth's Last Name: _____

[This cover page should be removed from the survey before it is administered to the parent.]

DATE: _____

PARENT ID:

PARENT SURVEY

This survey asks questions about your family, the community you live in and the behavior and experiences of your child. If you have enrolled more than one child in the study, please fill out a separate survey for each child. All of your answers will be kept private and will not be shared with anyone outside of the research group. Your name and your child's name will not be linked with your answers. You may skip any questions you do not want to answer. We hope, however, that you will answer as many questions as you can. **If your child has not yet been matched with a mentor, please know that your responses will not be used to determine whether your child is matched with a mentor.**

MY BACKGROUND

The first few sets of questions are about your and your child's background. Remember, each survey should focus on only ONE child.

1. What is your relationship to the child noted on the post-it note on the first page of your survey? *(Please continue to think about only this child for the rest of the survey.)*

- ₁ Mother/Stepmother
- ₂ Father/Stepfather
- ₃ Grandparent
- ₄ Other Relative *(please describe):* _____
- ₅ Foster Parent/Guardian

2. What is this child's date of birth?

Month: _____ Day: _____ Year: _____

3. Which of the following services is your child currently receiving? *(Check all that apply.)*

- ₁ Education support (e.g., for a learning disability, tutoring, English as a second language)
- ₂ Mental health care (e.g., counseling, therapy sessions, medication for ADHD or anxiety)
- ₃ Physical health care to monitor an ongoing health concern (e.g., asthma, diabetes, weight problems)
- ₄ Targeted programming to address a behavior concern or challenge (e.g., anger management training, substance abuse treatment, conflict management, etc.)
- ₉ Other *(please describe):* _____

OR

- ₁₀ None of the above

4. Which of the following services are other children in your child's home currently receiving? (*Check all that apply.*)

- ₁ Education support (e.g., for a learning disability, tutoring, English as a second language)
- ₂ Mental health care (e.g., counseling, therapy sessions, medication for ADHD or anxiety)
- ₃ Physical health care to monitor an ongoing health concern (e.g., asthma, diabetes, weight problems)
- ₄ Targeted programming to address a behavior concern or challenge (e.g., anger management training, substance abuse treatment, conflict management, etc.)
- ₉ Other (*please describe*): _____

OR

- ₁₀ None of the above

5. Which of the following services are one or more of the adults in your child's home receiving? (*Check all that apply.*)

- ₁ Help with drug or alcohol use
- ₂ Mental health care (e.g., counseling, therapy sessions, medication)
- ₃ Physical health care to monitor an ongoing health concern
- ₄ Legal help
- ₅ The Supplemental Nutrition Assistance Program (SNAP—food stamps)
- ₆ Housing assistance (e.g., Section 8)
- ₇ Income assistance (e.g., unemployment)
- ₈ Adult workforce training/education programs to help prepare for and secure employment
- ₉ Other (*please describe*): _____

OR

- ₁₀ None of the above

MY FAMILY

6. Over the past 3 months, have you talked with anyone outside of your family and friends about issues relating to your child?

- ₀ No → ***Please skip to Question 8.***
- ₁ Yes → ***Please continue with Question 7.***

7. Please think about the people you've talked with over the past 3 months about issues relating to your child **outside of your family and friends** (for example, a counselor, people at your child's school or after-school program). **Please think about the last 3 months and answer for the 2-3 people (outside of your family and friends) that you have talked with the most concerning your child during that time.**

How often...	(Please Check One)				
	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
a. did they really listen to you when you talked about your concerns or problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. did you feel that they were really trying to understand your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. did they fulfil their responsibilities toward you in helpful practical ways related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. did they answer your questions or give you advice about how to solve your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. could you use them as examples of how to deal with your problems related to your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. The following is a list of statements that reflect how parents or other caregivers sometimes feel when taking care of their family. After each statement, indicate how often you feel that way. There are no right or wrong answers.

How often do you feel...	(Please Check One)				
	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
a. that because of the time you spend with your family you don't have enough time for yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. stressed between caring for your family and trying to meet other responsibilities?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. strained when you are around your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. uncertain about how to overcome challenges you are facing in your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

MY CHILD

The rest of our questions are about **only the child for whom you are completing this survey**. Please think about only this child when answering the rest of the questions in this survey. Remember there are no right or wrong answers. We just want to learn more about your child and his/her experiences.

9. The following statements are about your interactions with this child. Please rate each item as to how often it typically occurs in your home, **thinking only about the child for whom you are completing this survey**.

	(Please Check One)				
	Never	Almost Never	Sometimes	Often	Always
a. You have a friendly talk with your child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. You play games or do other fun things with your child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. You ask your child about his/her day in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. You help your child with his/her homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You ask your child what his/her plans are for the coming day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. You drive your child to a special activity.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You talk to your child about his/her friends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Your child helps plan family activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. You let your child know when he/she is doing a good job with something.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. You reward or give something extra to your child for obeying you or behaving well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. You compliment your child when he/she does something well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	(Please Check One)				
	Never	Almost Never	Sometimes	Often	Always
n. You praise your child if he/she behaves well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. You hug or kiss your child when he/she has done something well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. You tell your child that you like it when he/she helps out around the house.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

10. These next few questions are about things that your child may have experienced **in the last 12 months**. Please check “Yes” or “No” to indicate whether, to the best of your knowledge, each statement is true of your child, **during the last 12 months**.

	(Please Check One)	
	Yes	No
a. My child has run away from home in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. There have been many fights or arguments in my child’s home in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. My child missed school often over the last year (3 or more times a month).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. My child has worked for pay at home (e.g., did chores for an allowance) in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. My child has worked for neighbors or other people outside of his/her home for pay (e.g., babysitting, mowing lawns) in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. My child has worked at a job for pay (e.g., at a store, restaurant or other business) in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. My child has visited a workplace to see what it would be like to work there in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. My child has visited a college to learn about college life or what subjects he/she might be interested in studying in the last 12 months.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. In the last 12 months, I have been told by a professional that my child has a mental health issue or he/she is currently under the care of a mental health care provider (a therapist or counselor).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

11. **In the past 12 months**, has your child been stopped or detained by the police for questioning about his/her activities? If he/she drives, don’t count minor traffic violations.

- ₀ This has NEVER happened to my child, in his/her entire life.
- ₁ This has happened to my child but not in the last year.

₂ This happened to my child in the last year.

12. **In the past 12 months**, has your child been arrested or taken in by the police?

₀ This has NEVER happened to my child, in his/her entire life.

₁ This has happened to my child but not in the last year.

₂ This happened to my child in the last year.

MY CHILD’S SCHOOL EXPERIENCES

13. The following questions are about your child's experiences at school. Please answer these first questions thinking about **the last 3 months of school**. If your child is on summer break, please think about the last three months that he/she attended school before the break.

	(Please Check One)			
	This has <u>NEVER</u> happened in my child’s entire life	This has happened but <u>not</u> in the last 3 months of school	This happened 1-2 times in the last 3 months of school	This happened 3 or more times in the last 3 months of school
a. My child’s parent or guardian had to go to school because my child got in trouble.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. My child was sent to the principal’s office for misbehavior (but not suspension or detention).	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. My child was sent to in-school detention (but <u>not</u> a suspension where he/she was not allowed to go to school for one or more days).	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. My child was suspended (i.e., he/she was not allowed to go to school for one or more days).	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

14. Does your child get “letter” grades in school (i.e., A, B, C, D, F)?

₀ No

₁ Yes

15. Think about the grades and marks your child got on his/her **last** report card. Which of the following best describes his/her grades? If your child does not get letter grades, please choose the answer that comes closest to the grades your child got on his/her **last** report card.

- ₁ F's
- ₂ D's and F's
- ₃ D's
- ₄ C's and D's
- ₅ C's
- ₆ B's and C's
- ₇ B's
- ₈ A's and B's
- ₉ A's
- ₁₀ Something else (*please describe*): _____

16. In these next few questions, please tell us more about different things your child may have done during the **last year**. Please check either "Yes" or "No" to let us know if, to your knowledge, your child has done each of these things. **Remember to think only about the last 12 months.**

Over the past 12 months, has your child...	(Please Check One)	
	YES	NO
a. Been part of a mentoring program where your child had an assigned mentor who met with just him/her, <i>one-on-one</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Been part of a mentoring program where your child had an assigned mentor who met with him/her and other kids <i>in a group</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Been involved in <u>after-school</u> programs or activities <u>at your child's school</u> (like arts, science club, music or sports)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Been involved in after-school activities at the YMCA ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Been involved in after-school programs or activities but not at your child's school and not at the YMCA (like a sports team, music lessons, Boys & Girls Club, 4H, Boy/Girl Scouts, recreation center or a church youth group)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Volunteered to help out in the community (for example, helping out at a homeless shelter or rest home, or doing something to help his/her neighborhood or city to be a better place to live—do not include something your child did only during school, like a class project, or something he/she was required to do)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

These next several questions ask whether your child has been matched with a mentor in the Reach & Rise® mentoring program and, if so, what your experiences have been with the program so far.

17. At any point in the last year, has your child met with a mentor from the Reach & Rise® Mentoring program at least twice?

- Please answer, “Yes” even if your child’s mentoring relationship has ended or was/has been very short (even just a couple of meetings).
- Please answer, “No” only if your child NEVER met with a mentor in the program OR if your child met with a mentor, but only once.

₀ No → Please answer Question 17a. **Then Skip to Question 53.**

₁ Yes → Skip to Question 18.

IF NO:

17a. Why did your child’s relationship end (or never start)? *[Please check ALL that apply. **THEN SKIP TO QUESTION 53.**]*

- ₁ I did not want my child to be a part of the program.
- ₂ My child did not want to be in the program.
- ₃ We moved.
- ₄ My child’s mentor moved.
- ₅ My child had other commitments.
- ₆ My child didn’t need a mentor anymore.
- ₇ The mentor the program chose was not a good fit for my child.
- ₈ **My child’s relationship has not ended**—it just started (it took several months to find a mentor for my child).
- ₉ Other *[Please describe.]*: _____

MY CHILD’S MENTOR

For this section and the rest of the survey, we would like you to think about the Reach & Rise® mentor who was most recently matched with your child through the program, even if your child is no longer meeting with him/her, or if your child had a longer relationship with a previous mentor. **If your child is no longer meeting with a mentor, please think about how things were when they were meeting together.**

18. When was the last time your child got together with his/her mentor for a visit or outing (i.e., not as part of a match closure meeting with Reach & Rise®)? *[We don’t need the exact date, just your best estimate.]*

Month (e.g., 1, 2...12): _____ Year: _____

19. Have you or your child experienced any challenges with your child’s mentoring relationship?

- ₀ No, my child and I have not experienced any challenges with his/her mentoring relationship.
→ Skip to Question 20.
- ₁ Yes → Go to Question 19a.

19a. Which of the following challenges have you experienced with your child's mentoring relationship? *[Please check **ALL** that apply.]*

- ₁ The relationship is not fun for my child.
 - ₂ The mentor is too hard on my child (pushes him/her too hard or too much).
 - ₃ The mentor is not hard enough on my child (doesn't push my child enough for him/her to benefit).
 - ₄ The mentor is not helping my child with what he/she really needs help with.
 - ₅ The mentor is not a good role model.
 - ₆ The mentor does not focus enough on just being a friend to my child.
 - ₇ The mentor does not interact enough with my child's parent(s) or guardian(s).
 - ₈ The mentor does not interact enough with my child's siblings.
 - ₉ The mentor does not understand my child's culture/background.
 - ₁₀ The mentor's background is too different from my child's.
 - ₁₁ The mentor's interests are too different from my child's.
 - ₁₂ The mentor misses too many meetings.
 - ₁₃ The relationship is not focused on what **my child** wanted from the program.
 - ₁₄ The relationship is not focused on what **I** wanted from the program (e.g., too much/too little focus on academics, friendship, etc.).
 - ₁₅ The mentor imposes his/her beliefs or values on my child.
 - ₁₆ Other *[Please describe.]*: _____
-

Goals

20. Some mentors try to help their mentees achieve specific goals (for example, to improve grades, help with friendships, or increase confidence). Is your child's mentor trying to help your child achieve any specific goals?

- ₈ I don't know → **Skip to Question 21.**
- ₀ No → **Skip to Question 21.**
- ₁ Yes → **Go to Question 20a below.**

20a. Who chose these goals? *[Please check **ALL** that apply.]*

- ₁ My child
- ₂ My child's mentor
- ₃ My child's parent(s) or caregiver(s)
- ₄ The mentoring program
- ₉ Someone else *[Please describe.]*: _____
- ₈ I don't know

20b. What are these goals? *[Please check **ALL** that apply.]*

- ₁ Academic improvements (e.g., grades, homework completion)
 - ₂ Social improvements (e.g., relationships with peers or adults)
 - ₃ Health improvements (e.g., exercise, healthy diet)
 - ₄ Increase self-esteem (help my child to feel good about him/herself)
 - ₅ Develop new skills (a talent or hobby)
 - ₆ Connect my child with positive activities at school or in the community (after-school activities, a job, community service, etc.)
 - ₉ Something else *[Please describe.]*: _____
- OR
- ₈ I don't know what these goals are.

20c. How many times have you discussed these goals with your child's mentor?

- ₀ We have never discussed these goals
- ₁ We discussed them once
- ₂ 2 or 3 times
- ₃ More than 3 times

20d. How many times have you discussed these goals with staff from your child's mentoring program?

- ₀ We have never discussed these goals
- ₁ We discussed them once
- ₂ 2 or 3 times
- ₃ More than 3 times

20e. How much progress has your child made in reaching these goals?

- ₀ No progress yet
- ₁ Very little progress
- ₂ Some progress
- ₃ A lot of progress

20f. *Please explain your answer to Question 20e:* _____

The Reach & Rise® mentoring program

21. After your child was matched, how often have you (or another parent or guardian of your child) *spoken* with staff at Reach & Rise®?

₀ I have not spoken with Reach & Rise® staff since my child started his/her mentoring relationship.

OR

₁ Less than every 6 months

₂ Every 4– 6 months

₃ Every 2– 3 months

₄ About once a month

₅ 2 or 3 times a month

₆ Weekly

22. How helpful have your contacts with staff been in getting **your** needs met?

₀ I have not communicated with Reach & Rise® staff since my child started his/her mentoring relationship.

OR

₁ Not at all helpful

₂ Not very helpful

₃ Somewhat helpful

₄ Very helpful

23. How helpful have your contacts with staff been in getting **your child's** needs met?

₀ I have not communicated with Reach & Rise® staff since my child started his/her mentoring relationship.

OR

₁ Not at all helpful

₂ Not very helpful

₃ Somewhat helpful

₄ Very helpful

24. Have you met **in-person** with Reach & Rise® staff since the start of your child's mentoring relationship?

₀ No → **Skip to Question 25.**

₁ Yes → **Go to Question 24a.**

IF YES:

24a. Did your child's mentor attend this meeting?

₀ No

₁ Yes

24b. Did your child attend this meeting?

- ₀ No
- ₁ Yes

24c. How helpful did you find this meeting in suggesting ways you can support your child's mentoring relationship?

- ₁ Not at all helpful
- ₂ Not very helpful
- ₃ Somewhat helpful
- ₄ Very helpful

These next few questions ask about the kinds of things you learned through your involvement in the program—either through your conversations with Reach & Rise® staff or (if you received a workbook) through your use of the workbook. **Reach & Rise® programs vary in whether and how they highlight these issues with parents, so it is not expected that you would have necessarily heard about any of the things we are asking about. We'd just like to learn more about *your* experiences.**

25. Did Reach & Rise® staff give you a Parent Curriculum & Workbook to help you understand principles of the Reach & Rise® mentoring program?

- ₀ No → **Skip to Question 26.**
- ₁ Yes → **Go to Question 25a.**

IF YES:

25a. Have you read this workbook?

- ₀ No
- ₁ Yes, less than half of it
- ₂ Yes, half or more of it, but not the entire workbook
- ₃ Yes, all of it

25b. How helpful did you find this workbook in giving you ideas about how you can support your child's development?

- ₀ Not at all helpful (I didn't read it)
- ₁ Not at all helpful (I did read some or all of it, but didn't find it helpful)
- ₂ Not very helpful
- ₃ Somewhat helpful
- ₄ Very helpful

25c. How often did you use the Parent Activity Worksheets and/or Parent & Child Activity Worksheets?

- ₀ Never (I didn't know about these worksheets)
- ₁ Never (I did know about these worksheets, but didn't get a chance to use them)
- ₂ Very rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very often

26. How often did you talk **with Reach & Rise® staff** about the ideas behind “cognitive behavioral mentoring” (for example: how thoughts, feelings, and behaviors are connected; automatic thoughts; unhelpful thinking styles; restructuring core beliefs; and changing established patterns)?
- _0 Never
 - _1 Very rarely
 - _2 Sometimes
 - _3 Often
 - _4 Every time, or almost every time we talked
27. How often did you talk **with your child’s mentor** about the ideas behind “cognitive behavioral mentoring” (for example: how thoughts, feelings, and behaviors are connected; automatic thoughts; unhelpful thinking styles; restructuring core beliefs; and changing established patterns)?
- _0 Never
 - _1 Very rarely
 - _2 Sometimes
 - _3 Often
 - _4 Every time, or almost every time we talked
28. How often did you use tips from what you learned about cognitive behavioral mentoring (either through your workbook or in discussions with Reach & Rise® staff) during interactions with your child?
- _0 Never (I didn’t learn about this)
 - _1 Never (I did learn about this, but didn’t use any tips)
 - _2 Very rarely
 - _3 Sometimes
 - _4 Often
 - _5 Very often
29. To what extent have these ideas and tips been helpful to you in supporting your child’s development?
- _0 Not at all helpful (I didn’t learn about this)
 - _1 Not at all helpful (I did learn about this, but didn’t find it useful)
 - _2 Not very helpful
 - _3 Somewhat helpful
 - _4 Very helpful

Please indicate the extent to which you agree or disagree with the following statements. For questions about your child's Reach & Rise® mentoring program, if your child is no longer being mentored, please think about how you felt when your child was involved in the program.

How much do you agree or disagree with the following...	(Please Check One)			
	Strongly Disagree	Disagree	Agree	Strongly Agree
30. Program staff have been good at listening to my suggestions or concerns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
31. Program staff have given me useful advice on how to deal with challenges in my child's mentoring relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
32. My child has made a lot of progress through his/her program involvement.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
33. I am satisfied with the mentor that was chosen for my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
34. I am satisfied with my level of involvement in my child's mentoring relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
35. My child feels close to his/her mentor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
36. I agree with the focus of my child's mentoring relationship (for example, to have fun, improve academics, strengthen a talent, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
37. My child enjoys his/her mentoring relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
38. I have input in the direction of my child's mentoring relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
39. My child's mentor has helped me learn new things about my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
40. My child's mentor has told me about community or school resources that I didn't know about previously.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
41. Program staff have helped me understand what I can do to support my child's mentoring relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
42. My child's mentor has helped my family deal with unexpected problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
43. I feel more equipped to handle problems as they arise because my child's mentor is there.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
44. There is someone I can go to at the program if I have concerns about my child's mentor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

45. Is your child still meeting with his or her mentor?

- ₀ No → **Go to Question 45a.**
- ₁ Yes → **Skip to Question 46.**

IF NO:

45a. Why will/did your child's relationship end? *[Please check **ALL** that apply.]*

- ₁ The relationship was supposed to end after 12 months.
- ₂ I did not want my child to be a part of the program anymore.
- ₃ My child did not want to be in the program anymore.
- ₄ We moved.
- ₅ My child's mentor moved.
- ₆ My child had other commitments.
- ₇ My child didn't need a mentor anymore.
- ₈ The mentor the program chose was not a good fit for my child.
- ₉ Other *[Please describe.]*: _____

These next questions are about how things are going with your child's match during the recent COVID-19 outbreak.

46. Were your child and his/her mentor in contact during the COVID-19 outbreak? *(Please check **all** that apply.)*

- No, my child was not matched with a mentor during the outbreak. → **Skip to Question 53.**
- No, my child was matched with a mentor during the outbreak, but they did not communicate during this time. → **Skip to Question 51.**
- Yes, in person → **Go to Question 47.**
- Yes, online (for example, Skype, Zoom, texting) → **Go to Question 47.**
- Yes, by phone → **Go to Question 47.**
- Yes, some other way *(please describe)*: _____ → **Go to Question 47.**

47. Did your child and his/her mentor communicate more or less often than before the COVID-19 outbreak? *(Please check **all** that apply.)*

- My child and his/her mentor did not communicate before the COVID-19 outbreak.
- They communicated during the outbreak, but less than before
- They communicated during the outbreak, about the same as before
- They communicated during the outbreak, more often than they had before

48. How often did your child communicate with his/her mentor during the COVID-19 outbreak?

- Less than once a month
- Once a month
- Once every couple of weeks
- Once a week
- More than once a week

49. Which of the following did you notice during the COVID-19 outbreak? *(Please check all that apply.)*

- My child and his/her mentor did different types of activities together (i.e., not their typical activities) because of the COVID-19 outbreak. *(If yes, briefly explain):* _____
- My child seemed to feel closer or more “connected” to his/her mentor because of the COVID-19 outbreak. *(If yes, briefly explain):* _____
- My child seemed to feel less close or “connected” to his/her mentor because of the COVID-19 outbreak. *(If yes, briefly explain):* _____
- My child’s mentor said or did things to help my child with handling challenges related to the COVID-19 outbreak, such as feelings, schoolwork, etc. *(If yes, briefly explain):* _____
- My child’s mentor said or did things to help me, as a parent, with handling challenges related to the COVID-19 outbreak. *(If yes, briefly explain):* _____
- Other *(please explain):* _____

50. Did the focus of your child’s meetings or communications with his/her mentor (e.g., checking in, academics, challenges your child may have been experiencing) change from before the COVID-19 outbreak?

- Yes
- No
- I don’t know

50a. If YES, please briefly explain: _____

51. What challenges did your child’s mentoring relationship face during the COVID-19 outbreak? *(Please check all that apply.)*

- Your child was not as comfortable with new ways of communicating (e.g., preferred to get together in person)
 - Your child’s mentor was not as comfortable with new ways of communicating (e.g., lack of familiarity with social media)
 - Difficulty finding ways to communicate (e.g., lack of internet)
 - Coming up with fun activities
 - Mentor making time for communication
 - Your child making time for communication
 - Challenges your family experienced related to COVID-19
 - Challenges your child’s mentor experienced related to COVID-19
 - Other *(please describe):* _____
- OR
- My child’s mentoring relationship didn’t experience any challenges during the COVID-19 outbreak

52. How often were you in communication with your child’s mentoring program during the COVID-19 outbreak?

- I was not in contact with the program at all
- Less than once a month
- Once a month
- Once every couple of weeks
- Once a week
- More than once a week

These last questions are about how things are going with your child and family during the COVID-19 outbreak. We understand that this has been a very difficult time for many families and would like to hear from you how things may have changed for your child and family.

53. How did the Y (and/or the Reach & Rise program) help your child or family during the COVID-19 outbreak? *(Please check all that apply.)*

- The Y did not help my child or family during the COVID-19 outbreak
OR
- It provided my family with “essentials” like food or childcare
- It helped my family find educational resources for my child (e.g., online activities, books, academic help)
- It connected my family with other resources (e.g., internet access, loans, housing information, health care)
- It helped to keep my child’s mentoring relationship together
- Other *(please describe)*: _____

54. Overall, how difficult were changes or events associated with the COVID-19 outbreak for **your child**?

- Not at all difficult → **Skip to Question 56.**
- Only slightly difficult → **Go to Question 55.**
- Somewhat difficult → **Go to Question 55.**
- Very difficult → **Go to Question 55.**
- Extremely difficult → **Go to Question 55.**

55. Please describe briefly what was most difficult for your child during the COVID-19 outbreak:

56. Overall, how difficult were changes or events associated with the COVID-19 outbreak for **your family**?

- Not at all difficult → **Skip to Question 58.**
- Only slightly difficult → **Go to Question 57.**
- Somewhat difficult → **Go to Question 57.**
- Very difficult → **Go to Question 57.**
- Extremely difficult → **Go to Question 57.**

57. Please describe briefly what was most difficult for your family during the COVID-19 outbreak:

58. Please use the space below to tell us anything else you would like to share about your (or your child's) experiences with the Reach & Rise® mentoring program: _____

THANK YOU FOR COMPLETING OUR SURVEY!

PARENT ID:

Mentor Baseline Survey

DATE: _____

MENTOR ID: _____

The National Evaluation of Reach & Rise®

MENTOR BASELINE SURVEY

Reach & Rise Location: _____

Mentor's First Name *[please print]*: _____

Mentor's Last Name *[please print]*: _____

[Please remove this cover sheet before administering the survey to mentors.]

DATE: _____

MENTOR ID: _____

MENTOR SURVEY

This survey asks questions about your background and some of the preparations you have made for starting a mentor match with a Reach & Rise mentee. You can skip any questions you do not want to answer, but we hope you will try to answer all of them. **Your name will not be associated with any of your answers and your responses will not be shared with your program except in the aggregate (combined across the mentors who take our survey).** Please note that the choices you have for responding to the questions in this survey change from question to question, so please read answer choices carefully as you complete the survey.

YOUR BACKGROUND

First, we'd like to ask you a few background questions about yourself.

1. Do you currently have a paid job (not including being a student)?

- ₀ No → **Please skip to Question 2.**
₁ Yes → **Please continue with Question 1a.**

1a. How many hours a week do you typically work at your job? _____

2. Is your professional background or training (e.g., major or minor in college/graduate school, training, field of work, etc.) in a youth-related field such as education, counseling, youth development, etc.?

- ₀ No
₁ Yes

3. Do you work *directly* with youth in your job (e.g., teaching, working in an after-school program)?

- ₀ I don't have a paid job right now.
₁ No, I don't work directly with youth in my job.
₂ Yes, I do work directly with youth in my job.

4. Do you have a job or role (paid or unpaid) for 10 or more hours a week in a "helping" profession in which you help people (either youth or adults) directly—in addition to your volunteer work with Reach & Rise—for example, tutoring, nursing, counseling, teaching, social work, or coaching?

- ₀ No
₁ Yes

5. Prior to your work with Reach & Rise, did you have any previous training, education or work experience in cognitive behavioral therapy (e.g., work in mental health care, training in psychology)?

- ₀ No
₁ Yes
₂ I am not familiar with cognitive behavioral therapy.

6. Prior to your work with Reach & Rise, did you have any previous training, education or experience in working with groups of youth or adults? *(Please check all that apply.)*
- ₀ No
 - ₁ Yes (groups of adults)
 - ₂ Yes (groups of youth)
7. Are you currently attending a community college, 4-year university/college or graduate school?
- ₀ No
 - ₁ Yes, I am in college/university. How many years of college have you completed? _____
 - ₂ Yes, I am in graduate school. How many years of graduate school have you completed? _____
8. What is the highest level of education you have completed?
- ₁ Some high school
 - ₂ High school diploma/GED
 - ₃ Some college
 - ₄ Two-year associates degree
 - ₅ Bachelor's degree
 - ₆ Some graduate school
 - ₇ Master's degree
 - ₈ Ph.D.
 - ₉ Other *(please describe)*: _____
9. In what settings have you had experience or training on interacting/working with youth? *[Please check all that apply.]*
- ₁ Being matched with another child in Reach & Rise
 - ₂ Mentoring in another program
 - ₃ Mentoring youth outside of a formal program
 - ₄ Working with youth in a different formal volunteer setting
 - ₅ Working with youth in a professional setting (e.g., as a teacher, youth worker, counselor)
 - ₆ Youth-related training from other organizations
 - ₇ Being a parent
 - ₈ Interacting with relatives or children informally (e.g., neighbors, babysitting, church)
 - ₉ Other *(please describe)*: _____
- OR**
- ₁₀ I have not interacted with youth (or had training) in any of the above settings.

MORE ABOUT YOURSELF

Please tell us about your thoughts on a few different things.

10. The questions below are about how you have been feeling **DURING THE PAST MONTH**. Please choose the response that best represents how often you have experienced or felt the following.

(Please Check One)						
During the past month, how often did you feel...	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
a. happy?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. interested in life?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. satisfied with life?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. that you had something important to contribute to society?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. that people are basically good?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. confident to think or express your own ideas and opinions?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. that you belonged to a community (like a social group, or your neighborhood)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. that our society is a good place, or is becoming a better place, for all people?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. that the way our society works makes sense to you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. that you liked most parts of your personality?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. good at managing the responsibilities of your daily life?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. that you had warm and trusting relationships with others?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. that you had experiences that challenged you to grow and become a better person?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. that your life has a sense of direction or meaning to it?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11. When answering this next set of questions, again, please think about how often each statement has been true for you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt or reacted.

Thinking about the last month, how often have the following statements been true for you?	(Please Check One)				
	Almost Never True	Rarely True	Sometimes True	Often True	True Nearly All the Time
a. I am able to adapt when changes occur.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I can deal with whatever comes my way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Having to cope with stress can make me stronger.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Under pressure, I stay focused and think clearly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I am not easily discouraged by failure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

12. Please share your thoughts on a few more things.

How much do you agree or disagree with the following statements?	(Please Check One)					
	Strongly Disagree	Disagree	Mostly Disagree	Mostly Agree	Agree	Strongly Agree
a. The kind of person someone is, is something very basic about them and it can't be changed very much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. People can do things differently, but the important parts of who they are can't really be changed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. As much as I hate to admit it, you can't teach an old dog new tricks. People can't really change their deepest attributes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Everyone is a certain kind of person, and there is not much that can be done to really change that.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

BECOMING A MENTOR

Next, we'd like to ask about your experiences leading up to becoming a mentor in Reach & Rise.

13. How many months have you volunteered with Reach & Rise? _____ months

14. How many months have you volunteered/worked with the YMCA? _____ months

15. How did you hear about this volunteer opportunity with Reach & Rise? *[Please check all that apply.]*

- ₁ My business/occupation
- ₂ My college/university
- ₃ A social/civic service or volunteer organization
- ₄ The YMCA
- ₅ Self-referred
- ₆ Other *(please describe)*: _____

16. What is the setting of your meetings with youth in the program? *[Please check the one box that best describes this setting.]*

- ₁ Community (activities with your mentee(s) will be outside of the Y, in a variety of locations)
- ₂ The Y (activities with your mentee(s) will only be at the Y)
- ₃ Activities will be both at the Y and out in the community

17. What is the format of your mentoring? [Please check the one box that best describes its format.]

- ₁ One-to-one mentoring (one mentor meets with one mentee one-on-one; you may have more than one mentee, but you will see them individually)
- ₂ Group mentoring (one mentor meets with a group of mentees)

18. How many mentees have you been/will you be matched with?

- ₁ I have been/will be matched with _____ mentee(s).
- ₀ I don't know yet.

19. What goals from the list below do you feel most prepared to focus on in your meetings/discussions with your mentee(s)? [Please check all that apply.]

- | | |
|--|--|
| <input type="checkbox"/> ₁ Help my mentee(s) improve academically | <input type="checkbox"/> ₆ Introduce my mentee(s) to new activities |
| <input type="checkbox"/> ₂ Help my mentee(s) improve his/her behavior | <input type="checkbox"/> ₇ Help my mentee(s) feel good about him/herself |
| <input type="checkbox"/> ₃ Help my mentee(s) learn more about his/her interests | <input type="checkbox"/> ₈ Strengthen my mentee's family relationships |
| <input type="checkbox"/> ₄ Help my mentee(s) improve relationships with peers | <input type="checkbox"/> ₉ Expose my mentee(s) to new educational or career opportunities |
| <input type="checkbox"/> ₅ Help my mentee(s) set and achieve his/her personal goals | <input type="checkbox"/> ₁₀ Other (please describe):
_____ |

20. What strategies would you like to use to achieve your goals? [Please check **ONLY up to TWO strategies you feel will be most important in achieving your goals.**]

- ₁ Giving my mentee(s) unconditional support
- ₂ Providing my mentee(s) with tools (e.g., ideas, resources) to help achieve these goals
- ₃ Listening and being a friend to my mentee(s)
- ₄ Helping my mentee(s) understand how his/her thoughts and feelings can affect his/her behavior
- ₅ Having high expectations for my mentee(s)
- ₆ Sharing my experiences and how they've affected my life
- ₇ Other (please describe): _____

21. How sure are you that you will be able to meet with your mentee for the amount of time that has been asked of you? [Please check only one.]

- ₁ I am not sure that I will be able to give all of the hours asked of me.
- ₂ I am fairly sure that I will be able to give the hours asked of me, but it will be difficult.
- ₃ I am sure that I will be able to give the hours asked of me.
- ₄ I am very sure that I will be able to give the hours asked of me, and I am willing to work even more hours if needed.

22. Have you met your mentee(s) yet?

- ₀ No → Please skip to Question 23.
- ₁ Yes → Please continue with Question 22a.

22a. How many times have you met with your mentee(s)? _____ times

23. Please rate your confidence level in the following tasks.

How confident are you in your ability to...	(Please Check One)			
	Not at All Confident	Somewhat Confident	Fairly Confident	Very Confident
a. Provide friendship (e.g., be a good listener, etc.) to a young person (i.e., a “mentee”)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Be a positive role model to my mentee(s)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Help my mentee(s) feel good about him/herself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Help my mentee(s) develop career interests?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Help my mentee(s) develop talents?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Help my mentee(s) strengthen family relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Help my mentee(s) strengthen peer relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Help my mentee(s) learn how to seek out and use help from others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Help my mentee(s) understand more about what his/her community has to offer?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Help my mentee(s) learn new skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Help my mentee(s) learn how to cope with stress and other life challenges?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Help my mentee(s) appreciate that his/her abilities can be improved through effort and persistence?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Help my mentee(s) develop and work toward personal goals?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. Help my mentee(s) understand how his/her thoughts and feelings can affect his/her behavior?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. Help to connect my mentee’s family with resources in the community?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. Sustain a positive relationship with my mentee(s) for at least a year?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. Use program staff as a resource to help my match succeed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

PREPARATIONS FOR MY MATCH

24. Have you participated in any Reach & Rise training or orientation yet (please do not include training you may have received for a match in another program, but do include any one-on-one or group instruction you received on how to be a Reach & Rise mentor)? *[Please check all that apply.]*

- No → **Please skip to Question 28.**
- Yes, for a previous Reach & Rise match → **Please continue with Question 24a.**
- Yes, for my current or upcoming Reach & Rise match → **Please continue with Question 24a.**

24a. Which of the following type(s) of training have you received? *[Please check all that apply.]*

- Face-to-face training with other mentors present
- Face-to-face training without other mentors present (just you and the program director)
- Formal online training, tutorials, or workshops (i.e., not simply online materials)
- Written or online materials about mentoring (i.e., not a formal online training)
- Telephone-based training

25. When developing mentor training, it is helpful for program staff to know which components of their training have been most helpful. In answering this next set of questions, please think about: (1) whether this topic was covered in your training; and (2) if it was covered, the extent to which you feel the training you received was helpful in that area. If training was not provided in a given area, please check the first column. If it was provided, please check one of the other columns to let us know how helpful you think it was.

How helpful was the training you received in the following specific areas...	(Please Check One)				
	Training was <u>NOT</u> provided on this topic.	Training <u>WAS</u> provided and was:			
		<i>Not at All Helpful</i>	<i>Not Very Helpful</i>	<i>Somewhat Helpful</i>	<i>Very Helpful</i>
a. Helping my mentee uncover unhealthy or irrational patterns of thought	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. How faulty thought patterns may produce negative or self-destructive feelings, behaviors and beliefs	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. How to develop a relationship with youth	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d. How to communicate with youth	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. How to help youth through challenges they may experience	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f. How to work with my mentee’s family	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g. How to handle potential crises (e.g., safety issues) that may occur when working with youth.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

How helpful was the training you received in the following specific areas...	(Please Check One)				
	Training was <u>NOT</u> provided on this topic.	Training <u>WAS</u> provided and was:			
		<i>Not at All Helpful</i>	<i>Not Very Helpful</i>	<i>Somewhat Helpful</i>	<i>Very Helpful</i>
h. How to prepare my mentee for the end of the mentoring relationship.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Accessing or interacting with resources in the community that could help your mentee(s) or his/her family (such as counselors, teachers or program providers)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Helping youth to set goals	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Helping youth to achieve their goals	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

26. Are there any (additional) training topics that you feel would be helpful to you as a mentor? *Please describe.* _____

27. Overall, how well do you think your training has prepared you for developing a successful relationship with a child in this program?

- ₁ Not at all
- ₂ Very little
- ₃ Somewhat
- ₄ Fairly well
- ₅ Very well

28. To what extent do you agree or disagree with the following statements?

	(Please Check One)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Reach & Rise has been clear about its goals and focus.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I agree with the goals and focus of Reach & Rise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I have received sufficient training from Reach & Rise to begin my match with confidence.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Reach & Rise staff have shared important information with me about my mentee(s).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Reach & Rise staff have given suggestions on what I can do with my mentee(s).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Reach & Rise staff have defined my role very clearly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. I have talked to Reach & Rise staff about the specific type(s) of youth I think I would be well matched with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I know a lot about the issues facing youth today.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

29. Is there anything else you'd like to tell us about your preparations for being a mentor in the program?

Please describe. _____

MORE ABOUT YOU

These last few questions ask a little more about your background.

30. What is your gender?

- ₁ Male
- ₂ Female
- ₃ I choose not to respond.

31. Are you of Hispanic, Latino or Spanish origin?

- ₀ No
- ₁ Yes, I am of Hispanic, Latino or Spanish origin.
- ₃ I choose not to respond.

32. What is your race? (Please select all that apply.)

- ₁ Asian
- ₂ Black or African American
- ₃ Native American
- ₄ Pacific Islander
- ₅ White
- ₆ Something else (please describe): _____
- ₇ I choose not to respond.

33. Do you think of yourself as... (Please select all that apply.)

- ₁ Straight
- ₂ Gay or lesbian
- ₃ Bisexual
- ₄ Transgender
- ₅ I choose not to respond.

34. Are you married or living with a partner?

- ₀ No
- ₁ Yes
- ₂ I choose not to respond.

35. What is your age in years? _____

36. Do you have children?

- ₀ No → **Your survey is complete! Thank you!**
- ₁ Yes → **Please continue with Question 36a.**

36a. How many of your children are currently attending elementary, middle or high school? _____

**YOUR SURVEY IS COMPLETE.
THANK YOU!**

Mentor Follow-Up Survey

DATE: _____

MENTOR ID:

The National Evaluation of Reach & Rise®

MENTOR FOLLOW-UP SURVEY

Reach & Rise® Location: _____

Mentor's First Name: _____

Mentor's Last Name: _____

Youth ID: _____

Youth's First Name: _____

[This cover page should be removed from the survey before it is administered to the mentor.]

DATE:

YOUTH ID:

YOUTH FIRST NAME:

MENTOR ID:

Place ID Sticker Here

MENTOR SURVEY

This survey asks about you and your relationship with the youth noted in your survey invitation or specified by your Reach & Rise® director (your “mentee”). **Please answer ALL questions about only that specific youth**, even if you are no longer meeting with him or her, if you were only meeting with this youth for a very short time, or if you are currently mentoring another (or more than one) youth. If you are no longer meeting with this child, please answer all questions thinking about the time period during which you were still meeting. You can skip any questions you do not want to answer, but we hope you will try to answer all of them. **Your name will not be associated with any of your answers and your responses will not be shared with your program except in the aggregate (combined across the mentors who take our survey).**

ABOUT YOURSELF

Please tell us about your thoughts on a few different things—even if you have answered these questions for us in the past.

1. The questions below are about how you have been feeling **DURING THE PAST MONTH**. Please choose the response that best represents how often you have experienced or felt the following.

During the past month, how often did you feel...	(Please Check One)					
	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
a) happy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) interested in life?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) satisfied with life?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) that you had something important to contribute to society?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e) that people are basically good?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) confident to think or express your own ideas and opinions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) that you belonged to a community (like a social group, or your neighborhood)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h) that our society is a good place, or is becoming a better place, for all people?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) that the way our society works makes sense to you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j) that you liked most parts of your personality?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k) good at managing the responsibilities of your daily life?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Please Check One)						
During the past month, how often did you feel...	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
l) that you had warm and trusting relationships with others?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m) that you had experiences that challenged you to grow and become a better person?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n) that your life has a sense of direction or meaning to it?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Please share your thoughts on a few more things.

(Please Check One)						
How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Mostly Disagree	Mostly Agree	Agree	Strongly Agree
a) The kind of person someone is, is something very basic about them and it can't be changed very much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) People can do things differently, but the important parts of who they are can't really be changed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) As much as I hate to admit it, you can't teach an old dog new tricks. People can't really change their deepest attributes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Everyone is a certain kind of person, and there is not much that can be done to really change that.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

3. What is the month and day of your birthday?

Month: _____ Day: _____

YOUR REACH & RISE[®] MENTEE

4. In what month and year did you last meet face-to-face with the mentee noted in your invitation (or specified by your Reach & Rise[®] director)? *(Please provide the month and year of your last in-person get together or outing. If your match has already closed, do not consider any official "closure" meeting you might have had with your mentee and Reach & Rise[®] director—we are only interested in the day of your last get together or outing with your mentee. Even if you do not know the exact month, your best guess is very helpful.)*

Month (e.g., 1, 2...12): _____ Year: _____

5. Were you matched with one mentee or a group of mentees?

- ₁ I was matched with one mentee. → **Skip to Question 6.**
- ₂ I was matched with a group of mentees. → **Go to Question 5a.**

5a. How many mentees are/were in your group?

_____ mentee(s) are/were in my group.

TIME TOGETHER

6. Please answer the following questions, thinking about the time you have spent with your mentee in a typical month of your relationship.

In a typical month of your relationship, about how much time have you spent...	(Please Check One)						
	I haven't done this in a typical month	Less than 1 hour	1 to less than 2 hours	2 to less than 4 hours	4 to less than 6 hours	6 to less than 10 hours	10 or more hours
a) Getting to and from meetings with your mentee?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) <u>With</u> your mentee (please do <i>not</i> include time spent getting to and from meetings with your mentee)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Doing things <u>for</u> your mentee or your mentee's family (but <u>not</u> with your mentee)—for example, finding resources for your mentee, meeting with your mentee's teacher or other adults on his/her behalf (please do NOT include time spent getting to and from meetings with your mentee or support calls/meetings with your Reach & Rise [®] director)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

7. Now please think about some of the specific activities you engaged in during your meetings with your mentee.

About how much of your time with your mentee did you spend engaging in the following activities...	(Please Check One)				
	None	Very Little	Some	A lot	Most
a) Making time to goof around, laugh, and have light-hearted fun with your mentee?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Talking about your mentee's personal issues or problems?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Talking about important people in your mentee's life?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Talking about the consequences of negative behaviors?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Exploring careers through activities and discussions?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

About how much of your time with your mentee did you spend engaging in the following activities...	(Please Check One)				
	None	Very Little	Some	A lot	Most
f) Helping my mentee with school work?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) Going to cultural or other special events (for example, plays, ceremonies, concerts, museums, lectures, sporting events)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) Physical activities like sports or hiking?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) Creative activities like crafts, cooking or drawing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j) Participating in service activities (for example, volunteering at a soup kitchen)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

8. Which of the following statements best describes how decisions have usually been made about how you and your mentee spent your time together? *[Please check only one.]*

- ₁ I decided how we spent our time together.
- ₂ My mentee decided how we spent our time together.
- ₃ I have gotten ideas from my mentee and then we decided together.
- ₄ I have given my mentee ideas and then we decided together.
- ₅ The program outlined how we should spend our time together.
- ₆ My mentee's parent(s) outlined how we should spend our time together.

9. Please tell us how often the following activities have occurred over the course of your relationship with your mentee.

About how often has the following occurred?	(Please Check One)					
	Never	Once every 4 months or less	Once every 3 months	Once every 2 months	Once every month	More than once a month
a) <u>Your mentee</u> canceled a scheduled meeting.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) <u>You</u> canceled a scheduled meeting.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) You contacted program staff to get help with an issue with your mentee.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Program staff contacted you to talk about how things were going with your mentee.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Your mentee's parent/caregiver contacted you about an issue/concern.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

10. In some mentoring relationships, there are goals for the youth involved (for example, to improve grades, help with friendships, or increase confidence). In your mentoring relationship, have goals been set for your mentee?

- ₀ No → **Skip to Question 11.**
- ₁ Yes → **Go to Question 10a.**

IF YES:

10a. How often did you discuss your progress toward those goals with program staff?

- ₀ We have never talked about these goals
- ₁ We talked about them once or twice
- ₂ Several times
- ₃ Just about every time we talked

10b. How often did you and your mentee discuss your progress toward those goals?

- ₀ We have never talked about these goals
- ₁ We talked about them once or twice
- ₂ Several times
- ₃ Just about every time we met

10c. How often did you and your mentee's parent(s) discuss your progress toward those goals?

- ₀ We have never talked about these goals
- ₁ We talked about them once or twice
- ₂ Several times
- ₃ Just about every time we talked

10d. What are these goals? (*Please check **ALL** that apply.*)

- ₁ Academic improvements (e.g., grades, homework completion)
- ₂ Social improvements (e.g., relationships with family, other adults or peers)
- ₃ Increase self-esteem (help my mentee to feel good about him/herself)
- ₄ Develop new skills (e.g., a talent or hobby)
- ₅ Connect my mentee with positive activities at school or in the community (e.g., after-school activities, a job, etc.)
- ₉ Something else (*please describe*): _____

10e. Which of the following have you talked about with your mentee? (*Please check **ALL** that apply.*)

- ₁ Specific steps your mentee needs to take to reach these goal(s)
- ₂ How long it will take to reach these goal(s)
- ₃ Challenges that might be keeping him/her from reaching these goal(s)
- ₄ Some things your mentee will need to do to overcome any challenges in reaching these goal(s)
- ₅ How you will help your mentee overcome any challenges in reaching these goal(s)

10f. How helpful were Reach & Rise[®] staff in helping you come up with ways to achieve these goals?

- ₁ Not at all helpful
- ₂ Not very helpful
- ₃ Fairly helpful
- ₄ Very helpful

10g. How helpful were your mentee's parent(s) in helping you achieve these goals?

- ₁ Not at all helpful
- ₂ Not very helpful
- ₃ Fairly helpful
- ₄ Very helpful

10h. How helpful was your mentee’s growth plan in helping you achieve these goals?

- ₀ My mentee didn’t have a growth plan
- ₁ Not at all helpful
- ₂ Not very helpful
- ₃ Fairly helpful
- ₄ Very helpful

10i. How much progress has your mentee made in reaching these goals?

- ₁ No progress yet
- ₂ Very little progress
- ₃ Some progress
- ₄ A lot of progress

11. Below is a list of strategies that you may or may not have heard about through your involvement in the program. Different programs have different focuses and different mentors take different approaches; it is not expected that you will have necessarily heard about or engaged in any of these activities. Please simply indicate what has been the case so far in your involvement with the program. For each strategy, we ask 4 follow-up questions. **For each strategy, if your response to the first question, “How well do you understand this strategy?” is “N/A (I don’t know what this means),” please skip to the next strategy.**

(Please select one for each follow-up question)				
Please answer the following 4 questions for each strategy listed below.	How well do you understand this strategy?	How often did staff talk with you about this strategy?	How often did you try to use this strategy with your mentee?	How difficult was it for you to put this strategy into action?
a) How to help your mentee set and achieve the goals outlined in your mentee’s growth plan	<input type="radio"/> N/A (I don’t know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
b) Getting my mentee to stop and think about his/her behavior	<input type="radio"/> N/A (I don’t know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
c) Helping my mentee to understand the links between thoughts and behaviors	<input type="radio"/> N/A (I don’t know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
d) Refuting lies we tell ourselves (i.e., questioning negative self-talk)	<input type="radio"/> N/A (I don’t know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
e) Mindfulness (i.e., how to be aware of thoughts, feelings or behaviors)	<input type="radio"/> N/A (I don’t know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very

(Please select one for each follow-up question)				
Please answer the following 4 questions for each strategy listed below.	How well do you understand this strategy?	How often did staff talk with you about this strategy?	How often did you try to use this strategy with your mentee?	How difficult was it for you to put this strategy into action?
f) Putting core beliefs and thoughts on trial (i.e., thinking about how you view yourself, others and the world)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
g) Relaxation, restructuring, communication or humor to manage anger	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
h) Whole health check-up (i.e., discussing physical, social, emotional, spiritual, intellectual or vocational/occupational well-being)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
i) Journaling (i.e., writing down thoughts, feelings and experiences)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
j) Mood mapping (i.e., how to track your moods)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
k) Affirmation—10 things I like about me (i.e., reminding youth to use positive thinking and empowerment)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
l) Creating new habits (i.e., encouraging your mentee to create new routines and ways of behaving)	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very
m) Celebrating success	<input type="radio"/> N/A (I don't know what this means) <input type="radio"/> Somewhat <input type="radio"/> Very well	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Very often	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Somewhat <input type="radio"/> Very

YOUR RELATIONSHIP

12. Please tell us how much you agree or disagree with the following general statements about your relationship.

To what extent do you agree or disagree with the following...	(Please Check One)				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a) I feel close with my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) I feel satisfied with my relationship with my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) I have invested a great deal of time in my relationship with my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Learning new things together is an important part of our relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Compared with most mentors, I think I have put a lot of effort into my relationship with my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) I feel my mentee and I accomplish things in our time together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) I have shared a lot of my personal thoughts and life experiences with my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) My relationship with my mentee is an important source of fun and companionship in my life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) My mentee and I spend time on his/her personal growth and development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) My relationship with my mentee gives me the feeling I am doing something valuable with my time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k) My mentee and I work on projects together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l) I have put a great deal into my relationship with my mentee that I would lose if our relationship ended.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m) I help my mentee to set and reach goals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n) My relationship with my mentee does a good job of meeting my expectations for the program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o) My mentee’s parent(s) and I really work as a team to support my mentee.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

PROGRAM SUPPORT AND TRAINING

For these next few questions, please think about the Reach & Rise® **training** you received before you met your mentee and the **support** you've received from Reach & Rise® staff over the course of your relationship (e.g., the discussions you have had with Reach & Rise® staff).

13. When Reach & Rise® staff called or met with you to see how your mentoring relationship was going, how long did these conversations **typically** last?

- _0 Reach & Rise® staff did not contact me to check in on our relationship.
- _1 1-5 minutes
- _2 6-10 minutes
- _3 11-20 minutes
- _4 More than 20 minutes

14. When you interacted with your mentee or did things for him/her, how often did you use tips or pointers that you learned during Reach & Rise® training, before your match was made?

- _0 I didn't get any tips or pointers during training
- _1 I got tips or pointers during training, but I never used them
- _2 Very rarely
- _3 Every few times we met
- _4 Almost every time we met
- _5 Every time we met

15. When you interacted with your mentee or did things for him/her, how often did you use tips or pointers that Reach & Rise® staff suggested to you during your conversations after you began meeting with your mentee?

- _0 Staff never gave me tips or pointers
- _1 Staff gave me tips or pointers, but I never used them
- _2 Very rarely
- _3 Every few times we met
- _4 Almost every time we met
- _5 Every time we met

16. In these next few questions, please note that “my program” refers to the Reach & Rise® program that paired you with your mentee. When we refer to “CBM principles” (or principles of “cognitive behavioral mentoring”), we are referring to strategies around helping youth to understand the connections between thoughts, feelings and behaviors. **Different program directors have different styles and focuses, so Reach & Rise® programs vary in whether and how much they highlight these issues with their mentors and mentees. We'd like to learn more about *your* experiences.**

To what extent do you agree or disagree with the following statements?	(Please Check One)				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a) Program staff have shared important information with me about my mentee.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
b) Program staff have connected me with outside resources to help my mentee (social workers, clinicians, etc.).	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

To what extent do you agree or disagree with the following statements?	(Please Check One)				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
c) The program defined my role very clearly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) I know a lot about the issues facing youth today.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e) I feel empowered to help my mentee make positive progress in his/her life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) I understand what CBM (i.e., “cognitive behavioral mentoring”) is.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) My program has been clear about wanting me to use CBM principles during my interactions with my mentee.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h) I agree with the extent to which my program emphasized (or didn’t emphasize) CBM.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) The training I received from the program helped me to be a better mentor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j) My program has given me ideas on how to help my mentee understand CBM principles.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k) My program has given me ideas for activities I could do with my mentee to help him/her use CBM principles in her/his daily life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l) I agree that CBM can help my mentee make improvements in his/her life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m) I know how to apply CBM in my relationship with my mentee.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n) The training I got helped me understand how to use CBM principles in my relationship with my mentee.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o) The support I’ve gotten from the program after my match started has helped me understand how to use CBM principles in my relationship with my mentee.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p) The support I got from the program was responsive to my particular needs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q) My mentee’s growth plan helped to make my relationship with my mentee more effective.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r) Program staff often reviewed my mentee’s growth plan with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
s) Program staff often discussed my logs with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

17. What did the agency do to help you use CBM principles with your mentee? (Please check **ALL** that apply.)

- ₀ The agency did not help me use CBM principles with my mentee.
- OR**
- ₁ The agency provided me with written materials and resources.
- ₂ My initial training focused on this.
- ₃ My mentee’s growth plan helped me to focus on this during our interactions.
- ₄ Completing my log helped me to focus on this during our interactions.
- ₅ The program connected me with other mentors who helped me take on this focus.
- ₆ Program staff provided me with ideas during our discussions.
- ₉ Other (please describe): _____

18. Did you receive a Reach & Rise® Training Manual during or after your training?

- ₀ No → **Skip to Question 19.**
- ₁ Yes → **Go to Question 18a.**

18a. How often have you referred to your training manual over the course of your relationship?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very often

18b. How helpful has your training manual been in helping you develop a successful relationship with your mentee?

- ₁ Not helpful at all
- ₂ Slightly helpful
- ₃ Fairly helpful
- ₄ Very helpful

CONTINUING YOUR RELATIONSHIP WITH YOUR MENTEE

19. These next questions ask about any challenges you have encountered with your mentee, whether you will continue meeting with your mentee and if not, why and how your relationship is ending. First, please rate the extent to which you have found the following issues challenging in your relationship with your mentee.

How challenging have you found the following aspects of your mentoring relationship?	(Please Check One)			
	Not at All Challenging	Not Very Challenging	Somewhat Challenging	Very Challenging
a) Having conversations with my mentee	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Keeping my mentee engaged in our relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Getting together with my mentee (e.g., transportation, scheduling, disconnected phone)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Managing my mentee’s behavioral issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Differences in our interests or personalities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

How challenging have you found the following aspects of your mentoring relationship?	(Please Check One)			
	Not at All Challenging	Not Very Challenging	Somewhat Challenging	Very Challenging
f) Getting support from my mentee's family in fostering our relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) My mentee's family asking me for too much help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) My mentee's preparation for our meetings (e.g., being ready on time, canceling meetings without sufficient notice or a good reason)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) Finding resources for my mentee or his/her family in the community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j) Getting my mentee interested in the resources/experiences I offered him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k) Ensuring that the strategies I'm using with my mentee are being reinforced at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

20. How have you tried to overcome challenges in your mentoring relationship? *(Please check **ALL** that apply.)*

₀ I haven't faced any significant challenges in our relationship.

OR

₁ I have faced significant challenges in our relationship, but haven't yet tried to overcome them.

₂ I got advice from staff at my mentoring program.

₃ I talked with my mentee's parent/guardian about it.

₄ I talked with my mentee about it.

₅ I attended a program event.

₆ I read program materials.

₇ I got advice or help from other mentors.

₈ I got advice or help from someone outside of my mentoring program.

₉ Other *(please describe)*: _____

21. Will you continue meeting with your current mentee over the next few months? *[Please remember this information will **not** be shared with your mentoring program.]*

₀ No, my relationship will end soon → **Go to Question 22.**

₁ No, my relationship has already ended → **Go to Question 22.**

₂ Yes → **Skip to Question 23.**

22. Why will/did your relationship end? *[Please check **ALL** that apply.]*

₁ My program commitment is ending (I committed to this amount of time)

₂ Not enough interest on my mentee's part

₃ Not enough support from my company or school

₄ The program needed more time than I had

₅ I realized I don't enjoy working with youth

₆ My mentee didn't seem to need a mentor

₇ Differences in our interests or personalities

₈ The program asked me to do things as a mentor that I do not feel I have the skills to do

₉ Difficulty bridging cultural differences

₁₀ It no longer fits into my schedule

₁₁ I am moving

₁₂ My mentee is moving or changing schools

₁₃ My mentee's family was not supportive

₁₄ A change in my own personal circumstances

₁₅ My mentee's needs were too severe

₁₆ Not enough program staff support

₁₇ Other *(please describe)*: _____

23. Would you consider mentoring again?

- ₁ Definitely not
- ₂ Probably not
- ₃ Probably
- ₄ Definitely
- ₅ Definitely; In fact, I am already mentoring another youth.

These last questions are about your meetings with your mentee during the recent COVID-19 outbreak. We understand that this has been a very difficult time for many people and would like to hear from you how things may have changed for you and your match during this time.

24. Did you continue to communicate with your mentee during the COVID-19 outbreak? (*Please check all that apply.*)

- No, my match has/had ended before the COVID-19 outbreak. → **Skip to Question 30.**
- No, but my match was/is still ongoing during the COVID-19 outbreak. → **Skip to Question 27.**
- Yes, in person → **Go to Question 25.**
- Yes, online (for example, skype, zoom, texting) → **Go to Question 25.**
- Yes, by phone → **Go to Question 25.**
- Yes, some other way (*please describe*): _____ → **Go to Question 25.**

25. How often did you communicate with your mentee during the outbreak?

- We did not/have not communicated during this time
- Less than once a month
- Once a month
- Once every couple of weeks
- Once a week
- More than once a week

26. What was the focus of your meetings during the outbreak (e.g., checking in, academics, challenges your mentee may be experiencing)? Did this change from your meetings prior to the COVID-19 outbreak (if you had any meetings prior)? _____

27. What challenges did your mentoring relationship face during the COVID-19 outbreak? (*Please check all that apply.*)

- Your mentee was not as comfortable with new ways of communicating (e.g., preferred to meet in person)
 - You were not as comfortable with new ways of communicating (e.g., lack of familiarity with social media)
 - Difficulty finding ways to communicate (for example, lack of internet)
 - Coming up with fun activities
 - Your ability to make time for communication
 - Your mentee's ability to make time for communication
 - Difficulty using CBT principles when using new kinds of communication
 - Challenges your mentee's family experienced related to COVID-19
 - Challenges you experienced related to COVID-19
 - Other (*please describe*): _____
- OR
- My mentoring relationship didn't experience any challenges during the COVID-19 outbreak

28. How often did you communicate with your mentoring program during the COVID-19 outbreak?

- I was not in contact with the program at all.
- Less than once a month
- Once a month
- Once every couple of weeks
- Once a week
- More than once a week

29. How did your mentoring program support your mentoring relationship during the outbreak? *(Please check all that apply.)*

- My mentoring program didn't support my mentoring relationship during the outbreak
- OR
- It gave me activity ideas
 - It helped me come up with new ways to communicate
 - It helped me work through relationship challenges
 - It helped me come up with ways to use CBT principles when using new kinds of communication
 - It helped me find resources or supports for my mentee
 - It helped me find resources or supports for other members of my mentee's family or my mentee's family as a whole
 - Other *(please describe)*: _____

30. Is there anything else you'd like to tell us about your mentoring relationship or your experiences in your mentoring program? *Please describe:* _____

YOUR SURVEY IS COMPLETE!
THANK YOU!

YOUTH ID:

YOUTH FIRST NAME:

MENTOR ID:

Place ID Sticker Here

Staff Baseline Survey

DATE: _____

STAFF ID: _____

The National Evaluation of Reach & Rise®

STAFF BASELINE SURVEY

Reach & Rise Location: _____

DATE: _____

STAFF ID: _____

Reach & Rise Staff Survey

This survey asks questions about your background and your experiences running your Reach & Rise program. You can skip any questions you do not want to answer, but we hope you will try to answer all of them. **Your name and your YMCA’s identity will not be associated with any of your answers and your responses will not be shared with your program or national staff—except in the aggregate (combined across all staff who take the survey).** Please note that the choices you have for responding to the questions in this survey change from question to question, so please read your answer choices carefully.

YOUR BACKGROUND

First, please tell us a little bit about yourself.

1. How much “on-the-ground” experience do you have in the following areas (i.e., work experience beyond any training or instruction you may have received)?

How much “on-the-ground” experience do you have in the following areas?	(Please Check One)			
	None	Some	A Fair Amount	Extensive
a. Working in youth programs	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Working in mentoring programs	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Recruiting volunteers	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Recruiting youth	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Working with “higher-risk” youth	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Working with volunteer service providers (e.g., mentors)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Working with families	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Cognitive-behavioral therapy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Working with partner community organizations	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Case management or counseling	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Managing a client caseload	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2. What is the highest educational degree you have earned?

- ₁ No high school diploma or equivalent
- ₂ High school diploma or equivalent
- ₃ Some college, but no degree
- ₄ Associate's degree
- ₅ Bachelor's degree
- ₆ Master's degree
- ₇ Doctoral degree or equivalent
- ₈ Other (*please specify:*) _____

3. In which discipline(s)/profession(s) did you study? [*Please check all that apply.*]

- | | |
|---|---|
| <input type="checkbox"/> ₁ Counseling | <input type="checkbox"/> ₈ Social Work |
| <input type="checkbox"/> ₂ Therapy | <input type="checkbox"/> ₉ Administration |
| <input type="checkbox"/> ₃ Education | <input type="checkbox"/> ₁₀ Military |
| <input type="checkbox"/> ₄ Vocational Rehabilitation | <input type="checkbox"/> ₁₁ Religious/Faith-based work |
| <input type="checkbox"/> ₅ Youth Development/Youth work (e.g., recreation) | <input type="checkbox"/> ₁₂ Public Health |
| <input type="checkbox"/> ₆ Criminal Justice | <input type="checkbox"/> ₁₃ Health & Wellness |
| <input type="checkbox"/> ₇ Psychology | <input type="checkbox"/> ₁₄ Other (<i>please specify:</i>) _____ |

4. Please indicate the total number of MONTHS (e.g., 2.5 years = 29 months) you have worked as a staff member:

How many MONTHS have you worked...	Number of MONTHS
a. In your current position with Reach & Rise?	_____ months
b. In your current YMCA?	_____ months
c. For any YMCA?	_____ months
d. For any type of mentoring program?	_____ months
e. In the field of youth development?	_____ months
f. In a counseling/therapy field?	_____ months

Please tell us a little bit more about yourself. When answering this next set of questions, please think about how true each statement has been for you over the last MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt or reacted.

Thinking about the last MONTH, how often have the following statements been true for you?	(Please Check One)				
	Almost Never True	Rarely True	Sometimes True	Often True	True Nearly All the Time
a. I am able to adapt when changes occur.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I can deal with whatever comes my way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Having to cope with stress can make me stronger.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Under pressure, I stay focused and think clearly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I am not easily discouraged by failure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. Have you ever mentored a child or youth (i.e., spent time, one-on-one with a young person—other than your own child—on a fairly regular basis over a specific period of time)? *[Please check all that apply.]*

- ₀ No
- ₁ Yes, but not through a formal program. *(Please note number of months):* _____
- ₂ Yes, through a formal program(s). *(Please note number of months):* _____

6. The questions below are about how you have been feeling DURING THE PAST MONTH. Please choose the response that best represents how often you have experienced or felt the following **during the past month**:

During the past month, how often did you feel...	(Please Check One)					
	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
a. happy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. interested in life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. satisfied with life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. that you had something important to contribute to society	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. that people are basically good	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. confident to think or express your own ideas and opinions	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. that you belonged to a community (like a social group, or your neighborhood)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. that our society is a good place, or is becoming a better place, for all people	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. that the way our society works makes sense to you	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. that you liked most parts of your personality	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. good at managing the responsibilities of your daily life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. that you had warm and trusting relationships with others	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. that you had experiences that challenged you to grow and become a better person	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. that your life has a sense of direction or meaning to it	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

YOUR YMCA

Because every Y strives to serve their unique community, every Y is unique. Please help us to learn more about your Y. **Please remember, your Y's location will not be linked with your responses in any way that could identify you or your program. If your Reach & Rise program is delivered out of multiple Y branches, please respond about the location where you are housed.**

7. In which Y is your Reach & Rise program located? _____
8. How many youth TOTAL did your Y serve (across all programs) last year? _____
9. Had there been any other mentoring programs in your Y prior to Reach & Rise?
- ₀ No
- ₁ Yes → About how many youth did this program(s) serve per year: _____
- ₂ I don't know
10. Did any other mentoring programs in addition to Reach & Rise run in your Y last year?
- ₀ No
- ₁ Yes → About how many youth did this program(s) serve per year: _____
- ₂ I don't know

YOUR REACH & RISE PROGRAM

The next few questions are about your Reach & Rise program.

11. How many years has Reach & Rise been running at this Y? _____ years
12. How many mentors TOTAL participated last year? _____
13. About what PERCENTAGE of your mentors were referred from the following sources **over the last year?**
[Please note the approximate percentage coming from each source over the last year. If none came from a given source, please write, "0". These percentages should add up to 100%.]
- ₁ A partnership with a business in the community _____%
- ₂ A university _____%
- ₃ A social/civic service or volunteer organization _____%
- ₄ The YMCA _____%
- ₅ General community (self-referrals) _____%
- ₆ Other (please note both the source and the approximate percentage:) _____ %
14. How many youth *referrals* TOTAL did you get last year? _____
15. About how many of these referrals came from Y staff and/or other Y programs? _____
16. About how many referrals came from sources outside of the Y? _____
17. How many youth TOTAL did your Reach & Rise program end up *servicing* last year? _____

18. How many youth TOTAL remained on your program’s wait list last year, without eventually being served? _____

19. Where did matches meet? *[Please check all that apply.]*

- ₁ Individual matches met exclusively at the Y
- ₂ Individual matches met out in the community
- ₃ Individual matches met both at the Y and out in the community

YOUR EXPERIENCES AT YOUR YMCA

20. How many hours do you typically work on-site at the Y per week? _____hours/week

21. How many hours do you typically work off-site per week? _____hours/week

22. Please check one box for each statement that shows how much you agree or disagree with the statement.

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
a. Learning and using new procedures are easy for you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You have the skills needed to effectively manage your Reach & Rise program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. You are able to adapt quickly when you have to make changes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. You are effective and confident in doing your job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. You are willing to try new ideas even if some staff members are reluctant.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You usually accomplish whatever you set your mind on.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. You are sometimes too cautious or slow to make changes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You have the skills needed to conduct effective work with Reach & Rise matches.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. You consistently plan ahead and carry out your plans.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

23. Have you been working at your current YMCA for 3 months or longer?

- ₀ No → Please skip to Question 25.
₁ Yes → Please continue with Question 24.

24. These next few questions are about **your relationship with the broader YMCA** in which your Reach & Rise program is located. Please check one box for each statement that shows how much you agree or disagree with the statement.

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
a. You have good program management at your program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You are satisfied with your present job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Staff members at your Y work together as a team.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Decisions for clients in your Y often get revised by a supervisor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Y staff value the Reach & Rise program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You feel supported by national office staff.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. You have capable supervisors.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You feel appreciated for the job you do at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Mutual trust and cooperation among staff in your program are strong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. You are given broad authority in working with your client families.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. You feel supported by staff who work at the Y where you are primarily housed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. You feel supported by staff who work at other Y locations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. Much time and attention are given to staff supervision when needed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. You give high value to the work you do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. Staff members at your program get along very well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. You can try out different techniques to improve your effectiveness.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
q. Management decisions for your program are well planned.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. You are proud to tell others where you work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
s. Staff members at your program are quick to help one another when needed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
t. Staff members are given too many rules in your Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
u. Other youth at the Y see the Reach & Rise Program positively.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
v. The broader community sees the Reach & Rise Program positively.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
w. You have confidence in how decisions at your program are made.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
x. You like the people you work with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
y. There is too much friction among staff members you work with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
z. Management fully trusts your professional judgments.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
aa. Y staff agree with you on goals for the Reach & Rise Program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
bb. You have opportunities to learn new skills for your position.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
cc. You meet frequently with supervisors about client needs and progress.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
dd. You would like to find a job somewhere else.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ee. Some staff in your program do not do their fair share of work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ff. You are comfortable with the level of autonomy you have in running your Reach & Rise program at this Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
gg. Staff concerns are ignored in most decisions made in your program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
hh. You have had sufficient training to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ii. You have had sufficient support to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
jj. You have access to the resources you need to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

25. Please indicate how many hours of training you have received in each of the following areas.

About how many hours of training have you received in...	(Please Check One)					
	None	1-5 hours	6-10 hours	11-15 hours	16-24 hours	25 or more hours
a. General Y training for work with youth?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Reach & Rise specific training?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Previous (non-Y) training in cognitive behavioral therapy?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

26. Please estimate how often you communicate (more than just “in passing”) with each of the following people by checking the box that fits best.

About how frequently do you communicate (more than just “in passing”) with...	(Please Check One)				
	Never	Quarterly or Less	Monthly	Weekly	Daily
a. Your supervisor at the Y?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Reach & Rise staff from other Ys?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Staff at Reach & Rise National?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Other Y staff in your building?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Other Y staff from other buildings in your community?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

27. Please use the space below to share anything else you would like to tell us about your Y experience.

MORE ABOUT YOU

These last few questions ask a little more about your background.

28. What is your gender?

- ₁ Male
- ₂ Female

29. What is your age in years? _____

30. Are you of Hispanic, Latino or Spanish origin?

- ₁ No
- ₂ Yes, I am of Hispanic, Latino or Spanish origin

31. What is your race? *(Please select all that apply.)*

- ₁ Asian
- ₂ Black or African American
- ₃ Native American
- ₄ Pacific Islander
- ₅ White
- ₆ Something else *(please describe:)* _____

32. What is your current marital status?

- ₁ Single, never married
- ₂ Living with spouse or partner
- ₃ Married, separated
- ₄ Divorced
- ₅ Widowed
- ₆ Other *(please describe:)* _____

**YOUR SURVEY IS COMPLETE.
THANK YOU!**

Staff Follow-Up Survey

DATE: _____

STAFF ID: _____

The National Evaluation of Reach & Rise[®]

STAFF FOLLOW-UP SURVEY

Staff ID: _____

Reach & Rise[®] Location: _____

DATE: _____

STAFF ID: _____

Reach & Rise® Staff Survey

This survey asks questions about your background and your experiences running your Reach & Rise® program. You can skip any questions you do not want to answer, but we hope you will try to answer all of them. While the research team will be able to link your responses back to the information from your baseline survey, **your name and your YMCA’s identity will not be associated with any of your answers in any reports that are produced by the research team (e.g., your Y will be referred to as “Site 1” with no names attached). Your responses will not be shared with your program or national staff—except in the aggregate (combined across all staff who take the survey).** Please note that the choices you have for responding to the questions in this survey change from question to question, so please read your answer choices carefully.

ABOUT YOURSELF

First, please tell us a little bit about yourself.

- How long have you been the director of your Reach & Rise® one-on-one mentoring program (e.g., 1.75 years = 1 year and 9 months)?

_____ years and _____ months

- The questions below are about how you have been feeling **DURING THE PAST MONTH**. Please choose the response that best represents how often you have experienced or felt the following **during the past month**.

(Please Check One)						
<u>During the past month</u> , how often did you feel...	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
a. happy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. interested in life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. satisfied with life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. that you had something important to contribute to society	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. that people are basically good	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. confident to think or express your own ideas and opinions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. that you belonged to a community (like a social group, or your neighborhood)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. that our society is a good place, or is becoming a better place, for all people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Please Check One)

During the past month, how often did you feel...	Never	Once or Twice	About Once per Week	About 2-3 Times per Week	Almost Everyday	Everyday
i. that the way our society works makes sense to you	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. that you liked most parts of your personality	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. good at managing the responsibilities of your daily life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. that you had warm and trusting relationships with others	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. that you had experiences that challenged you to grow and become a better person	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. that your life has a sense of direction or meaning to it	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

YOUR REACH & RISE® PROGRAM

The next few questions are about your Reach & Rise® program. If your Reach & Rise® program is delivered out of multiple Y branches, please respond about the Y where your Reach & Rise® program is primarily located (or which it primarily serves). When we ask for numbers or percentages, if you do not have access to these numbers (e.g., you have already left the Y)—your best estimate is still very helpful to us! If you cannot provide a rough estimate, please feel free to skip the question.

3. How many Y branches does your Reach & Rise® program work with? _____
4. What is the Y branch in which your Reach & Rise® program is primarily located (or which it primarily serves)? *[This information will allow us to link your responses to those submitted earlier for your Y. However, in reporting findings from the survey, your Y's name will not be connected to your responses.]* _____

When we refer to “your Y” or “your primary Y branch” throughout the rest of the survey, please respond thinking about the Y that you selected in Question 4.

5. Over the last 12 months, about how many youth in TOTAL did your **primary** Y branch (not across your entire association) serve across all programs at that Y, including but not limited to Reach & Rise®?
_____ youth
6. Did your Y have a Reach & Rise® Group Mentoring program at any point during this past year?
- ₀ No → Please skip to Question 7.
- ₁ Yes → Please continue with Question 6a below.

IF YES:

6a. About how many youth did the Reach & Rise® Group Mentoring program serve over the last 12 months? *[Even an estimate would be helpful here.]* _____ youth

6b. How often do/did you work/collaborate with the Reach & Rise® Group Mentoring program director?

- ₁ Not at all
- ₂ Very infrequently
- ₃ Somewhat frequently
- ₄ Fairly frequently
- ₅ Very frequently

6c. Having a Reach & Rise® Group Mentoring Program at my Y... *[Please check all that apply.]*

- ₁ Has helped my implementation of the 1:1 Mentoring Program.
(Please explain): _____
- ₂ Has presented challenges to my implementation of the 1:1 Mentoring Program.
(Please explain): _____
- ₃ Has neither helped nor hurt my implementation of the 1:1 Mentoring Program.

7. Were there other mentoring programs that ran at your primary Y branch location in addition to Reach & Rise® over the last year?

- ₀ No
- ₁ Yes → About how many youth did this program(s) serve per year? *[Don't worry if you can't be precise here. Even a rough estimate is very helpful to us.]*: _____ youth served
- ₂ I don't know

8. How many mentors in TOTAL participated in your one-to-one Reach & Rise® program over the past 12 months? _____ mentors

9. About what PERCENTAGE of your mentors came from the following sources **over the past 12 months?** *[Please note the approximate percentage coming from each source over the last year. If none came from a given source, please write, "0". These percentages should add up to 100%, but they don't have to be precise. Your best estimate is very helpful to us!]*

- ₁ A partnership with a business in the community _____%
 - ₂ A university _____%
 - ₃ A social/civic service or volunteer organization _____%
 - ₄ The YMCA _____%
 - ₅ General community (self-referrals) _____%
 - ₆ Social media and/or online _____%
 - ₉ Other *(please note both the source and the approximate percentage:)* _____ %
- TOTAL *(please check that the total across all categories is 100)* = _____%

10. How many **youth referrals** did you get **in a typical month during the evaluation?** *[Please include both those who ultimately enrolled in the program and those who didn't.]* _____

11. About what percentage of these **youth referrals** came from Y staff and/or other Y programs?
_____ %
12. About what percentage of these **youth referrals** came from sources outside of the Y? _____ %
13. How many youth TOTAL (**both in and out of the study**) did your Reach & Rise[®] program **serve** over the past 12 months? _____
14. How many youth TOTAL are currently on your program's wait list? _____
15. Where did matches meet? *[Please check all that apply.]*
- ₁ Some or all matches met exclusively at the Y.
 - ₂ Some or all matches met exclusively out in the community (i.e., did not meet at the Y).
 - ₃ Some or all matches met both at the Y and out in the community .
16. How many youth were on your caseload during the past 12 months? *[If you have been in your position less than 12 months, please respond for the time period during which you have been at Reach & Rise[®].]*
- a. The lowest number of youth on your caseload (at one time) during the past 12 months: _____
 - b. The highest number of youth on your caseload (at one time) during the past 12 months: _____
17. Did you have any other staff or volunteers assist you in your Reach & Rise[®] work (e.g., interns, students, etc.) during the evaluation?
- ₀ No
 - ₁ Yes → About how many hours per week on average did these staff assist you? _____ hours
18. These next questions ask about different types of supports that you may have needed during the Reach & Rise[®] evaluation. (1) In the first set of columns, please let us know the extent to which you needed the listed type of support. (2) In the second set of columns, please indicate the extent to which you received this type of support during the evaluation.

	I NEEDED...				I RECEIVED...			
	Not at all	A little	Some	Quite a bit	Not at all	A little	Some	Quite a bit
a. Training to understand CBT (i.e., cognitive behavioral therapy)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Training to understand what CBT could mean in mentoring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Training to understand how to support mentors in incorporating CBT strategies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Support on running successful mentor trainings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

	I NEEDED...				I RECEIVED...			
	Not at all	A little	Some	Quite a bit	Not at all	A little	Some	Quite a bit
e. Training to understand how to support families in the use of CBT	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Commitment from leadership of my Y	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Commitment from other (non-leadership) Y staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Additional staff to help me run the program	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Allocated time for implementing the enhancements (e.g., providing enhanced match support, preparing for/conducting enhanced training)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Support in youth recruitment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Support in mentor recruitment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Support in working with parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Other: <i>(please describe)</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

19. To what extent did you experience challenges in the following practices/activities as part of your work with Reach & Rise®? If you did not implement the practice/activity (e.g., components of the enhanced CBT practices), please check “N/A” in the last column.

How challenging have you found the following Reach & Rise® program activities?	(Please Check One)					
	Not at All	Mildly	Somewhat	Fairly	Extremely	N/A
a. Recruiting youth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
b. Recruiting mentors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
c. Creating strong, compatible matches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
d. Engaging parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
e. Fitting enhancements in with other program responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
f. Supporting CBT use in mentors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
g. Supporting CBT use in parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
h. Mentor attendance at training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
i. Mentor engagement in training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
j. Providing support to mentors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
k. Providing support to parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
l. Getting matches to focus on targeted goals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

How challenging have you found the following Reach & Rise® program activities?	(Please Check One)					
	Not at All	Mildly	Somewhat	Fairly	Extremely	N/A
m. Getting support from my Y	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
n. Getting families to enroll in the study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
o. Working with the random assignment component of the evaluation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
p. Working with other components of the study (e.g., administering surveys, enrolling families in the study)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
q. Other: <i>(please describe)</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
r. Other: <i>(please describe)</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
s. Other: <i>(please describe)</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

20. Please elaborate on the challenges you experienced, including any thoughts you have about why they happened. *[If you did not experience any challenges, please write "N/A".]*

YOUR EXPERIENCES AT YOUR YMCA

Please tell us a little bit about your experiences working at your Y.

21. Have you been working at your current YMCA for 3 months or longer?

- ₀ No → Please skip to Question 23.
- ₁ Yes → Please continue with Question 22.

22. These next few questions are about **your relationship with the broader YMCA** in which your Reach & Rise® program is *primarily* located or which it *primarily* serves. Please check one box for each statement that shows how much you agree or disagree with the statement.

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
a. You have good program management at your Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
b. You are satisfied with your present job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Staff members at your Y work together as a team.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Decisions for clients in your Y often get revised by a supervisor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Y staff value the Reach & Rise [®] program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You feel supported by national office staff.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. You have capable supervisors.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You feel appreciated for the job you do at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Mutual trust and cooperation among staff at your Y are strong.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. You are given broad authority in working with your client families.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. You feel supported by staff who work at the Y where you are primarily located (or which you primarily serve).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. You feel supported by staff who work at other Y locations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. Much time and attention are given to staff supervision when needed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. You give high value to the work you do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. Staff members at your Y get along very well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. You can try out different techniques to improve your effectiveness.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. Management decisions for your Y are well planned.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
r. You are proud to tell others where you work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
s. Staff members at your Y are quick to help one another when needed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
t. Staff members are given too many rules in your Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
u. Other youth at the Y see the Reach & Rise [®] program positively.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
v. The broader community sees the Reach & Rise [®] program positively.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

To what extent do you agree or disagree with the following statements...	(Please Check One)				
	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
w. You have confidence in how decisions at your Y are made.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
x. You like the people you work with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
y. There is too much friction among staff members you work with.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
z. Management fully trusts your professional judgments.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
aa. Y staff agree with you on goals for the Reach & Rise [®] Program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
bb. You have opportunities to learn new skills for your position.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
cc. You meet frequently with supervisors about client needs and progress.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
dd. You would like to find a job somewhere else.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ee. Some staff at your Y do not do their fair share of work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ff. You are comfortable with the level of autonomy you have in running your Reach & Rise [®] program at this Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
gg. Staff concerns are ignored in most decisions made at your Y.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
hh. You have had sufficient training to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ii. You have had sufficient support to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
jj. You have access to the resources you need to do your job well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

23. Please estimate how often you communicate (more than just “in passing”) with each of the following people by checking the box that fits best.

About how frequently do you communicate (more than just “in passing”) with...	(Please Check One)				
	Never	Quarterly or Less	Monthly	Weekly	Daily
a. Your supervisor at the Y?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Reach & Rise [®] directors from other Ys?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. National Reach & Rise [®] staff?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

About how frequently do you communicate (more than just “in passing”) with...	(Please Check One)				
	Never	Quarterly or Less	Monthly	Weekly	Daily
d. Other staff at the Y in which you are primarily located?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. Other staff from other Ys in your community?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

24. Please use the space below to share anything else you would like to tell us about your Y experience.

REACH & RISE® CBM COMPONENTS

25. Please rate each of the following program components in terms of their helpfulness in achieving the goals of the Reach & Rise® program. If a program component was not relevant for your program (e.g., the practice was not used in your program) please check the last column.

To what extent do you agree or disagree that the following have been helpful <u>in achieving program goals...</u>	(Please Check One)					
	Not at all helpful	Slightly helpful	Somewhat helpful	Fairly helpful	Very helpful	Not relevant for my program
Resources for mentors/families or your direct work with them						
a. Mentor Training: Handouts & worksheets	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _0
b. Mentor Training: Trainer instruction boxes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _0
c. Mentor Training: CBM boxes “How mentors can use CBM”	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _0
d. Mentor Training: Module on Cognitive Behavioral Mentoring	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _0
e. CBM Mentor Manual	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _0

To what extent do you agree or disagree that the following have been helpful in achieving program goals...	(Please Check One)					
	Not at all helpful	Slightly helpful	Somewhat helpful	Fairly helpful	Very helpful	Not relevant for my program
f. CBM Parent Curriculum & Workbook, including worksheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
g. CBM Youth Growth Plan	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
h. CBM Monthly Check-In Form	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
Resources to support YOUR preparation for working with mentors/families/matches						
i. Director Primer Exercise	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
j. Director CBM training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
k. 30-60-90 Day Planning Checklist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
l. CBM Trainer Manual (with notes & tips for directors as they train mentors)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
m. CBM Policies & Procedures Manual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
n. Mentor recruitment and mentee outreach strategy and planning calls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
o. Mentee recruitment and mentee outreach plans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
p. Sample scripts (informing stakeholders about the study)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
q. Sample pitch language (recruiting and outreach pitch examples)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
r. Mentor recruitment and mentee outreach ideas list (contributed by directors and national team staff – sharing best practices)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
s. CBM project FAQ document	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
t. Director support calls (group)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

To what extent do you agree or disagree that the following have been helpful in achieving program goals...	(Please Check One)					
	Not at all helpful	Slightly helpful	Somewhat helpful	Fairly helpful	Very helpful	Not relevant for my program
u. Director support calls (individual)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0
v. Reach & Rise® Google Drive (store, share, and access program documents)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 0

26. What approach did you typically take to deliver the parent component of the enhancements?

- 0 I did not implement the parent component of the enhancements at my Reach & Rise® program.
- 1 I gave parents the manual and asked them to work through it.
- 2 I gave parents the manual and reviewed pieces each time we talked.
- 3 I gave parents the manual and reviewed pieces when they were relevant.
- 4 I worked through pieces of the manual with parents without asking parents to read it.
- 5 I was not able to review the manual with most parents.
- 9 Other *[Please describe:]* _____

**YOUR SURVEY IS COMPLETE.
THANK YOU!**

Appendix E. Research Activities Manual



The National Evaluation of Reach & Rise®: Research Activities Manual

December 2018

**Roger Jarjoura
Carla Herrera
Lisa Hutchinson
Dilani Logan
Konrad Haight**

American Institutes for Research

Table of Contents

I. INTRODUCTION TO CBM.....	1
II. HOW TO USE THIS MANUAL.....	1
III. CERTIFICATION OF STAFF TO CARRY OUT RESEARCH ACTIVITIES	3
IV. SECURING INFORMED CONSENT	6
SECURING INFORMED CONSENT: MENTORS	6
SECURING INFORMED CONSENT AND ASSENT: PARENTS AND YOUTH	8
V. ID NUMBER ASSIGNMENT	11
ASSIGNING ID NUMBERS: YOUTH AND PARENTS	11
ASSIGNING ID NUMBERS: MENTORS.....	12
VI. BASELINE SURVEY ADMINISTRATION.....	13
BASELINE SURVEY: MENTOR	13
BASELINE SURVEY: PARENT AND YOUTH.....	15
VII. FOLLOW-UP SURVEY ADMINISTRATION.....	19
FOLLOW-UP SURVEY: MENTORS.....	19
FOLLOW-UP SURVEYS: PARENTS & YOUTH.....	20
VIII. RANDOM ASSIGNMENT	22
IX. SHIPPING SURVEYS.....	23
X. DATABASE REPORTING TO AIR: REDCap	24
CREATING A REDCAP USERNAME	24
CREATING/EDITING RECORDS.....	24
INSTRUCTIONS FOR BEGINNING DATA ENTRY IN REDCap.....	25
CREATING REPORTS FROM REDCAP DATA.....	28
APPENDIX A. FREQUENTLY ASKED QUESTIONS.....	30
RECRUITMENT & RANDOM ASSIGNMENT	30
REMATCHING.....	34
SURVEY COMPLETION	35
AIR DATA SYSTEMS AND MANAGEMENT	36
APPENDIX B. TIPS FOR SURVEY COMPLETION	38
APPENDIX C. REDCAP DATA COLLECTION GUIDE.....	39

I. INTRODUCTION TO CBM

The American Institutes for Research (AIR) is conducting a rigorous process and outcome evaluation of new program enhancements to the YMCA's Reach & Rise[®] (R&R) Mentoring Program.

Enhancing mentoring services with cognitive behavioral theory (CBT) techniques is expected to strengthen outcomes for young people. The existing therapeutic model used by R&R is also believed to yield outcomes. To test whether cognitive behavioral mentoring (CBM) enhancements and the business-as-usual (BAU) model have the intended effects on young people, we are conducting a multi-site randomized controlled trial of services received by youth participating in the YMCA's R&R program. The theory of change guiding our evaluation is presented in Figure 1.

This study will not only provide rigorous evidence about whether the program's enhancements and current programming improve youth outcomes and reduce risk for future delinquency relative to a group of youth who do not receive programming; it will also test whether the new enhancements yield benefits above and beyond those yielded by R&R's current programming. In addition, the study will describe the practice models and program characteristics needed to achieve these improvements so that other sites can replicate them with high quality implementation, and thereby serve youth more effectively.

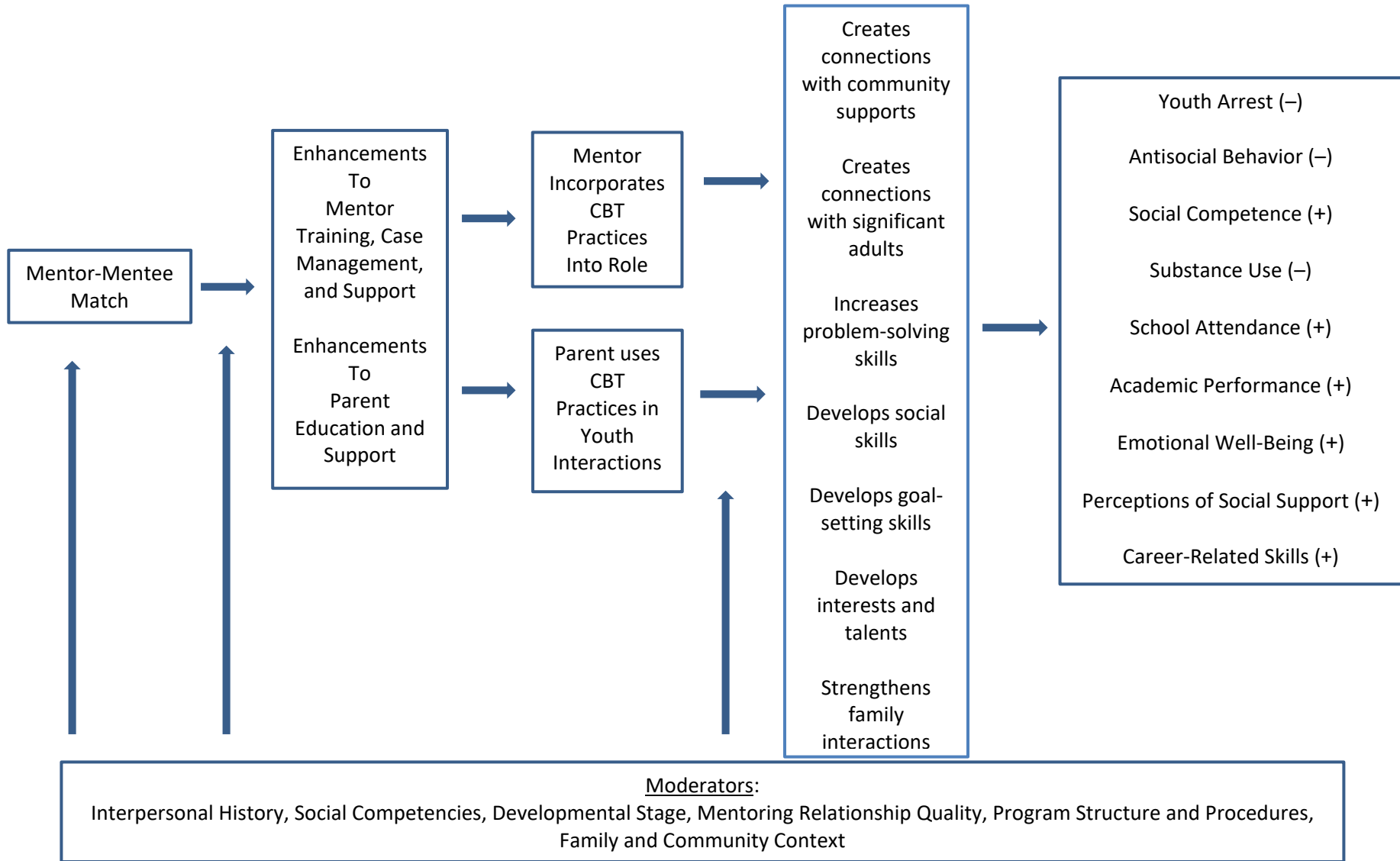
II. HOW TO USE THIS MANUAL

The Research Activities Manual provides an overview of the data collection activities for the national evaluation of R&R and offers a first reference for participating staff. It is intended to supplement online training (and recordings) provided by AIR and the assistance provided by your AIR Data Manager. If you are not sure of the guidance recommended here, please check with your Data Manager.

The Manual is best used as an electronic copy. Each line in the Table of Contents is hyperlinked: when you place your cursor on the title and hit 'ctrl' and click on the mouse, you will be forwarded to the relevant page. In addition, throughout the Manual, the references to pages or sections in parentheses are also hyperlinked and, when clicked, will take you to the page that is referenced.

This Manual is intended to be a dynamic tool and will be revised as the evaluation progresses, as some of the guidance is likely to change based on the experiences across study sites. Please make sure to keep your copy updated and discard previous versions as the study progresses.

FIGURE 1. THEORY OF CHANGE



III. CERTIFICATION OF STAFF TO CARRY OUT RESEARCH ACTIVITIES

It is important that anyone who will be involved in the research activities for this project are certified to carry out those tasks. To be certified, they must have completed an online training about human subjects research, and we must have their completion certificate on file at AIR. If you have any question about whether a particular staff member is certified, please contact your Data Manager.

If you will have any involvement in: (a) describing our study to youth and their families; (b) obtaining informed consent; or (c) any of the data collection for the project, then you must be certified before you may begin any of these activities. This certification can be obtained by completing an online training from the Collaborative Institutional Training Initiative (CITI). You can access the training at the following link:

<https://about.citiprogram.org/en/homepage/>

When you get to the website for the first time, you will need to register. There are seven (7) steps to the registration process. You should register with an affiliation to American Institutes for Research (AIR). If you do that, then the course is available to you at no cost.

Step 1. Select your organization affiliation. You will select American Institutes for Research and then you will agree to the terms of service and affirm your affiliation with AIR. Then continue to create your username and password. This is what it should look like on the screen:

English

LOG IN LOG IN THROUGH MY INSTITUTION REGISTER

CITI - Learner Registration

Steps: 1 2 3 4 5 6 7

Select Your Organization Affiliation

This option is for persons affiliated with a CITI Program subscriber organization.

To find your organization, enter its name in the box below, then pick from the list of choices provided.

American Institutes for Research

American Institutes for Research only allows the use of a CITI Program username/password for access. You will create this username and password in step 2 of registration.

I AGREE to the [Terms of Service](#) and [Privacy Policy](#) for accessing CITI Program materials.

I affirm that I am an affiliate of American Institutes for Research.

Continue To Create Your CITI Program Username/Password

or

Independent Learner Registration

Use this option if you are paying for your courses. This option is for persons not affiliated with a CITI Program subscriber organization, or who require content that their organization does not provide. Fees apply. Credit card payment with American Express, Discover, MasterCard or Visa is required. Checks are not accepted.

I AGREE to the [Terms of Service](#) and [Privacy Policy](#) for accessing CITI Program materials.

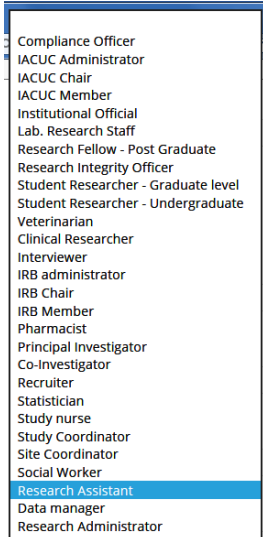
Step 2. Provide your name and email address and then continue to next step.

Step 3. Create a username and password. This will be important if you need to pause the course and then start again later.

Step 4. In this step you will indicate your country of residence (i.e., United States).

Step 5. In this step, you are asked whether you are interested in obtaining Continuing Education Unit (CEU) credits. You do not need to earn CEUs for the course to be certified for our study, but you can certainly apply for the CEUs if you want. There is a fee for those credits.

Step 6. This is organization specific. AIR determines the fields listed on this page and what information is required or optional. You can certainly skip the optional fields. You will be asked to indicate what your role in research is. Among the choices that are offered, you might select one of the three choices at the bottom of the list—“Research Assistant” is a good choice. Here is the list you will see:



Step 7. There are two questions that you will answer here that are basically selecting the course that you will take. For the first question, you should select “AIR Employees—General”. That is the required course that you must complete for your certification. The second question asks if you would also like to complete the course on Health Information Privacy and Security. This course is optional, but you are welcome to complete the course if you are interested. This is what the screen looks like for this step:

Question 1 *

Select the group appropriate to your research activities.

Choose one answer

- IRB Administrators and Reviewers
- AIR Employees - General
- AIR Employees - General (French)
- Revised Common Rule

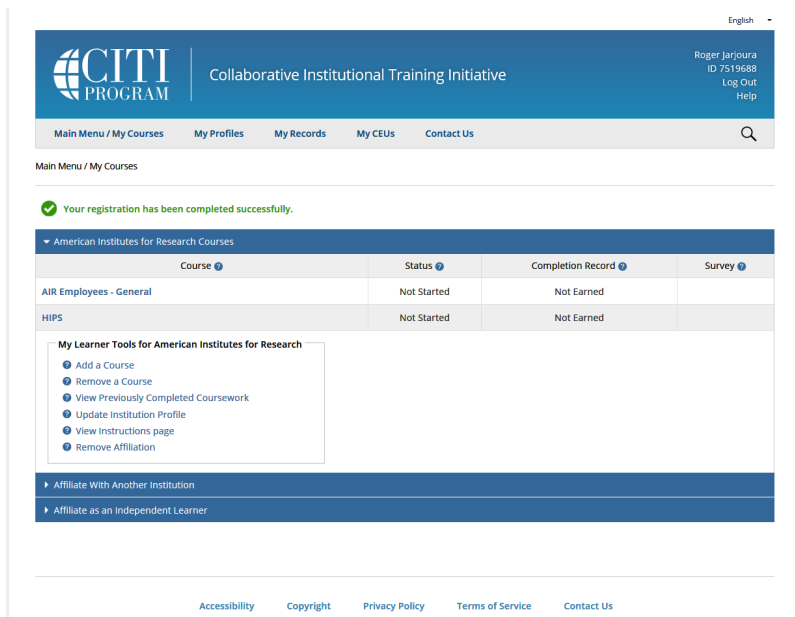
Question 2 *

Would you like to take the CITI Health Information Privacy and Security (HIPS) course?

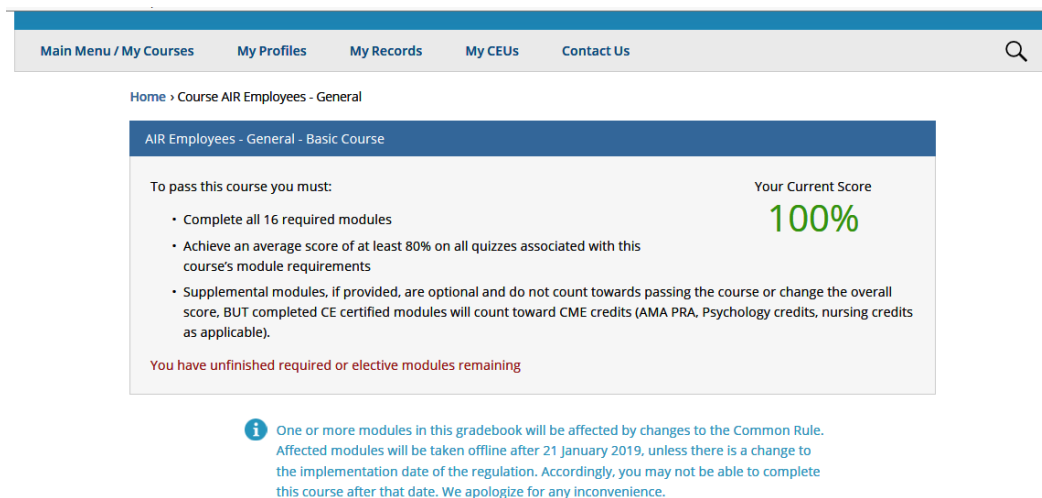
Choose one answer

- Yes
- No

Finalize Registration. When you click on the “Finalize Registration” button, it will take you to your main menu and show you the courses that are in your queue to complete. It might look like this:



From here, you can click on the course “AIR Employees – General”. Here is what you should know about the course:



You will see a note that some of the course will be updated in January 2019, but you do not need to be concerned with that if you are taking the course prior to that date. The certification that you receive from completion of this course is still valid.

Exiting and Re-entering This Program

You can exit the training and return, logging on with the same email address and password that you registered with, and the program will remember which sections you have completed. If you must leave

the course prior to completion, it is advised that you first complete the section in which you are working. Your progress is only recorded when you complete the quiz for that section.

Certification

Once the course is successfully completed, a link will become available on the main menu for you to print your personalized certificate. This certificate will always be available by logging into the course.

This certificate is what you will provide to AIR to document your eligibility to participate in the evaluation activities.

IV. SECURING INFORMED CONSENT

People come to your organization to receive mentoring services or to volunteer to mentor a youth. They do not specifically come looking to participate in a research study. As such, we want to make sure they **understand** the purpose of the evaluation, and that they are **voluntarily** agreeing to participate in the **study**. We call this informed consent. Since the research team is not present at your agency when someone is approached about participating in the study, we are dependent on staff from your agency to present the study to the families and the volunteers. We are only able to include subjects in the study if they have signed a consent form agreeing to participate in the evaluation, so we want to work with your staff to maximize the number of consenting families and volunteers.

Please note that it is critical that the informed consent information be presented in a language that is understandable to the subject, and that informed consent be **documented in writing**.

- Obtaining written consent from all study participants (parents and mentors) is a key part of the evaluation process.
- If you have any questions about using any of the practices described in this manual:
 - Review the video on consent.
 - Read through the Frequently-Asked Questions (or FAQ) developed by the AIR research team [SEE [APPENDIX A](#)].
 - If you don't find the answer you're looking for, your next option is to contact your AIR Data Manager. He or she will be able to support you with any part of the consenting process.

SECURING INFORMED CONSENT: MENTORS

Before Meeting with the volunteer

- Remember that the volunteer is only going to be able to participate in the evaluation if he or she consents. And only those mentors who consent can be matched with participating youth. If you match a youth to a mentor that has declined to participate in the study, then the youth is not going to be eligible for the evaluation either.

- Only those mentors who are eligible for participating in your program (i.e., have passed screening and any other program requirements) should be consented into the study!
- It is critical that you review the consent form using the instructions provided here, but chances are they are going to give consent because they have a good relationship with you and are excited to be part of the program. For that reason, you should think about discussing the consent forms at a point in meeting with potential volunteers when they have already finished the enrollment process or you have delivered good news about their participation in the program.
- There is no particular requirement about where agency staff should meet with the volunteers when conducting the consenting process—it might happen in your agency office or in another location where you meet with potential volunteers, including the volunteer’s home.

Here are the steps for securing informed consent from mentors:

1. It is important that you have a separate packet for each eligible volunteer that you will meet with. You will need the following items:
 - ✓ 1 Volunteer consent script
 - ✓ 2 copies of the Volunteer Informed Consent form

Consent Script

The consent script walks the volunteer through all of the information in the consent form, including an introduction to this evaluation, the purpose of the research, the procedures involved for the volunteer, and potential risks and benefits and concludes with a discussion of the Baseline Survey.

2. It is recommended that you present the consent form to the volunteer at the mentor interview. When you meet with the volunteer, you should carry out the meeting as you normally do. The research team does not want to disrupt any part of your normal enrollment procedures. When you reach the point in the meeting where it is time to review the consent form, please follow these steps:
 - a. **Read the volunteer consent script aloud to mentors word-for-word.**
 - b. If requested, potential mentors should **always** be given time to think it over before giving their consent. You can ask if they have any questions about the form or the study, but it is not your role to try and talk them into providing consent. If after going through the consent form the volunteer requests more time before making a decision, then leave the consent form with the volunteer and make a plan to meet/revisit and collect the consent form at a later date.
 - c. If the volunteer does consent to be in the study, have them sign and date one copy of the form. Remember to sign the form as well. You will also indicate your YMCA in the signature section of the form.
 - d. Staff should request that volunteers complete the Contact Information section at the end of the consent form. If a volunteer does not want to provide this information, it is not necessary for their study involvement, *but* volunteers should be encouraged to complete it, as it is very helpful to the research team. The form asks for contact information for the volunteer and for an emergency contact that does not live with the mentor. This information will help the researchers contact mentors for the follow-up survey. Staff should assure the volunteer that the person listed on this form will never be contacted to ask questions about the mentor. The contact person will be contacted **only** if the volunteer moves and leaves no forwarding

address or phone number. Staff should also inform the volunteer that the contact information will **not** be shared with anyone outside of the research team.

- e. After the volunteer has completed the consent form, **be sure to give an extra copy of the consent form to the volunteer for them to keep.**
- f. All volunteers who are invited to participate in the study should complete and sign a consent form. Even if the volunteer checks that he/she does not want to participate in the study, please ask the volunteer to sign the form and mark that they are declining to participate.

When you have finished meeting with the volunteer:

- Staff should make sure to track any consent forms that were left with volunteers for later follow up.
- For each completed consent form returned to the office, please:
 - Make a digital copy of the signed forms (e.g., scanned to a PDF)
 - Upload consent copies in REDCap [SEE [Page 24](#)].
 - Since the volunteer is not yet assigned an ID number, files should be labeled “Participant name-Date”
 - If a volunteer declined to participate in the study, the consent form should be labeled “Decline-Date”.
 - Initiate REDCap record as outlined above and upload the consent form.
 - Secure the original forms in a *locked* cabinet that is not accessible by non-R&R program staff.

SECURING INFORMED CONSENT AND ASSENT: PARENTS AND YOUTH

Throughout this section, the term “PARENT” refers to parents and guardians, as appropriate.

Here are some things to keep in mind before you meet with parents and youth:

- It is recommended that you present the consent form to the parents at the family meeting.
- There is no particular requirement about where agency staff should meet with families when conducting the consenting process—it can happen in the parents’ home, in your agency office or even in another location where you are going to meet with the parent and the youth. **But consent does need to be carried out in person.**
- Remember that the young person is only going to be able to participate in the evaluation if the parent gives consent. Only those families that consent to be part of the study will “count” toward achieving your goal of enrolling 80 youth in the study.
- It is critical that you review the consent form with the family following the instructions provided here. You should consider discussing the consent forms at a point in your meeting when the family has finished the enrollment process.
- Carry out the meeting with the family as you normally do. The research team does not want to disrupt any part of your normal enrollment procedures. But the study should be presented **after** you have determined that the child is eligible for your program (only families that are eligible for the program are eligible for the study).

- When you get to the point in the meeting where it is time to review the consent form, follow the parent consent script provided in the evaluation packet. Please read the script aloud word-for-word.

Steps to administer parent consent and youth assent:

1. First, make sure you have an evaluation packet prepared for the family.
2. Your evaluation packet should include:
 - a. One Parent/Guardian consent script (also available in Spanish or Nepali—please request the languages you need from your Data Manager)
 - b. Two copies of the Parent Informed Consent form (select the appropriate language for the parent: English, Spanish, or Nepali)
 - c. One copy of the Youth Informed Assent documentation form
 - d. A copy of the parent and youth surveys and the youth survey administration assessment per instructions in the section on baseline survey administration [SEE [PAGE 14](#)]
 - e. One copy of the youth survey administration guide.
3. It is important that you have a separate packet for each eligible family that you will meet with and invite to participate in the study.
4. Most parents will allow you to read through the script while the youth is also present. If, however, the parent asks to discuss the study without the youth being present, see the instructions in the script. If the youth is not going to stay in the room while you read over the script, assure the youth that, should his or her parent consent for him or her to participate in the study, the youth will also hear about the study and decide whether he or she wants to participate.
5. Parents may ask if they can take some time to think about it. The answer should always be, “yes”! You can ask if they have any questions about the form or the study, but it is not your role to try and talk them into providing consent. If after going through the consent form the parent requests more time before making a decision, then leave the consent form with the parent and make a plan to meet/revisit and collect the consent form at a later date.
6. If the parent does consent for the child to be in the study, have them sign and date one copy of the form. Make sure that you sign the form as well, and identify your YMCA in the signature section of the form.
7. Ask the parent to complete the Parent Contact Form at the back of the consent form. The form compiles contact information for the parents and youth as well as two relatives who do not live in the home. If a parent does not want to provide this information, it is not necessary for their study involvement, *but* parents should be encouraged to complete it. This information will help the researchers contact parents and youth for the follow-up survey. You may assure the parent that the people listed on this form will not be contacted to ask questions about the parent or youth. The contact person will be contacted **only** if the family moves and leaves no forwarding address or phone number. You should also assure the parent that the contact information will not be shared with anyone outside of the research team.

8. After the parent has completed the consent form and contact form, **be sure to leave the extra copy of the consent form with the parent for him/her to keep.**
9. Once the parent has provided consent, then the **youth must also agree to participate** for him/her to be eligible for participation. If the youth was present while you read through the consent script, you do not need to also read the assent script to the youth. The youth does not need to sign anything to indicate they have assented to participate in the study, but there must be some documentation that they have agreed to participate in the evaluation. The youth assent documentation form must be completed by the R&R staff person.
10. If the parent or youth decline to participate in the study, the parent should still sign the consent form indicating that they decline and return the forms to your site manager.
11. Refer to the instructions on administering the baseline surveys [SEE [Page 14](#)].

When you have finished meeting with the family:

- Record any consent forms that were left with parents for later follow up.
- For each completed consent form returned to the office:
 - Make a digital copy of the signed forms (e.g., scanned to a PDF)
 - Upload consent copies to REDCap [SEE [Page 24](#)]. When uploading copies, each consent should be a separate file labeled with the ID number of the parent and youth. If not yet assigned an ID number, files should be labeled with the name of the respondent.
 - Initiate REDCap record as outlined above and upload the consent form.
 - Secure the original forms in a *locked* cabinet that is not accessible by non-R&R program staff.

V. ID NUMBER ASSIGNMENT

Assigning ID Numbers to participants is very important to this study so we appreciate your careful attention to these instructions. If we lose track of which ID is assigned to which participant then it is possible we will lose the information on the participant, or the information will be incorrectly associated with a different participant.

- **Structure of the ID numbers and labels.** The first element of the ID number is the two-letter state code indicate the state in which the R&R program is located. Arizona is the state shown in the example.

AZY001

The single letter after that represents the type of participant that the label goes with. M is for mentor, Y is for Youth, and P is for parent or guardian.

AZY001

The three digit number at the end of the ID is the unique identifying number for the participant.

AZY001

- Once an ID number is assigned to the mentor, youth, and parent, the program staff should include this information in REDCap. This information should be updated weekly so your Data Manager can monitor and support your recruitment efforts [SEE [Page 24](#)].

ASSIGNING ID NUMBERS: YOUTH AND PARENTS

- **Youth survey:** The youth ID numbers have been inserted on the baseline surveys by the AIR team. There will be an ID number on the cover sheet, an ID number on the first actual page of the questions, and an ID number on the last page of questions. The ID number on the baseline survey is assigned to the youth when given the survey to complete. There will be one set of youth labels (stickers) with the ID number that go on the outside of the envelopes that the youth put the survey in when they are done. The ID number on the label on the envelope should match the ID number on the survey within.
- **Youth baseline survey instruction sheet.** This sheet will arrive with the ID number applied in two places. The first is on the cover sheet, which you will tear off and keep after they fill out their information. The second is on the second page, which provides the instructions for the youth to take

the online youth baseline survey. The youth will enter their code when taking the baseline survey [SEE [Page 14](#)].

- **Parent survey.** The parent ID numbers should match the ID numbers on their child’s survey, with the exception of the change from the letter Y to the letter P. The parent/guardian surveys also have three places where the ID is inserted: the cover sheet and the first and last pages of the questions. There is also a set of larger parent labels that go on the envelope that the survey goes in. Again, this label should match the label on the survey. The parents will take a new baseline survey for each additional child after the first who is enrolled in the study. For each subsequent child, the parent ID will always match the ID number for the particular child they are describing in the survey. Parents will have a different ID number for each child that they have enrolled in the study.
- **Parent baseline survey instruction sheet.** This sheet will arrive with the ID number applied in two places. The first is on the cover sheet, which you will tear off and keep after they fill out their information. The second is on the second page, which provides the instructions for the parents to take the online parent baseline survey. The parents will take this second page with them and enter their code when taking the baseline survey [SEE [Page 14](#)].

We will use the following number sequences (i.e., the last three digits in the study ID) for the youth and parent surveys:

101-199	Paper surveys
201-299	Online surveys
301-399	Parent surveys in Spanish
401-499	Parent surveys in a language other than English or Spanish

ASSIGNING ID NUMBERS: MENTORS

- **Mentor baseline survey instruction sheet.** This sheet will arrive with the ID number applied in two places. The first is on the cover sheet, which you will tear off and keep after they fill out their information. The second is on the second page, which provides the instructions for the mentors to take the online mentor baseline survey. The mentors will take this second page with them and enter their code when taking the baseline survey [SEE [PAGE 12](#)].
- **Mentor baseline survey (paper form):** The mentor ID numbers have been inserted on the baseline surveys by the AIR team. There will be an ID number on the cover sheet, an ID number on the first actual page of the questions, and an ID number on the last page of questions. The ID number on the baseline survey is assigned to the mentor when given the survey to complete. There will be one set of mentor labels (stickers) with the ID number that go on the outside of the envelopes that the mentor put the survey in when they are done. The ID number on the label on the envelope should match the ID number on the survey within.

We will use the following number sequences (i.e., the last three digits in the study ID) for the mentor surveys:

101-199	Online surveys
201-299	Paper surveys

VI. BASELINE SURVEY ADMINISTRATION

Survey administration is a central component of your role in the evaluation.

BASELINE SURVEY: MENTOR

- Mentors must have provided written consent to participate in the study prior to taking the baseline survey. The baseline survey should be administered before the mentor and mentee begin to interact with one another, ideally right at the conclusion of their training. This will ensure that it gets completed promptly and that your staff do not need to follow-up with mentors with reminders. If possible, have the volunteer sit at a computer and complete the survey.
- Complete the cover sheet of the Mentor Baseline Survey Instructions. There should be a study ID shown on the cover page, so that when the page is separated from the instruction sheet, it will be clear what ID number has been assigned to that volunteer. The second page (which has an identical study ID number) provides instructions to the volunteer about completing the baseline survey. Review the instructions with the volunteer to ensure there are no questions. The ID number is important to remember, so your program staff should secure the cover page and make note of the ID number for each volunteer.
- When the mentor completes the online survey, the login screen will ask for their study ID. They must enter that number exactly as it appears on the instructions sheet.
- If a mentor needs to leave the survey at some point (if, for example, the connection is interrupted) and come back at another time, they will click the following button that appears on each screen throughout the survey:

Save and Continue Later

The following message will be shown and they can enter an email address to get the link to continue later:

Your Responses have been saved!

You can continue with you responses at a later date by navigating to the link below

<https://live.datstathost.com/AIR-Collector/RiseEval-Mentor?DATSTAT.SESSIONID=afebffc6-cc84-48f6-8087-c0af3d392706>

We can also email you this link for easier access. Just enter your email address in the text field below and click the Send Email button.

Email Address:

If, however, the connection is interrupted and they are “thrown out” of the survey, they can simply follow the instructions sheet to login again with their study ID. Either way, when they return to the survey, it will continue where they left off.

- Please upload a scanned copy of the cover sheet in REDCap (SEE [Page 24](#)). When uploading, each cover sheet should be a separate file labeled with the ID number of the mentor.

If an online administration is not possible, then you will already have made arrangements with your Data Manager to receive hard copies of the mentor surveys and the envelopes for the survey. The paper survey and the envelope should have the same ID number. Provide the volunteer with a hard copy of the survey and a quiet space to complete the survey independently. Let the volunteer know that you are available to answer any questions and that once finished, he/she should insert the survey in the manila envelope and seal it—no YMCA staff will see his/her responses, only the researchers at AIR.

Administration of the hardcopy version of the mentor survey. Begin administration of the mentor survey by helping the volunteer fill out the cover page. Make sure they fill in all the information that is requested. When the form is completely filled out, remove that page from the survey and set that aside. Hand the survey and envelope to the volunteer. Remind the volunteer that the survey is completely confidential. Instruct them to place the completed survey into the envelope and seal it. Let the volunteer know that you will be nearby to answer any questions. When answering the survey items, ask them to put an “X” into the boxes rather than bubbling each box.

BASELINE SURVEY: PARENT AND YOUTH

Administration of the youth and parent baseline surveys should take place only after parents and youth have consented to participate in the study. Surveys should only be administered by staff that have completed human subjects certifications and submitted verification to AIR.

To administer the hardcopy version of the survey, you will need these documents and materials:

- a) A hard copy of the parent survey
- b) A hard copy of the youth survey
- c) Two empty 9 x 12 envelopes
- d) Pens (black or blue ink) for each to complete survey
- e) The Youth Survey Administration Guide
- f) The Youth Survey Administration Assessment.

6-Month Rule

The time between baseline assessment and the match should not exceed six months. Developmentally, six months is a long time and there may be changes in the youth prior to the match that will not have been assessed with the baseline instrument, but should not be attributed to the impact of the mentoring relationship. If the mentor-mentee match has not taken place within six months of the completion of the baseline survey, then the youth should retake the baseline survey.

The study ID numbers for the parent and youth are assigned at the time that they complete their baseline surveys. You should have a youth survey with study ID already in place. This will indicate the study ID for that youth. You will fill out the cover sheet and remove it from the survey. The cover sheet must be uploaded to REDCap and this will become the only place that the research team can link the study IDs to the youth. The parent ID should match the youth ID number. The parent study IDs should already be filled in on the survey. Make sure the study ID on the parent survey matches the study ID for the child.

- Please use the version of the parent survey that is the correct language for the individual parent; AIR has translated parent surveys into Spanish and Nepali. Once you identify which survey is the correct version for the parent, *then* select the accompanying youth survey with the same study ID (except Y will replace P as the third character). Remember that the parent ID number **should match the youth's ID number**.
- Make sure to take a look at the “Tips for Survey Completion” sheet prior to administering the surveys ([APPENDIX B](#)). If the youth or parent are not able to finish the survey at the time of the enrollment, set up another time where they can come to the office or agency staff can visit them at home.
- You will need to make sure that you have envelopes for each of the persons completing a baseline survey. Each person completing a survey should have the opportunity to seal their survey into an envelope once they have completed the survey. We have provided you with envelopes that can be sealed by removing a paper strip. **It is important that the envelope not be opened after it is sealed, except by AIR staff.**

Setting the stage. To the extent possible, take the parent and youth to *separate* quiet rooms where they can complete the surveys in private. This will help avoid any parental influence on the youth's answers to the survey questions. It might be helpful for you to explain to the parent that because you will be reading the youth survey aloud, the parent might find it more comfortable and less distracting to

complete the survey in another room. Do not give the survey to the youth until you are ready to begin administering the survey.

Administration of the parent survey. Begin administration of the parent survey by helping the parent fill out the cover page. Make sure they fill in all the information that is requested. When the form is completely filled out, remove that page from the survey and set that aside. Hand the survey and envelope to the parent. Remind the parent that the survey is completely confidential. Instruct them to place the completed survey into the envelope and seal it. Let the parent know that you will be nearby to answer any questions. When answering the survey items, ask them to put an “X” into the boxes rather than bubbling each box.

Administration of the youth survey. Please follow all instructions in the youth survey administration guide. The survey administration guide is a tool we created so that the youth survey is administered in the same way every time across all staff in the study. When you look at the guide you will find the survey itself surrounded by additional text not included in the survey. Some of this additional text provides notes and instructions in blue to the staff person administering the survey. Notes in blue italics should be read aloud to the youth verbatim. There is also text in brackets. This information is for you only and should not be read to the youth. When answering the survey items, ask youth to put an “X” into the boxes rather than bubbling each box.

Before you begin to administer the baseline survey to the youth, fill in the date on the last page of the survey. Complete the cover sheet and remove it from the survey. Place the survey face down on the table in front of the youth, and ask them to keep it face down until you tell them it is time to get started. Remember to remove as many distractions from the room as you can. Do not give the survey to the youth until you are ready to begin administering the survey.

- Read the survey out loud and word-for-word for youth, including all of the instructions that they see on their copy of the survey. Some youth may have trouble reading but would not want to tell you they do. It’s safest to read the survey out loud but allow the youth to move forward at his/her own speed and adjust your reading accordingly. If the youth lets you know after a few pages that they would prefer to move forward on their own, you may allow them to do so.
- Give the youth as much privacy as possible despite being in the same room. For example, try facing away from the youth as he/she responds to the survey and don’t look over his/her shoulders. The youth is more likely to be comfortable if they know that you won’t see the answer they are marking.
- Direct the youth to record their own answers, do not record answers for the youth. Provide regular feedback—You can say things like: “You are doing a good job”, “We are almost done”, and “Do you have any questions?” If you notice that the youth is skipping a lot of questions, remind them that their responses are incredibly helpful to us and will be completely confidential; their names will not be linked with any of their responses.
- If a youth does not know what a word means, you can look it up in the dictionary in the back of the survey administration guide. If the word is in that list, you may read that definition to the youth. If it is not in the list, or the youth still doesn’t understand the definition provided in the dictionary, re-read the question for him/her and ask the youth to respond as best as he/she can

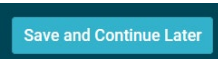
or skip the question. Please take note of these words so that we can add a definition to the dictionary for all.

Once surveys are completed, ask the respondents to put them in the 9 x 12 envelopes provided by AIR and seal the envelope themselves. Under no circumstances should the staff member administering the survey open the envelopes or look at the surveys.

- Remind the youth and the parent/guardian that they will be contacted by the agency about 12 months from today, regardless of whether they are matched or not, and will be asked to complete a follow-up survey.
- As a follow up, you will complete a quick assessment of how it went when administering the youth survey. AIR has provided you with copies of this brief assessment. Complete this form and attach it to the sealed envelope either right after the surveys are administered or within the same day.
- Please upload a scanned copy of the survey cover sheet to REDCap. When uploading, each survey cover sheet should be a separate file labeled with the ID number of the youth or parent respectively [SEE [PAGE 12](#)]

Instructions for Online Surveys

- Complete the cover sheet of the Baseline Survey Instructions. There should be a study ID shown on the cover page, so that when the page is separated from the instruction sheet, it will be clear what ID number has been assigned to that subject. The second page (which has an identical study ID number) provides instructions to the person about completing the baseline survey. Review the instructions with the parent/youth to ensure there are no questions. The ID number is important to remember, so your program staff should secure the cover page and make note of the ID number for each person.
- When the parent or youth completes the online survey, the login screen will ask for their study ID. They must enter that number exactly as it appears on the instructions sheet.
- If a parent or youth needs to leave the survey at some point and come back at another time, they will click the following button that appears on each screen throughout the survey:



Save and Continue Later

The following message will be shown and they can enter an email address to get the link to continue later:

Your Responses have been saved!

You can continue with you responses at a later date by navigating to the link below

<https://live.datstathost.com/AIR-Collector/RiseEval-Mentor?DATSTAT.SESSIONID=afebffc6-cc84-48f6-8087-c0af3d392706>

We can also email you this link for easier access. Just enter your email address in the text field below and click the Send Email button.

Email Address:

If, however, the connection is interrupted and they are “thrown out” of the survey, they can simply follow the instructions sheet to login again with their study ID. Either way, when they return to the survey, it will continue where they left off.

- Please upload a scanned copy of the cover sheet in REDCap (SEE [Page 24](#)). When uploading, each cover sheet should be a separate file labeled with the ID number of the parent/youth.

VII. FOLLOW-UP SURVEY ADMINISTRATION

Because you will have the best luck reaching your participants, we also need to rely on your help to collect follow-up surveys from your mentors and those families receiving your services. The follow-up is timed 12 months after the youth is randomly assigned to either the treatment or control group—**NOT 12 months after the match is made**. All surveys (parent, youth, and the mentor who is currently matched with the child) are timed to the end of that 12-month period for each youth. Participants do NOT need to be re consented into the study. The consent form they signed at the beginning of the study covers their completion of all surveys administered as part of the study.

If there are cases on the wait list (i.e., the control group) that are still interested in mentoring, then it may work well for you to invite them in to complete the enrollment paperwork for mentoring and complete the follow-up survey at the same time. Otherwise, AIR will contact those families in the control group at follow-up. We will also help to collect surveys from those mentors and families that you are unable to reach and from any family or volunteer that you feel might be more responsive to our outreach (e.g., families who you feel may have been dissatisfied with their match).

FOLLOW-UP SURVEY: MENTORS

ALL mentors who were matched and met with the child 2 or more times must be surveyed, even if their match ended early. However, those who only met with the youth once or did not ever meet with the youth do NOT need to complete the survey. For those whose match ends before the 12-month period, please administer their survey when the match closes. If you have a closeout meeting with your mentors, this would be a perfect time to administer the surveys. If the child has been rematched during the 12-month period, we will want surveys from all mentors matched with the child, including the mentor he/she is currently matched with at the end of the 12-month period. Mentors will receive a \$10 gift card from Amazon for completing the survey.

The instructions for administering the survey are the same as those for the baseline. However, at follow-up, it is not critical for you to administer the surveys in person; you may provide mentors with instructions for online completion. It will be your responsibility to remind participants to complete the survey with at least 3 personalized phone and email reminders (AIR staff will provide you with templates for this), and—within one month of efforts—to pass on the participants you are unable to reach for AIR staff to take over.

FOLLOW-UP SURVEYS: PARENTS & YOUTH

What you should know...

- Follow-up surveys will be longer than baseline surveys and will take longer to administer. The parent survey is estimated to take between 15 to 20 minutes. While the youth survey is estimated to take between 20 to 30 minutes, and the mentor surveys should take approximately 30 minutes. Since there are many questions with skips based on respondents' answers, the timing will vary by individual and group.

How do you know subjects are due for follow-up survey?

- The AIR Team will prepare all the materials for each match and provide those materials to you ahead of time. This will include all survey forms and invitation materials.
- If the match is still active and/or coming to a close, program staff will administer surveys. If after you make deliberate attempts to administer the surveys and the family has been hard to reach or have not followed through with appointments, AIR will work with you to share this responsibility.
- If the match is closed and the program has no contact with the parent and youth, AIR will work with programs to share this responsibility.

Youth Survey

As with the baseline surveys, these are the basic tips for administering the follow-up surveys to the youth:

- All youth who were randomized into the study should complete the survey
- Give youth enough space and privacy.
- Use the survey administration guide – **especially the first page (verbatim)** as it reminds youth of survey basics.
- Use dictionary.
- For paper version: make sure to remove the completed cover sheet prior to administration.
- Instruct youth to mark the correct answer with “X”, do not bubble in the box.
- When they are done, ask them to “fan through” the survey for you to make sure they didn’t miss any sections accidentally (if so, ask them if they’d like to go back to complete).
- Encourage them to complete as many items as possible.
- Ask them to insert in the envelope and sign the seal when they are done.
- Remind them no one will see their response (even you!) until it gets to AIR.

Parent/Caregiver Surveys

As with the baseline surveys, these are the basic tips for administering the follow-up surveys to the parents:

- Remember: One survey per child being served
- Same parent as baseline, if possible, unless there is a change in custody
- Read aloud instructions and allow parent to complete on their own.
- Instruct parent to mark the correct answer with “X”, not bubble.

- When they are done, ask them to “fan through” the survey for you to make sure they didn’t miss any sections accidentally (if so, ask them if they’d like to go back to complete).
- Encourage them to complete as many items as possible.
- Ask them to insert in the envelope and sign the seal when they are done.

Research Incentives

AIR will provide one \$15 gift card for each parent-youth combo as an indication of our appreciation for the parent and youth taking time to complete the survey. They can be alerted in advance that they will receive the gift card, and this will hopefully serve as an incentive for them to complete the surveys. Once the parent and youth have completed the follow-up surveys, the program staff should ask parents to complete an incentive claim form which provides details for us about where to mail the gift card. For each program, we will select either Walmart or Target gift cards—program directors were consulted to determine the best choice for their site. AIR staff will send the gift cards to the parents as soon as we have received the incentive claim form in REDCap. Parents will provide their address to receive their gift card or may elect to receive an Amazon gift code by email.

If You Are Administering the Survey in the Home

- Ask for permission to administer youth survey in a private space without other family members present.
- If no space is available, make sure to limit distractions (e.g., no TV, no music).
- Read aloud survey items.

How to Handle Resistance

- Note that this is a national study of mentoring with more than 2,000 youth.
- Personalize your emails and voicemails and vary timings of contact (i.e. different days of the week and different times of the day).
- Provide a deadline and remind people of the deadline; and a few days after if not completed.
- Note how many other kids/parents from your program are also participating.
- Stress the value of including their perspective/ voice.
- Read out the questions and response options.
- Parents will be given a \$15 gift card per child.

How do we administer surveys to youth with special needs?

There is no limitation for a youth to participate in the study if the youth is not able to read at a particular grade level. The issue here is equity--our study is designed such that any of the youth that would be served by the program must have an equal (and reasonable) opportunity to participate in the study.

Staff should make sure to read every question, explain every response set and give the youth plenty of time to respond. But all they can do is read...they (and the parents) can't help the youth actually RESPOND or look at how he or she is responding in any way. Read all survey questions out loud—every question/ item and every response set to choose from. Use the dictionary to answer questions about word meaning. If the youth is confused about an item after referring to the dictionary, ask him/her to leave it blank.

VIII. RANDOM ASSIGNMENT

To determine whether the mentoring enhancements contribute to more positive outcomes for the youth in the program, and whether R&R services on their own yield benefits for youth, it is important to have two groups—the treatment (those matched with a mentor) group and the control (those on the waiting list for 12 months) group. They are identical except that one group will be offered mentoring and one will not. In 8 YMCAs, the treatment group will be offered business-as-usual R&R services; in 24 YMCAs, the treatment group will be offered enhanced R&R services. The way that we will create the treatment and control groups that are virtually identical is through a process that we call “random assignment.”

Random assignment involves the use of computer-generated numbers that guide us in the assignment of youth to either the treatment group or the control group. This process is analogous to flipping a coin. No characteristics of the family or child are used to make this designation. While it is possible for two (or even three or more) consecutive youth to be assigned to the same group, over the long-run, about half of the youth will be assigned to the treatment group and half will be assigned to the control group in each R&R program.

It is important that program staff do not in any way influence or bias the assignments. As youth become eligible to be randomized, staff must submit their names or study ID numbers in chronological order (that is, if the staff are presenting multiple cases for random assignment, it is important that the Data Manager knows in what order the youth became ready to be randomized).

In general, you may request a randomization once a family has signed a consent form to participate in the study. You would simply contact your Data Manager and provide the study number for the youth. The Data Manager will verify that the youth’s parent has consented for him/her to participate in the study and both the parent and youth have completed their baseline surveys. If the consent forms and baseline surveys are completed (that is, the Data Manager can verify this from documents posted to REDCap), then he/she will provide the random assignment immediately. Please note the following:

The random assignment is final and will be tracked throughout the study. A child assigned to the treatment group stays in that group throughout the study and analyses, even if he/she is never matched; and a child assigned to the control group stays in that group, even if he/she is accidentally matched. These cases work against finding impacts for your program so please do your best to match children in the program group as you normally would (i.e., as soon after consent as possible) and NEVER match a control child.

If you find yourself with one specific youth with very special circumstances, and you feel it is important to serve that youth immediately and not leave it to chance (i.e., random assignment), contact National Team members—Rob, Vicki, or Jennifer—and discuss allowing him/her to get services immediately **without** participating in the study. These cases should be very few across the entire study—at the most, one or two youth per program. And they must be pulled out BEFORE random assignment, not after.

IX. SHIPPING SURVEYS

AIR has sent you all hardcopy materials you will need to administer the surveys and ship them back.

- These materials should be stored in a secure location and staff who do not participate in the research activities should not have access to these materials.
- Collect all the envelopes with enclosed completed surveys you collect from the mentors, youth, and parent and store them in a secure location until they are ready to be shipped to AIR.
- Every month place all the envelopes in a box and send it to AIR using the shipping information provided to you below.
- Please keep a record of the survey ID numbers that you ship back to AIR.

You should **never** send out any surveys by regular U.S. mail.

Shipping Surveys to AIR

- ✓ Use FedEx 3-day shipping
- ✓ Use this FedEx Account code so shipping charges are paid by AIR [REDACTED]
- ✓ Make sure that you indicate on the shipping label our internal project code: [REDACTED]
- ✓ Return address should read:
Dilani Logan
American Institutes for Research
100 Europa Drive
Suite 315
Chapel Hill, NC 27517
Phone: 909-918-4510
- ✓ Make sure to get the tracking information, it is critical that we can track the packages that will carry confidential youth and parent data.
- ✓ E-mail your Data Manager (dlogan@air.org) the tracking information and the date it was sent out.

X. DATABASE REPORTING TO AIR: REDCap

As part of its process evaluation, AIR will need to collect information on each match including: demographics, trainings the mentor has completed while in the study, and relationship characteristics. AIR uses REDCap, an online system that site staff will work with the Data Manager to ensure that we have this information for every participant in the study. Much of the information we need in REDCap is already entered into R&R Match Tracking Form. Program staff will be responsible for initiating a REDCap record when a new youth is enrolled in the study (process is explained below), and our Data Manager will work with program staff to collect information from R&R Match Tracking Form that will then be uploaded to REDCap.

CREATING A REDCAP USERNAME

Program staff members who need a REDCap username should alert AIR REDCap coordinator, Konrad Haight (email: khaight@air.org). When a username is created in REDCap, program staff will receive an email from REDCap with their username and a temporary password. Access REDCap by going to redcap.airprojects.org. The first time you log into REDCap you will be asked to change the temporary password to a password of your choosing.

CREATING/EDITING RECORDS

Once you have logged into REDCap you will be taken to the REDCap home page. Click the “My Projects” tab, where you will see a list of the projects to which you have access. Click on the link, “CBM Official” under the heading “Project Title” and you will be taken to the main page for the CBM database. To enter a new record or edit an existing record, click on the link “Add/Edit Records” on the left hand side of the page under the heading, “Data Collection.” To enter a new record, click the link, “Add new record.” To edit an existing record, search for the record that you wish to edit by selecting the variable that you want to search within and entering the information from the record that matches that variable. For example, if you wanted to edit a youth’s record who has the name John Smith and the Study ID number MAY001, you could either:

- a. Select the variable, “y_last_name (Youth Last Name)” and type “Smith” in the search query. Up to 15 of the records with a youth last name of smith would appear for you to select from.
OR
- b. Select the variable “y_id (YOUTH STUDY ID#)” and type “MAY001” in the search query. There should be only one record with this study ID number. If you were to select the same variable and type “001” in the search query, up to 15 of the records where the variable YOUTH STUDY ID# contains “001” would appear for you to select from. Using the Study ID number is useful when trying to access a record for a youth with a more common last name (e.g. Smith).
- c. Note that you are not limited to searching for records by name and Study ID number. You may search for records using any criteria for which there is a field in REDCap.

INSTRUCTIONS FOR BEGINNING DATA ENTRY IN REDCap

Each REDCap Record is divided into 4 forms. Site staff will only be responsible for initiating the record and filling in the first form.

Form 1: Record Initiation

Participant ID: The first data field in REDCap is the Participant ID. When you create a new record, REDCap will automatically create a unique Participant ID. This is set-up to help prevent the duplication of records, but the Participant ID assigned by REDCap will not remain there permanently. Once a record has been created and saved, the automatically assigned number will be replaced by the Study ID.

Date and Time Record Created (mm/dd/yy): Enter the date that you created the record. Simply hit the “Today” button to the left of the data entry field.

R&R Program Location: Select from the drop down list the state in which your program is located.

Participant Type: Choose whether this record is being created for a youth participant or a mentor.

Participant First Name: Enter the first name of the participant.

Participant Last Name: Enter the last name of the participant.

Informed Consent: Choose from the drop down arrow whether the parent: 1) did not consent for their child to participate in the study, 2) provided verbal consent to participate (over the phone), or 3) provided written consent.

Documentation of Informed Consent: Upload the signed consent form or the verbal consent documentation form. In addition, you will upload the documentation of youth assent.

From here the fields that are visible will vary depending on the type of participant. The first form will have 5 additional fields if the record is for a youth participant and 3 additional fields if it is for a mentor participant. These fields allow you to upload the baseline and follow-up survey cover pages. Youth records have 2 more fields than mentor records because the parent survey cover pages will be uploaded in the youth records. The survey cover pages are extremely important because they confirm for the research team that the surveys have been completed and it is appropriate to move forward with randomization. The cover pages also provide a confirmation of the study IDs that connect REDCap to the survey information. You may not have the survey cover pages when initiating the record, but should return once the surveys are completed to upload them.

For youth participants the survey cover page fields will appear as follows:

Youth Baseline Survey Cover Page: [+upload document](#)

Youth Follow-up Survey Cover Page: [+upload document](#)

Parent Baseline Survey Cover Page: [+upload document](#)

Parent Follow-up Survey Cover Page: [+upload document](#)

For mentor participants the survey cover page fields will appear as follows:

Mentor Baseline Survey Cover Page: [+upload document](#)

Mentor Follow-up Survey Cover Page: [+upload document](#)

To upload the survey cover page, click on the “upload document” link, click choose file in the window that appears, locate and select the scanned file on your computer, and then click “upload document.”

Both youth and mentor records will have a field that allows users to enter notes on the survey cover pages. For example, if there was ever a time that a record was being created but the survey cover page was not available, we would want to document that in the REDCap record. The field appears as:

Survey Cover Page Notes:

For the remaining 3 forms, we plan to upload fields that come from R&R programs all at once, and the other information will be entered by our Data Manager. However, we feel that should the need arise, site staff should be aware of and capable of entering information into the remaining fields. The rest of section of the manual is divided into two sections, fields that are visible for youth participants and fields that are visible for mentor participants.

Youth Participants

Form 2: Basic Participant Information

Study Assignment: Indicate whether the participant was assigned to receive services immediately or go on a waitlist.

Randomization Notes: Record any abnormalities or otherwise noteworthy aspects of the randomization process.

YOUTH Gender: Indicate whether the youth is male or female.

Youth Date of Birth (mm/dd/yy): Enter the birth date for the youth. Use the format MM/DD/YY.

YOUTH Race/Ethnicity: Select the youth's race from among the drop-down choices. If youth identifies as belonging to more than one group, select all that apply.

Family Contact Name: Enter the name of the family contact for the youth participant.

Parent Study ID Number: Enter the ID number assigned to the parent or guardian from the Baseline Survey. Take care to enter the ID exactly as it appears on the survey. The ID number should be in the format TXP001.

Youth Phone Number: Enter the phone number, with area code, for the youth if there is a different number than noted below for the parent/guardian. Provide the phone number that is identified by the youth as the best number for contacting the youth if needed during the follow-up data collection period.

Youth Email: Enter the complete email address that the youth provides—if multiple email addresses are available, enter the email address that is indicated by the youth to be the best for contacting the youth if needed during the follow-up data collection period.

Youth Mailing Address: Enter the street address for the youth including apartment number, if applicable.

Sibling Participants: Enter the name of any siblings this youth has that are also participating in the study.

Notes on Basic Youth Information: Record any notes on the basic participant information here.

Form 3: Survey Completion

Has youth completed the baseline survey? (Yes/No): Select yes or no to indicate whether the youth has completed the baseline survey or not.

Youth Baseline Survey Date (mm/dd/yy): Enter the date that the youth completed the baseline survey. Use the format MM/DD/YY.

Has youth completed the follow-up survey? (Yes/No) Select yes or no to indicate whether the youth has completed the follow-up survey or not.

Youth Follow-up Survey Date (mm/dd/yy): Enter the date on which the youth completed their follow-up survey.

Has the parent or guardian completed the baseline survey? (Yes/No): Select yes or no to indicate whether the youth has completed the baseline survey or not.

Parent/Guardian Baseline Survey Date (mm/dd/yy): Enter the date that the parent completed the baseline survey. Use the format MM/DD/YY.

Has the parent or guardian completed the follow-up survey? (Yes/No): Select yes or no to indicate whether the parent/guardian has completed their one-year follow-up survey or not.

Parent/Guardian Follow-up Survey Date (mm/dd/yy): Enter the date on which the parent/guardian completed their follow-up survey.

Survey Completion Notes: Enter any additional information relevant to the completion of the surveys.

Form 4: Match Information

Has the youth been matched with a mentor? Indicate whether or not the youth has been matched with a mentor.

Mentor 1 ID# (for mentor matched to youth): Enter the ID number for the mentor to which this youth is matched. Take care to enter the ID exactly as it appears on the label attached to the Baseline Survey Instruction Sheet. The ID number should be in the format STM001.

Mentor 1 Last Name: Enter the last name of the mentor matched with this youth.

Mentor 1 First Name: Enter the first name of the mentor matched with this youth.

Did mentor 1 and youth meet at least once? Indicate whether or not the youth and mentor ever met.

Mentor 1 first meeting date: Enter the date of the first meeting. Use the format MM/DD/YY.

Mentor 1 match with youth closed?: Select yes or no to indicate whether the youth's match has been closed or not.

Mentor 1 Match Closure Date: Enter the date on which the match closed. Use the format MM/DD/YY.

Has the youth been matched with a second mentor? Indicate whether or not the youth has been matched with a second mentor.

Mentor 2 ID# (for mentor matched to youth): Enter the ID number for the mentor to which this youth is matched. Take care to enter the ID exactly as it appears on the label attached to the Baseline Survey Instruction Sheet. The ID number should be in the format STM001.

Mentor 2 Last Name: Enter the last name of the mentor matched with this youth.

Mentor 2 First Name: Enter the first name of the mentor matched with this youth.

Did mentor 1 and youth meet at least once? Indicate whether or not the youth and mentor ever met.

Mentor 2 first meeting date: Enter the date of the first meeting. Use the format MM/DD/YY.

Mentor 2 match with youth closed?: Select yes or no to indicate whether the youth's match has been closed or not.

Mentor 2 Match Closure Date: Enter the date on which the match closed. Use the format MM/DD/YY.

Has the youth been matched with a third mentor? Indicate whether or not the youth has been matched with a third mentor.

Mentor 3 ID# (for mentor matched to youth): Enter the ID number for the mentor to which this youth is matched. Take care to enter the ID exactly as it appears on the label attached to the Baseline Survey Instruction Sheet. The ID number should be in the format STM001.

Mentor 3 Last Name: Enter the last name of the mentor matched with this youth.

Mentor 3 First Name: Enter the first name of the mentor matched with this youth.

Did mentor 1 and youth meet at least once? Indicate whether or not the youth and mentor ever met.

Mentor 3 first meeting date: Enter the date of the first meeting. Use the format MM/DD/YY.

Mentor 3 match with youth closed?: Select yes or no to indicate whether the youth’s match has been closed or not.

Mentor 3 Match Closure Date: Enter the date on which the match closed. Use the format MM/DD/YY.

Mentor Participants

Form 2: Basic Participant Information

Mentor Gender: Indicate whether the youth is male or female.

Mentor Date of Birth (mm/dd/yy): Enter the birth date for the youth. Use the format MM/DD/YY.

Mentor Race/Ethnicity: Select the youth’s race from among the drop-down choices. If youth identifies as belonging to more than one group, select all that apply.

Mentor Phone Number: Enter the phone number, with area code, for the youth if there is a different number than noted below for the parent/guardian. Provide the phone number that is identified by the youth as the best number for contacting the youth if needed during the follow-up data collection period.

Mentor Email: Enter the complete email address that the youth provides—if multiple email addresses are available, enter the email address that is indicated by the youth to be the best for contacting the youth if needed during the follow-up data collection period.

Mentor Mailing Address: Enter the street address for the youth including apartment number, if applicable.

Notes on Basic Mentor Information: Record any notes on the basic participant information here.

Form 3: Survey Completion

Has mentor completed the baseline survey? (Yes/No): Select yes or no to indicate whether the mentor has completed the baseline survey or not.

Mentor Baseline Survey Date (mm/dd/yy): Enter the date that the mentor completed the baseline survey. Use the format MM/DD/YY.

Has mentor completed the follow-up survey? (Yes/No) Select yes or no to indicate whether the mentor has completed the follow-up survey or not.

Mentor Follow-up Survey Date (mm/dd/yy): Enter the date on which the mentor completed their follow-up survey.

Survey Completion Notes: Enter any additional information relevant to the completion of the surveys.

Form 4: Match Information

There are no fields for mentors in form 4.

CREATING REPORTS FROM REDCAP DATA

Once you have your data entered into REDCap, for various reasons you may want to create reports based on those data. To do so, from the CBTM Official database home page, click on the “Report Builder” link under the “Applications” heading on the left-hand side of the page. Create a new report at the bottom of the page by adding the data fields from REDCap that you want to include in your report. Tip: add the case record ID as one of your fields. From the report dashboard you can click on the case record ID to quickly open up individual records. Once you have added all the fields you need, name the report and save it. The report will appear in the list of created reports. You may also select which fields will be used to create the order in which records will appear in the report. In addition, you can

select fields that will exclude or include records with specific values for those fields. Click the “view” link next to the name of the report to go to the report dashboard in REDCap. At the top of the page, REDCap provides different options for downloading the report.

APPENDIX A. FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions on Evaluation Process

RECRUITMENT & RANDOM ASSIGNMENT

What is the strategy for maintaining a relationship with the youth that are in the control group for 12 months? I am afraid we will lose them over that time frame.

Youth on our wait lists may always change their mind about staying on the wait list. That is expected and will not affect the study in any way. That is, the study does not ask that we serve these youth after 12 months. We want to commit to serving them because they want and need our services, but if they decide to seek services elsewhere rather than waiting, this will not be a problem for the study.

But you should feel free to approach these youth the same way you approach youth who are currently on your wait list. If you communicate wait list updates on a monthly basis by calling/emailing parents/guardians, then continue this process. If a wait list parent/guardian contacts you asking for other resources, you can share resources with them as you normally would, with the very important exception that you may not enroll the wait list youth into any other R&R component, service or activity. This would include Group Mentoring.

Also, you should NOT attempt to create a new resource/path to other activities for wait list youth solely because they are in this study. If youth in the control group end up getting services that are even close to as rich as those offered by R&R, then their experiences will work against our study impacts! Remember that our impacts are being measured *relative to* the progress made by youth in the control group over time. So, if youth in our control group get fabulous services, we risk diminishing our chance to achieve impacts.

In regards to the ability to track these wait list youth/families for 12 months, Directors will manage this as they do currently, and if they should lose track of a wait list family, our Research Team has a lot of experience in tracking techniques. When youth are enrolled in the study, we will collect information to help us track them later if they have changed addresses and/or phone numbers.

Can you explain the 12-month waiting period that will be assigned to some kids? Can they be served through other mentoring programs while waiting?

These youth cannot be served through any R&R programming over the course of the study (e.g., group mentoring). They can, however, be served by any other community program during this period. But you should not LEAD them to this programming. Remember, the more services this group receives over this 12-month period, the less likely it is that we will find impacts, as our impacts are all relative to what happens with the youth in the control group.

Since matches have always been based on personality, shared interests, etc., how will we be able to keep the matching quality high with the random grouping?

This is a great question. You will be informed of which group each child is assigned to very soon after enrollment. So, you should never be in the position of searching for the perfect mentor for a child who

ultimately gets assigned to the control group.

But, we do understand that you may have recruited a youth for which you *already* have the perfect mentor lined up, and that child may end up in the control group. We believe, in these cases, you will still be able to make a strong match. Sometimes, what we think might not be a perfect match, might very well be with the right types of support.

What if we have a high-risk child and happen to have a great mentor come along that would be a great fit. Are we expected to not help change that child’s life in the way we know we can because of this study?

Any youth who are assigned to the control group cannot be matched with a mentor during the 12-month study period. They can certainly be served after this period ends (and if you are able to “hold” a specific mentor until this child can be served, that is fine too, unless it means depriving a study child of a mentor).

Our current process does have some flexibility in our wait list processes of having mentees prioritized over other mentees, when we assess that their circumstances warrant such a decision, and when the logistics and details support having one mentee be matched over another mentee in their wait list order. Youth assigned to the control group cannot be served before the 12-month follow-up period is over. However, they can be given special priority to be served in an expedited way, once that period is over.

BEFORE random assignment, if you find yourself with one specific youth, with very special circumstances, who you feel should bypass random assignment then by all means, contact National Team members and we can discuss allowing him/her to get services immediately without participating in the study. These cases must be very few across the entire study—at the most, one or two youth per program. And they must be pulled out BEFORE random assignment, not after. **Once random assignment has been conducted on a given youth, the designation cannot be changed and a control child cannot be served before the end of the 12-month wait.**

How many kids do you expect to have on a wait list per site?

We are hoping to have the same number of youth in the control group (i.e., the wait list) as are being served in the treatment group.

What if a child is placed in the "to-serve" group, but you don't end up having a best-fit mentor for them right away, or within the year timeline?

Directors should work systematically with all their youth and trained mentors at making the best matches possible, just as they would in any other program year. Ideally, all youth in the treatment group would be matched immediately in absolutely perfect matches, but we know that isn’t always possible. The research team would prefer that you make good solid matches, even if it takes some time to do so, and that you not “rush” matches in ways you wouldn’t normally do.

That said, please remember that this study is focused on understanding the impact of R&R mentoring—this won’t be possible if very few matches are made (or most matches are very short) over the study period. As such, our hope is that, for the life of the study, there is every effort made to recruit and match a suitable mentor for every youth in the treatment group.

Can the kids in the control group be a part of the group mentoring program while they're in the 1 year waiting period?

No, they cannot be in any R&R programming, groups or activities.

Will our current matches be assigned to a group?

No, they will continue in their matches as usual. We will soon be notifying Directors of a date at which they will stop all current matching efforts (probably the end of May 2017), holding anyone in your pipeline currently who is not already matched, for this project’s kickoff in September 2017. This means that, at that point, we will want all of your mentor recruits that you have not already trained, to sit tight and wait for us to have all the new project materials, forms, training module, etc. in place so they qualify to participate in the study. You can recruit and hold people for this kickoff period by being creative, maybe doing a Branch/Community wide “Call to Action” promotion or something where your Y helps you create high visibility of this kickoff date – “*Y Reach & Rise® Mentoring Fall Festival.*”

What if we recruit a youth into the study who is 17+ years of age when they enter, but turn 18 during the 12 months in the program – does this impact their participation and does it change consent/assent on the day they turn 18 in the program?

We believe that this will not have any impact on their participation in the study and do not expect to have to ask for the youth to consent again after turning 18. We will verify this from AIR’s institutional review board and update everyone at a later date if we do need to provide for alternative consent procedures. If so, the consent form would be administered along with the survey so would not add an extra step to administration.

How do we assign siblings to study conditions?

All siblings have to be in the same condition. In addition, they must all be enrolled at the same time. It will be important to explain to parents that if they have additional children they may want to be served during the two-year period when you are enrolling youth in the study, it will be imperative that all siblings sign up together.

How do we build confidence with undocumented youth who are hesitant to consent?

It is the trust that you develop with families that will build their confidence in you and in the study. Make sure to stress to all families that only the research team will see their data and that their name and their child’s name will not be on any documents used in the research, including the surveys they complete.

What if the parents of a youth are divorced, do we consent them both?

Only one parent consent is necessary for the study, which should be the parent who is signing up the youth for mentoring.

What if I really want a youth to receive mentoring and don’t want to risk sending them through random assignment (RA)?

All youth who participate in the study will need to go through random assignment. And all eligible youth who approach your program during the recruitment period need to be recruited for the study. If there are study-eligible youth who you feel you need to exclude from RA, you can do so, but they will not be able to participate in the study and will not be counted toward your recruitment goals. **At most one or two youth per program throughout the entire study can be left out of RA**—so make this decision carefully!

What do we do if a participating match closes right away or never even meets? Can we take the match out of the study?

Once a child goes through random assignment, that child stays in the study (CBM or BAU group) through the study's end, even if the match never meets and even if the child never gets rematched. So, do your best to ensure that all study participants are served. This also means that once a child is randomly assigned this counts toward the total of 80 children you are trying to recruit, and you will not need to replace them with a new recruit.

Can a non-consenting mentor be matched with a youth who has agreed to participate?

A youth will not be eligible to participate in the evaluation if matched with a non-consenting mentor. This youth will need to be replaced with a new recruit. Matching youth in this way will also change the group of study participants to look different from the youth in the control group. Accordingly, do your very best to match participating youth with consenting mentors. You will need to keep very close track of all of these decisions.

What if a parent/child/mentor consents for study involvement but then changes his/her mind before going through random assignment (RA)?

Any study participant can change their mind about study involvement at any time, even if they have already gone through RA. If the child has not yet gone through RA, you should not send him/her through RA, because once the child is assigned to a group, he/she will stay in that group throughout the study. If the mentor has not yet been matched with a study child, do not match him/her with a participating child.

What should we do if a parent/child/mentor forgets to sign the consent form but has read it and agreed verbally to participate in the study (or the consent form is lost)?

Always check that all check boxes are checked and signature lines are signed before the parent leaves! If you miss a signature or a check box, do your best to get the form signed/checked. Send the parent a copy of the form by mail or fax, or email the form and ask them to return it signed to you within a few days.

Can we do the consenting on the phone or send the consent form to the family's home?

Except under very extraordinary circumstances, all consenting should be conducted in person to ensure that parents understand all details about the study. In some cases, however, this may not be possible. If you need to get consent by phone, please go through all of the materials as you would in person and take a little extra time to ensure that parents understand. Then you must send them the consent form to sign and send back to you.

What is the deadline for recruiting 80 youth for the study?

We believe it will be important to complete all recruiting for the study by November 30, 2019. This will provide us with a sufficient window to complete all 12-month follow-up data collection by the end of November, 2020.

What happens once we have recruited 80 youth?

You are not obliged to continue recruiting matches once you have achieved your goal. However, it helps the study to recruit additional youth. Recruiting additional mentors and mentees for the study will increase our ability to detect differences between the treatment and control groups and help to adjust for any of the youth that we lose over the course of the study (e.g., we can't reach them at follow-up).

REMATCHING

What do we do if a match ends and a participating youth wants to be rematched?

If a youth wants to be rematched, he or she can be rematched as would normally be done in your program. However, the youth needs to be matched with a volunteer who has consented to be in the study.

If a match ends and the mentor wants to be rematched, can he or she be rematched with a non-participating youth?

Yes. But, they should fill out their follow-up mentor survey (for their first match) before being rematched. Please contact your Data Manager for this survey. Note, however, that the second child would not automatically be a part of the study unless they have also consented to participate.

SURVEY COMPLETION

Would I be able to read the parent survey out loud to collect that data? I work with a lot of New American families that do not always know how to read English.

Yes. If a parent is unable to read the survey, you can certainly read it out loud to him/her. We will also translate the survey in cases where there are large numbers of parents needing the survey in a particular language. Please send any language or special consideration needs for your site to Rob (rneese@ymcasf.org) who will pass that information on to the research team. Rob has already sent out an email to Directors to request this information from each site.

Will we be able to give these surveys to parents over the phone, or in-person only?

The study's consent process will need to be done in person and the surveys should be completed at the same time. But if needed, parents can complete the survey online (particularly at follow-up) and AIR will also have a phone/online option which we will discuss at our training.

In a unique situation, it is technically possible (not preferable) that you can also do the consent process over the phone, but you **MUST** have written consent, so you will need to get the signed consent form from the parents as soon as possible after the verbal consent to be considered as “consenting”.

What if a parent or youth does not want to complete the follow-up survey?

Although we would like—and will try—to get completed surveys from 100% of study participants, we understand that some participants may be difficult to find or may simply decide not to complete the survey (we need to respect their decision!). **Thus, our goal is to get completed surveys from at least 85% of parents, youth and mentors.** Please review the guidelines in this guide. In addition, you may take a look at the tip sheet the AIR Evaluation team has created to support survey completion (SEE APPENDIX B).

What if a youth or parent agrees to participate but skips a lot of questions in the survey?

The surveys are voluntary. All participants can skip whatever questions they do not want to answer but you should encourage them to do their best to answer all questions. Their responses are important in demonstrating how mentoring may be helping the youth in the study. If you notice that a respondent is skipping a lot of questions as they are completing the survey, remind them that *all* of their responses are important and will be completely confidential; their names will not be associated with any of their responses. For more options, take a look at the Tip Sheet that the AIR evaluation team developed to support survey completion.

What if when you are administering a survey to a youth, you notice the youth getting squirmy and not being able to sit down to complete the full survey?

In general, we expect that although the survey takes an average of 30 minutes, there will be some outliers that simply need more time. Some kids may have reading difficulties or just need extra time—especially younger youth. If, after an hour, the child is actually getting through it just fine and just needs extra reading support or is close to the end and just needs a bit more encouragement, that's fine. I wouldn't want a child leaving feeling that he/she did something wrong by not being able to finish.

The youth might also be allowed to take VERY short breaks (e.g., just long enough to get up and stretch). If however, you get the sense that there may be other attention issues going on:

- If you find the youth is fidgety almost from the beginning, and it feels like they are not going to be able to sit still and focus long enough to finish, you may have to make a judgment call that perhaps if they go longer past a particular point (i.e., an hour) just wouldn't yield good information, then it is OK to let them stop at that point.
- If you get the sense that the child may be feeling anxious about the survey (in these cases—seeing fidgetiness when you haven't even started) you might reiterate to the child that this is **NOTHING** like the

tests he/she takes in school, there are no right or wrong answers. He/She is the expert here—we just want to know what HE/SHE thinks and feels and his/her name won't be connected to his/her answers, so no one will know how HE/SHE responded.

What should I do when youth are having trouble understanding a lot of the questions?

Just a reminder that while administering the survey to youth, you should read the questions aloud while the youth follows along. This is particularly important for youth that may not recognize words as they are written, but may understand if they hear the word spoken to them. Make sure to have the dictionary that was prepared for this survey with you during the administration and if they ask what something means, you may share the definition from the dictionary. Try not to get into trying to explain what the question is supposed to mean. If they still are not sure what a particular questions is asking, you should say “Just do your best”, and remember it is always the young person's option to skip a question for any reason.

What should a staff person do if a parent, youth, or mentor has a question about the study that the staff person is unable to answer?

If you don't know the answer to a particular question, ask your Data Manager from the AIR Evaluation team for help. Parents or mentors can also contact the study's Principal Investigator Roger Jarjoura for more information. Contact information is provided on the consent forms.

What happens when a mentor or mentee withdraws from the study?

If the mentor or the mentee withdraws from the study, which means they no longer give us permission to use their data, their involvement in the study ends and any data collected from that individual is not used in the study. The mentor/mentee or match can still continue their relationship. **Withdrawing from the study is different from deciding not to complete a follow-up survey.** A participant may decide for whatever reason that they don't want to complete a follow-up survey, but any other data collected for that match can still be used. **Also, withdrawing from the program is different from withdrawing from the study.** We still want surveys from families and mentors even if they are no longer receiving services from R&R.

To withdraw a participant from the study, the youth, parent, or mentor should actually say to you that they do not want to be a part of the study anymore (not just that they don't want to complete a given survey). If a participant says this, you should ask them (to be sure)—“Will you allow the researchers to use the data they have collected from you to date? Remember your name is not associated with any of the data they have collected to date.”

When should mentors take the follow-up survey?

The mentor follow-up survey is administered either when the match closes or 12 months from when the child went through RA (whichever comes first). If a match closes early, mentors should be asked to take the survey right away, so that they can more easily remember how things went in their match.

How do I determine that it is time to give the 12-month follow-up survey to mentee, mentor, and the parent?

The starting point in deciding when to administer the 12-month follow-up survey (mentee/mentor/parent) starts when you receive the RA designation for the child. AIR will send a series of reminders when it is time to collect these surveys.

Can we offer incentives to encourage survey completion?

Although incentives are not provided for completing the baseline surveys, mentors and families receive \$10 incentives for completing the follow-up survey.

AIR DATA SYSTEMS AND MANAGEMENT

Within REDCap, can we create reports that include personal identifying information (PII)?

We will give access to one user per site, to create reports that include PII -- after we secure your agreement that these data will only be used for administrative purposes within the program. Once you determine who within your program the most appropriate user is, contact Konrad Haight at khaight@air.org and he will grant access to this staff person.

Can a person from a R&R program have access to data on all program sites on REDCap?

Rob Neese will have access to each program's data on REDCap, no other program director will have such access. Users only have access to data for their own sites, which is stored in a separate "Data Access Group."

APPENDIX B. TIPS FOR SURVEY COMPLETION

TIPS for SURVEY COMPLETION

Mentor, Parent/Guardian, and Youth Surveys are the primary sources of information in the Evaluation to understand how mentoring is benefiting the youth and whether and how the treatment group differs from the control group. Your efforts to encourage survey completion are very important to show how your program is making a difference.

Here are a few ideas that will help to promote survey completion. As the study gets off the ground, please pass along ideas that have worked or are working for you so we can all learn from our collective wisdom!

- **Confidentiality:** Remind participants that the surveys are confidential and only the AIR evaluation team will have access to responses. For example, youth’s responses will not be shared with their mentor, their parents or anyone at the mentoring program. Note that we do not ask respondents to write their name on the survey. The ID number is used so that we can link responses from the baseline survey to surveys taken at other time points. Study descriptions will not reveal any personal information about participants.
- **Contribution to research:** Emphasize that this evaluation is a really important opportunity for R&R. Also highlight the importance of this evaluation and its potential for helping staff understand how programs can help youth get the most out of their involvement. The overarching goal of this national evaluation is to provide programs with information that can help improve the experiences of youth and the mentors who serve them nationwide.
- **Make it personal:** Point out to the youth, mentors, and parents/caregivers in your sites that their voice counts in what we learn about mentoring. Share with the participants that they are one of the 80 families and 40 mentors who will be part of this important and innovative study and that your agency is among the 32 nationally selected R&R programs that qualified for the study. Their personal experiences will thus help to shape what the study will say about the best ways to help youth benefit from their program involvement.
- **Make the connection:** Mention to youth/mentor/guardian that, “We are also asking your mentor/mentee/parent/guardian to take the survey.”
- **Reminders!** Send an e-mail or call shortly before the survey to remind mentors, mentees and parents that a 12-month survey is coming up and it is very important to get their responses and perspectives included in the findings.

APPENDIX C. REDCAP DATA COLLECTION GUIDE

Welcome to the Cognitive-Behavioral Mentoring (CBM) REDCap data collection guide! The information in REDCap will provide the crucial link between survey data and the rest of the data collected about participants. Your careful attention to all aspects of the data collection instrument is greatly appreciated. This guide is designed to assist you in using REDCap. It is designed as a follow up to the training you received, and is intended to serve as a resource for using REDCap to capture pertinent study information.

REDCap stands for Research Electronic Data Capture. It is a tool for collecting data in research projects, but as with any other tool, you may need to refer to the instructions to use it effectively. **This guide is written to be comprehensive, but you should always feel free to contact Konrad Haight (khaight@air.org) with any REDCap questions.** You may come across an issue that we have not encountered before, and by letting us know about these issues, you are helping us be better REDCap users! For your convenience, the guide is divided into the following sections:

- [Getting a Username and Password](#)
- [Accessing the CBM Data Collection Instrument](#)
- [Using the Data Collection Instrument](#)
- [Helpful Tips for Reducing Frustration When Using REDCap.](#)

Getting a Username and Password

We will need the following information to create a username and password for you:

- First name
- Last name
- Location of program (state)
- Email address
- Desired username

If you attended the training on August 22 this information should have been gathered at that time. For anyone needing a username who did not attend the training, please email Konrad Haight at khaight@air.org. Once we receive this information from you, you will receive an email from REDCap with your username, a temporary password, and a link to REDCap (<http://redcap.airprojects.org/>). Clicking the link will take you to a login page where you should enter the username and temporary password. The first time you log into REDCap you will see the following page, where you will be prompted to change your password (see Figure 1):

Figure 1: Setting Your Password

Set Your Password

Your password has not been set yet or has been reset. You will need to set your password here to whatever value you wish. Please enter your desired password below and click the 'Submit' button. Once your password has been set, you may use it with your user name whenever you log in to any REDCap project. Please make sure that you write down or remember your new password for future use. **The password must be at least 10 characters long. It must contain only letters, numbers, and underscores, and it must consist of at least one lower-case letter, one upper-case letter, and one number.**

Username:

Password:

Re-type password:

REDCap Software - Version 5.6.2 - © 2014 Vanderbilt University

Once you change your password (following REDCap’s password criteria) you will be taken to a page that will let you know that you have successfully changed your password. Clicking “continue” will take you to the REDCap Home Page (see Figure 2). You are now ready to access the CBM Data Collection Instrument.

Figure 2: REDCap Home Page

test | My Profile | Log out

REDCap

Home My Projects Training Resources Help & FAQ Send-It

Welcome to REDCap!

REDCap is a secure, web-based application for building and managing online surveys and databases. Using REDCap's stream-lined process for rapidly developing projects, you may create and design projects using 1) the online method from your web browser using the Online Designer; and/or 2) the offline method by constructing a 'data dictionary' template file in Microsoft Excel, which can be later uploaded into REDCap. Both surveys and databases (or a mixture of the two) can be built using these methods.

REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as a built-in project calendar, a scheduling module, ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.

Learn more about REDCap by watching a [brief summary video \(4 min\)](#). If you would like to view other quick video tutorials of REDCap in action and an overview

REDCap Features

- Build online surveys and databases quickly and securely** - Create and design your project rapidly using secure web authentication from your browser. No extra software is required.
- Fast and flexible** - Conception to production-level survey/database in less than one day.
- Export data to common data analysis packages** - Export your data to Microsoft Excel, PDF, SAS, Stata, R, or SPSS for analysis.
- Ad Hoc Reporting** - Create custom queries for generating reports to view or download.
- Scheduling** - Utilize a built-in project calendar and scheduling module for organizing your events and appointments.

Accessing the CBM Data Collection Instrument

From the REDCap Home Page you will need to click on the “My Projects” Tab, where you will be able to see a link for CBM, “CBM Official”. Clicking on this link will take you to the CBM REDCap Project Home Page. The link to the project is highlighted with a red arrow below in Figure 3. The CBM Home Page is shown in Figure 4.

Figure 3: My Projects

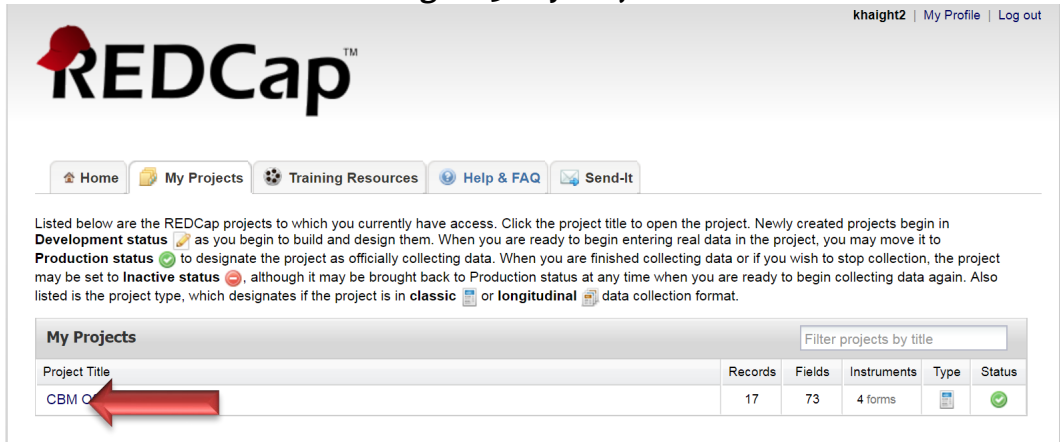
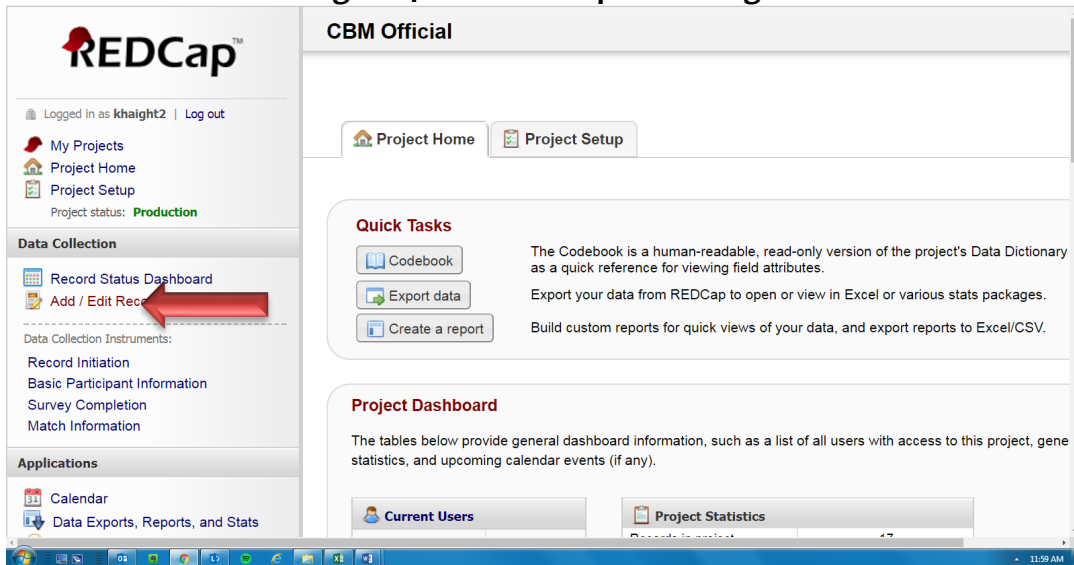
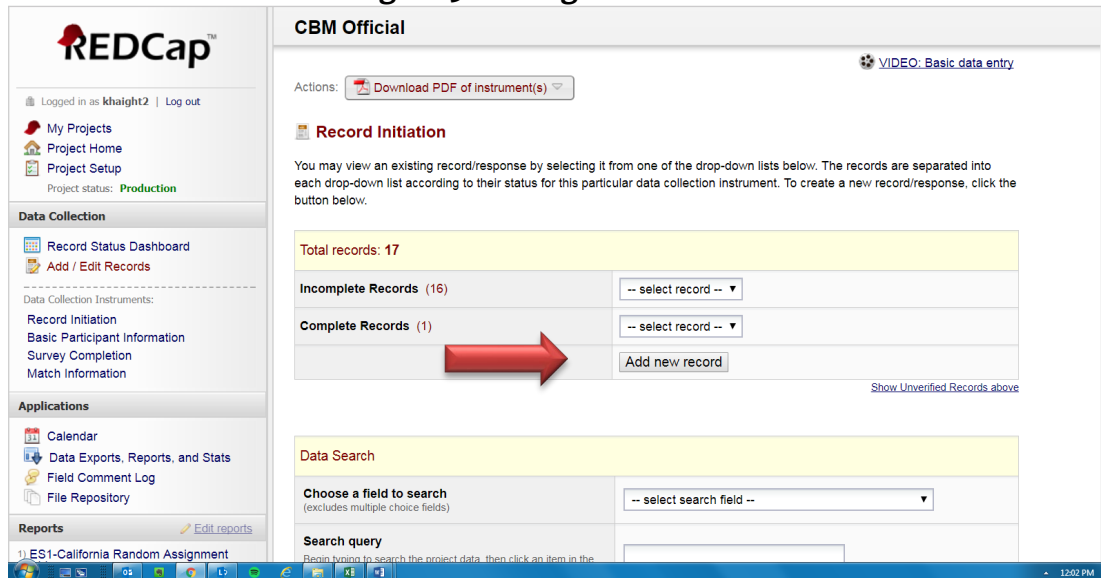


Figure 4: CBM REDCap Home Page



From the CBM Home Page you can access the data collection instrument by clicking the “Add/Edit Records” link on the left hand side of the page. The link is highlighted with a red arrow in Figure 4 above; it will take you to the page pictured below in Figure 5. From this page you will click the “Add new record” button to be taken to the data collection instrument. You are now ready to initiate a REDCap record for the new participant.

Figure 5: Adding New Records



Using the Data Collection Instrument

Each record in the CBM REDCap data collection instrument is comprised of the following four forms:

1. Record Initiation
2. Basic Participant Information
3. Survey Completion
4. Match Information

We designed REDCap so that ideally you will only ever be responsible for form 1 (Record Initiation). Circumstances may arise where we will ask you to fill in information in the other 3 forms, but if that happens we will work closely with you to ensure you have the support you need to do so correctly. The full list of items is available in the Research Activities Manual (RAM), but here we will discuss the items you will be responsible for. Those with a (Y) in front of them will only appear in the youth records. Those with a (M) in front of them will only appear in the mentor records. Form 1 has the following items:

- Participant ID: Automatically generated by REDCap, but should be replaced once the participant has been assigned a study ID.
- Date and Time Record Created: (Hit “Now” button to automatically fill in the date).
- Program location: Indicate the state in which your program is located.
- Participant Type: REDCap records come in two types, mentor records and youth records. Indicate here which type of participant you are creating this record for.
- (M) Mentor First Name
- (Y) Youth First Name
- (M) Mentor Last Name
- (Y) Youth Last Name

- Informed Consent: Indicate whether the participant declined or provided written or verbal consent.

The remaining fields allow you to upload research documents that are crucial to the evaluation.

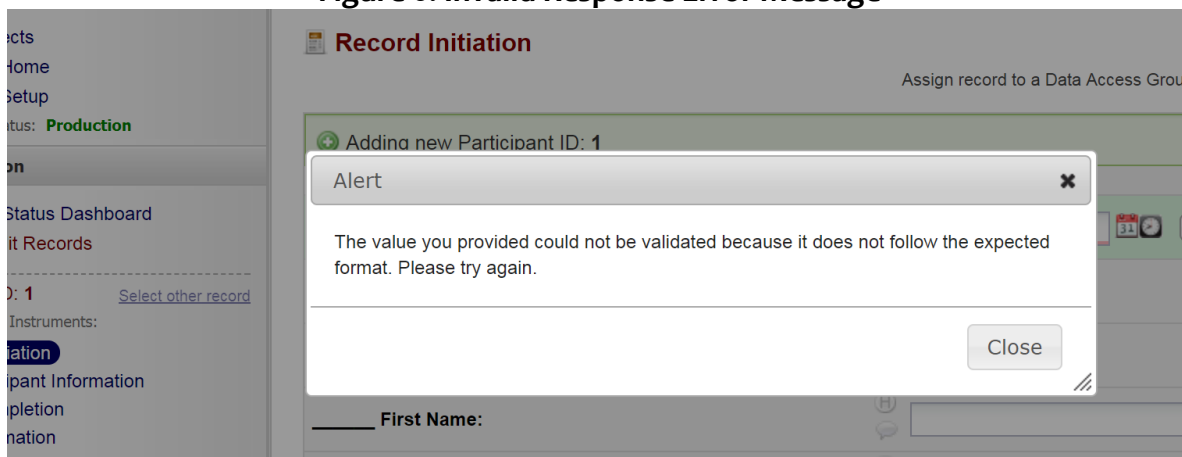
- (Y) Parent Consent Form: Upload the signed consent form.
- (M) Mentor Consent Form: Upload the signed consent form.
- (Y) Release of Information (for juvenile justice data): Upload the ROI.
- (Y) Documentation of Youth Assent: Upload the form you sign confirming that you went through the assent process with the youth.
- (Y) Emergency Contact Information: Upload the document with the contact information of the person that you know you'll be able to reach if you lose touch with the family.
- (M) Mentor Baseline Survey Cover Page: Upload the baseline survey instruction sheet.
- (Y) Youth Baseline Survey Cover Page: Upload the baseline cover page (paper survey)/Instruction sheet (online survey).
- (Y) Youth Survey Administration Assessment: Upload the Youth Survey Administration Assessment
- (M) Mentor Follow-up Survey Cover Page: Upload the follow-up survey Instruction sheet.
- (Y) Youth Follow-up Survey Cover Page: Upload the follow-up cover page (paper survey)/Instruction sheet (online survey).
- (Y) Parent Baseline Survey Cover Page: Upload the baseline survey cover page (paper survey)/Instruction sheet (online survey).
- (Y) Parent Follow-up Survey Cover Page: Upload the follow-up survey cover page (paper survey)/Instruction sheet (online survey).
- (Y) Incentive Claim Form: upload the incentive claim form that is completed after the parent take the follow-up survey.

One final field allows you to make any notes that you feel are necessary to clarify information on one of the forms or explain why a form is missing for the time being, and so on.

- Document Upload Notes.

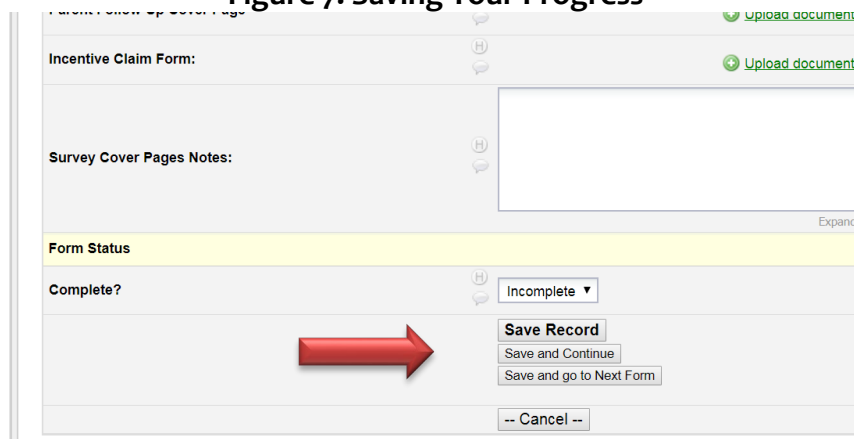
There are a number of different types of fields in the instrument. Some require a certain type of response for you to move forward. For example, the Date and Time Record Created field will only accept dates in the format (MM-DD-YYYY H:M:S). If you enter an invalid response you will be shown an error message similar to the one shown below in Figure 6, indicating that you need to enter a valid response to continue.

Figure 6: Invalid Response Error Message



When you reach the end of form 1 (Record Initiation), be sure to hit the “Save Record” button before you exit the browser. If you do not, all of the information that you have entered will be lost. To avoid losing all progress, you can hit the “Save and continue” button at any time to save your progress and continue entering information into the instrument. These save options are highlighted with a red arrow below in Figure 7.

Figure 7: Saving Your Progress



Helpful Tips for Reducing Frustration When Using REDCap.

1. Do not hit the enter/return button on the key board after filling in a field. It will automatically save and close the record you are in. It’s not a major problem but it is inconvenient to have to find the record again to finish your work. Use the “tab” button or mouse and cursor to move from field to field. If you do happen to accidentally hit enter, you can find the record again two different ways (see Figure 9):
 - a. Method 1, finding a record in progress: From the Add/Edit Records Page, select the record from the drop down arrow to the right of where it says “incomplete

records.” This method is quick and helpful if you know the case record ID of the record you are looking for. Since this number is automatically created by REDCap you may not easily remember it (until it is replaced by the study ID), that’s where method number 2 becomes helpful.

- b. **Method 2, finding a record in progress:** Select an item on the instrument from the dropdown box to search from (e.g. participant last name) and enter the information relevant to that record. All records with that information will be shown and you will be able to click on the one you want to open. Tip: you will want to search using a term that is unique to a single record. For example, there may be two records where the participant’s last name is Smith. Both will be shown when you search for the last name Smith, and it will not be immediately apparent which is the one you are looking for.

Figure 9: Locating Unfinished Records

The screenshot displays the REDCap interface for a project in 'Production' status. The left sidebar contains navigation menus for 'Data Collection', 'Applications', and 'Reports'. The main content area shows a summary of 17 total records, with a red warning box indicating 'Participant ID: 1 data entry aborted - not saved'. Below this, there are sections for 'Incomplete Records (16)' and 'Complete Records (1)', each with a dropdown menu to select a record. A red arrow labeled 'A' points to the 'Complete Records' dropdown. At the bottom, the 'Data Search' section includes a dropdown to 'Choose a field to search' and a text input for the 'Search query'. A red arrow labeled 'B' points to the search field dropdown.

2. If you ever forget your password do not worry! You can simply click the link indicating that you forgot your password, follow the instructions, and a link will be sent to you that will allow you to reset your password. Alternatively, you can request a new password by emailing Konrad Haight at khaight@air.org. Once he resets your password, you will receive an email with a link that will allow you to create a new password.

Appendix F. Analysis Plan

The National Evaluation of Reach and Rise[®]

Analysis Plan

JUNE 2022



Advancing Evidence.
Improving Lives.

The National Evaluation of Reach and Rise[®]

Analysis Plan

Revised June 2022



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Contents

- Study Design 1
 - Randomization Process 1
 - CONSORT Diagram 3
 - Compromises to Randomization Process 4
 - Plan to Account for Different Assignment Probabilities 4
- Sample Attrition 4
- Baseline and Follow-up Data Collection 5
- Equivalence of Intervention and Control Groups at Baseline 6
 - Decisions about Statistical Adjustments of Measures 6
- Theory of Change and Construction of Measures 7
- Addressing Missing Data 19
- Intent-to-Treat Analyses 20
 - Controlling the False Discovery Rate 21
- Treatment-on-the-Treated Analyses 23

Study Design

The American Institutes for Research (AIR) is conducting a rigorous process and outcome evaluation of enhancements to the YMCA's Reach & Rise[®] Mentoring program. This study was funded by OJJDP (and later NIJ) as a Practitioner-Researcher Collaboration to test whether cognitive behavioral therapy (CBT) principles could be combined with mentoring approaches to strengthen youth benefits.

The comparative effectiveness impact study compares the outcomes of three groups of youth: (1) youth randomly assigned to a control group that did not receive Reach & Rise (R&R) mentoring (the control group); (2) youth randomly assigned to a group that was exposed to the program enhancements (the treatment group); and (3) youth randomly assigned to a group that received the current R&R model (the business-as-usual group). A randomized-controlled trial (RCT) was conducted to provide the strongest evidence of whether the CBT enhancements improved outcomes for youth. In each program, young people were randomly assigned to either receive mentoring as soon as possible (the treatment or business-as-usual group depending on the agency's random selection into one of these two groups), or to be put on a waitlist for 15 months, until they completed their follow-up assessment (the control group).

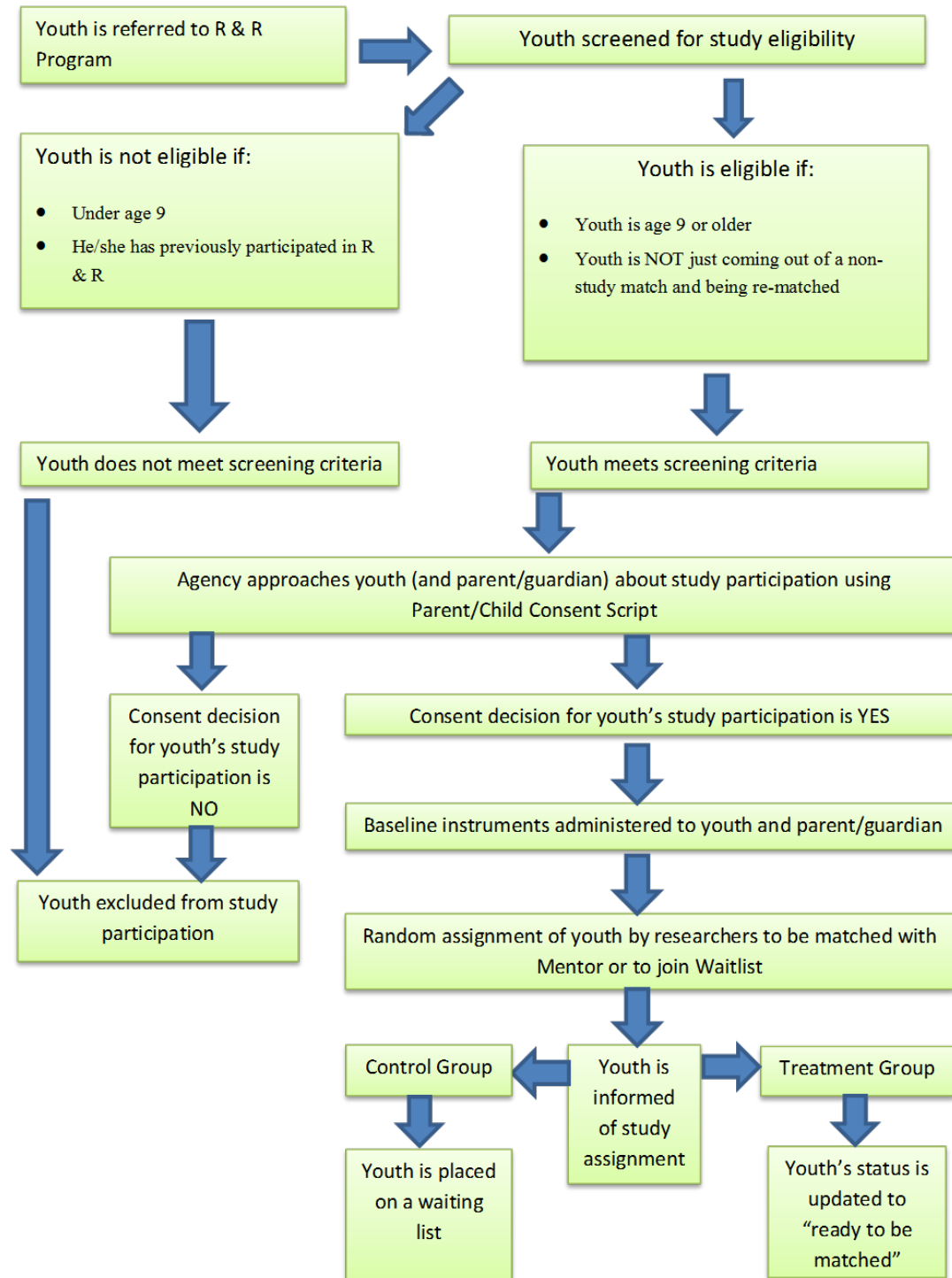
Sites were selected to implement business-as-usual (BAU) or CBT-enhanced mentoring using stratified sampling after the full set of program sites were sorted into four groups using cluster analysis. There were 33 program sites identified to participate in the evaluation and the goal was to select 8 of those sites for the BAU group, leaving 25 sites for the enhancement group. Using cluster analysis enabled us to create four relatively homogeneous strata from which to select the final sample using random sampling procedures. By constructing clusters first, we ensured that we assigned as diverse a set of programs to the BAU condition as possible.

Randomization Process

For this evaluation, youth were eligible if they were 9 years or older. If a youth had been previously matched in an R&R mentoring match, that child was not eligible for inclusion in the study. This was to help ensure that we could accurately outline the "first-year-of-match" impacts for youth in the CBT and BAU treatment groups relative to controls. Once enrolled in the study, though, if any study participants had a match that closed prematurely, we supported/encouraged the decision by program staff to seek to rematch the youth to a new mentor, provided that new mentor agreed to take part in the study. In each of the sites, young people would consent to take part in the study (see Exhibit 1) and would be randomly assigned to either be matched as soon as possible or to be placed on a waitlist for 15 months. Siblings

within the same family were assigned randomly to treatment or control group in a yoked manner, provided they enrolled at the same time.

Exhibit 1. Flow Chart of Research Activities with Youth

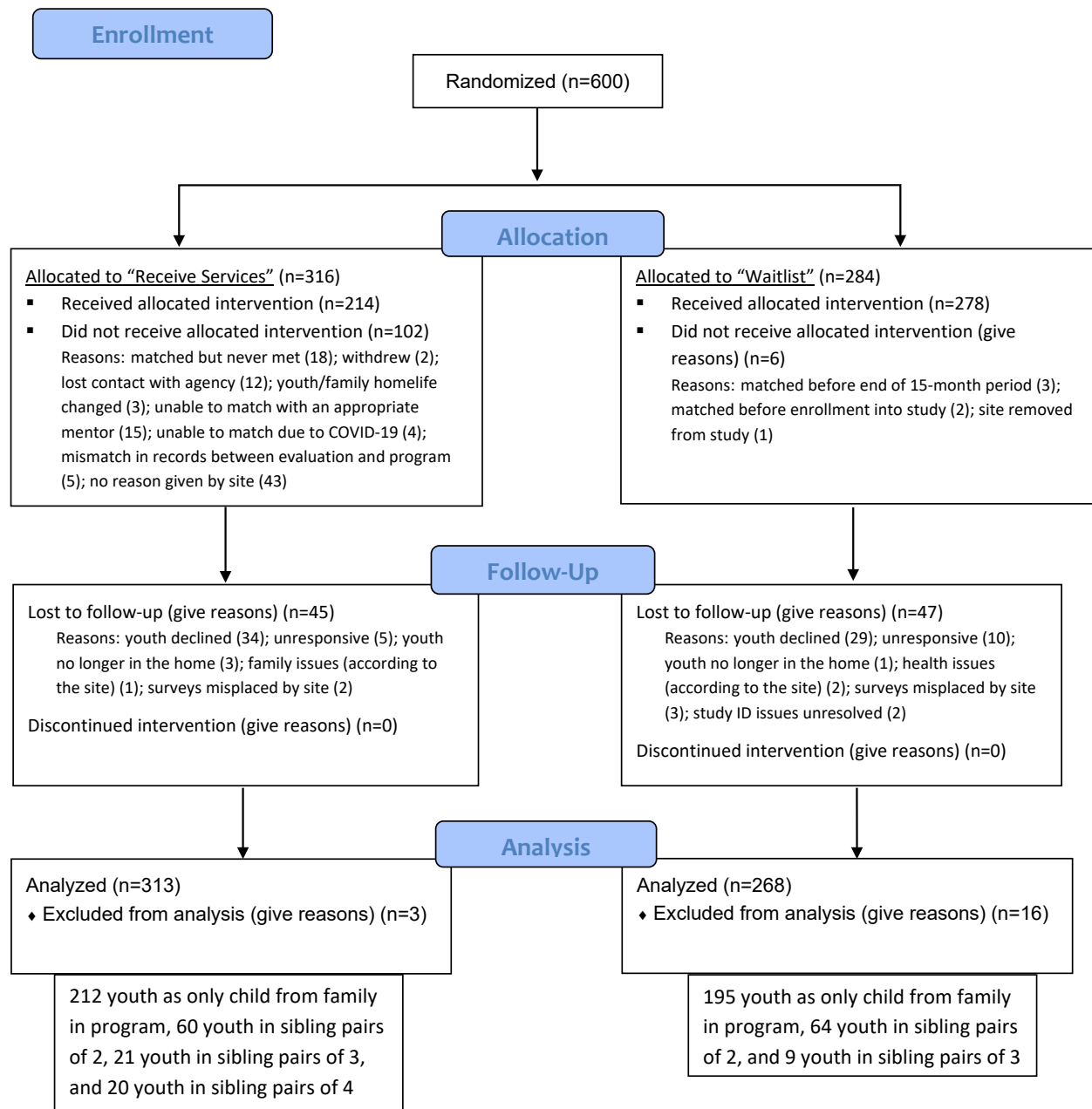


Note that the evaluation team agreed to make an adjustment in the probability of assignment to the treatment group in the final six months of the study enrollment period. In December 2019, we adjusted the assignment probabilities (treatment vs. control) from 50-50% to 75-25%.

CONSORT Diagram

The flow of cases is shown in the CONSORT diagram below.

CONSORT Flow Diagram



Compromises to Randomization Process

From this flow diagram, we find that there were only minimal compromises to the RCT. There were 5 cases (1.6%) of those assigned to the treatment group and 6 cases (2.1%) of those assigned to the control group that were served by the program in ways inconsistent with their group assignment. There were another 97 youth (30.7%) assigned to the treatment group that did not ultimately experience mentoring, but this is not a reflection of a compromise to the randomization process. It is not uncommon for youth enrolling in mentoring programs to go unmatched, given the challenges of finding suitable volunteers to mentor them. These unmatched youth were included in follow-up data collection and our analyses, consistent with an intent-to-treat approach.

We also experienced some attrition relative to follow-up data collection, as described below. The attrition was found to be low, and consistent with a determination that our study meets WWC Group Design Standards without reservations.

Plan to Account for Different Assignment Probabilities

To account for the different assignment probabilities that began after December 2019, we will use inverse probability weights, formed using the known probabilities of assignment for each subject, as weights in the analysis.

Sample Attrition

In this section we provide two tables. Table 1 shows the overall attrition for youth and caregivers. The overall attrition is defined as the percentage of respondents (in the case of youth and caregivers, randomized sample) that did not complete our follow-up survey. Table 2 shows the differential attrition for each of the two subject groups (i.e., youth, caregivers). The differential attrition is defined as the percentage point difference in the rates of attrition for the intervention and control groups. Based on the two exhibits below from the What Works Clearinghouse Standards, our study has low attrition and can be determined to “Meet WWC Group Design Standards Without Reservations.”

Table 1. Attrition Rates for Youth and Caregiver Follow-Ups

Youth			Caregivers		
Overall	Treatment	Control	Overall	Treatment	Control
15.1	14.2	16.1	15.8	14.6	17.2

Table 2. Differential Attrition for Youth and Caregiver Follow-Ups

Youth	Caregivers
1.9	2.6

Figure II.2. Attrition and Potential Bias

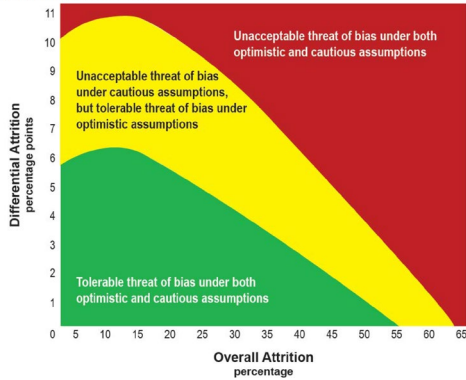


Table II.1. Highest Differential Attrition Rate for a Sample to Maintain Low Attrition, by Overall Attrition Rate, Under "Optimistic" and "Cautious" Assumptions

Overall Attrition	Differential Attrition		Overall Attrition	Differential Attrition		Overall Attrition	Differential Attrition	
	Cautious Boundary	Optimistic Boundary		Cautious Boundary	Optimistic Boundary		Cautious Boundary	Optimistic Boundary
0	5.7	10.0	22	5.2	9.7	44	2.0	5.1
1	5.8	10.1	23	5.1	9.5	45	1.8	4.9
2	5.9	10.2	24	4.9	9.4	46	1.6	4.6
3	5.9	10.3	25	4.8	9.2	47	1.5	4.4
4	6.0	10.4	26	4.7	9.0	48	1.3	4.2
5	6.1	10.5	27	4.5	8.8	49	1.2	3.9
6	6.2	10.7	28	4.4	8.6	50	1.0	3.7
7	6.3	10.8	29	4.3	8.4	51	0.9	3.5
8	6.3	10.9	30	4.1	8.2	52	0.7	3.2
9	6.3	10.9	31	4.0	8.0	53	0.6	3.0
10	6.3	10.9	32	3.8	7.8	54	0.4	2.8
11	6.2	10.9	33	3.6	7.6	55	0.3	2.6
12	6.2	10.9	34	3.5	7.4	56	0.2	2.3
13	6.1	10.8	35	3.3	7.2	57	0.0	2.1
14	6.0	10.8	36	3.2	7.0	58	-	1.9
15	5.9	10.7	37	3.1	6.7	59	-	1.6
16	5.9	10.6	38	2.9	6.5	60	-	1.4
17	5.8	10.5	39	2.8	6.3	61	-	1.1
18	5.7	10.3	40	2.6	6.0	62	-	0.9
19	5.5	10.2	41	2.5	5.8	63	-	0.7
20	5.4	10.0	42	2.3	5.6	64	-	0.5
21	5.3	9.9	43	2.1	5.3	65	-	0.3

Source: WWC Technical Paper on [Assessing Attrition Bias](#).

Baseline and Follow-up Data Collection

1. Youth completed a baseline survey at the time of their enrollment. They were asked to complete a follow-up survey 15 months after random assignment. The decision was made to administer the follow-up survey 15 months after randomization to increase the chance that treatment group participants were matched for at least 12 months, allowing a few months after randomization to identify an appropriate mentor.
2. Caregivers completed a baseline survey once they consented and then a follow-up survey 15 months after random assignment to assess both a subset of youth outcomes and their own experiences of key program practices/enhancements at follow-up.
3. Mentors completed a baseline survey once they completed their pre-match training and consented to participate in the study. They completed the follow-up survey 15 months after youth's assignment to the treatment group, or at the end of their match (whichever came first). Surveys assessed a range of potential moderators at baseline (e.g., mentor age, experience with youth/CBT principles, perseverance) as well as program experiences at follow-up (e.g., receipt and experience of training, case management, support)
4. R&R staff completed surveys at the study's beginning and at the end of the study follow-up period. Surveys measured potential program moderators at baseline (e.g., quality of YMCA support, staff background/characteristics, CBT experience) as well as their approach to program implementation at follow-up.

Equivalence of Intervention and Control Groups at Baseline

In this section we provide a table presenting estimated effect sizes for the baseline equivalences of all: (a) background characteristics of youth, including demographic factors and environmental and individual risk factors; (b) the moderator variables from the youth and caregiver baseline surveys; and (c) all the baseline assessments of the outcome variables, as appropriate, from the youth and caregiver surveys. Note that because we have a combination of overall and differential rates of sample attrition that meets the WWC criteria for low attrition, we do not have to assess baseline equivalence to establish that the study meets the WWC design standards for RCTs. We will, however, assess the equivalence of each of the measures described above to determine their appropriateness for inclusion in our analyses. Any of the variables that do not satisfy the baseline equivalence requirement will be added as control variables to all outcome analyses. We will base our decisions on this section from the WWC Standards:

If the reported difference of a specified baseline characteristic is greater than 0.25 standard deviations in absolute value, based on the variation of that characteristic in the pooled sample of intervention and comparison group members, the WWC considers the intervention and comparison groups to be non-equivalent. For differences in the specified baseline characteristics that are between 0.05 and 0.25 standard deviations, the analysis must include an acceptable *statistical adjustment* for the baseline characteristics to meet the baseline equivalence requirement. Differences of less than or equal to 0.05 standard deviations require no statistical adjustment (Table II.2). Chapter VI of the *WWC Procedures Handbook* describes the formulas the WWC uses to calculate these standard deviation differences, or effect sizes, for both continuous and dichotomous measures.

Table II.2. Absolute Effect Size (ES) at Baseline

$0.00 \leq \text{Baseline ES} \leq 0.05$	$0.05 < \text{Baseline ES} \leq 0.25$	$ \text{Baseline ES} > 0.25$
Satisfies the baseline equivalence requirement	Requires statistical adjustment to satisfy the baseline equivalence requirement	Does not satisfy the baseline equivalence requirement

Decisions about Statistical Adjustments of Measures

We will identify any variables that require statistical adjustment (i.e., which differ between the treatment and control groups at baseline) and select the method for statistical adjustment (from the section starting on page 16 of WWC Standards Handbook) from the options shown here:

Table II.3. Examples of Acceptable Approaches for Satisfying the WWC Statistical Adjustment Requirement

Acceptable methods for any baseline measure

- Regression covariate adjustments in ordinary least squares models
- Regression covariate adjustments in hierarchical linear models
- Analysis of covariance
- Other approaches to regression covariate adjustments, including nonlinear regression analysis, such as logistic or probit models

Acceptable methods when the baseline and outcome measures are the same and have a strong relationship*

- Simple gain scores
- Difference-in-differences adjustment
- Fixed effects for individuals

* Two conditions must hold for these to be considered acceptable statistical adjustments for a baseline and outcome measure that are the same: (1) the baseline and outcome measures must be measured using the same units, and (2) the baseline characteristic must have a correlation of 0.6 or higher with the outcome.

Theory of Change and Construction of Measures

In this section we present the Theory of Change and identify the measures based on each of the constructs in the model. We begin by clarifying the hypotheses, based on the Theory of Change. *Participation* in Reach & Rise is used to indicate those youth assigned to the treatment group who were eligible to receive mentoring.

Primary Hypotheses:

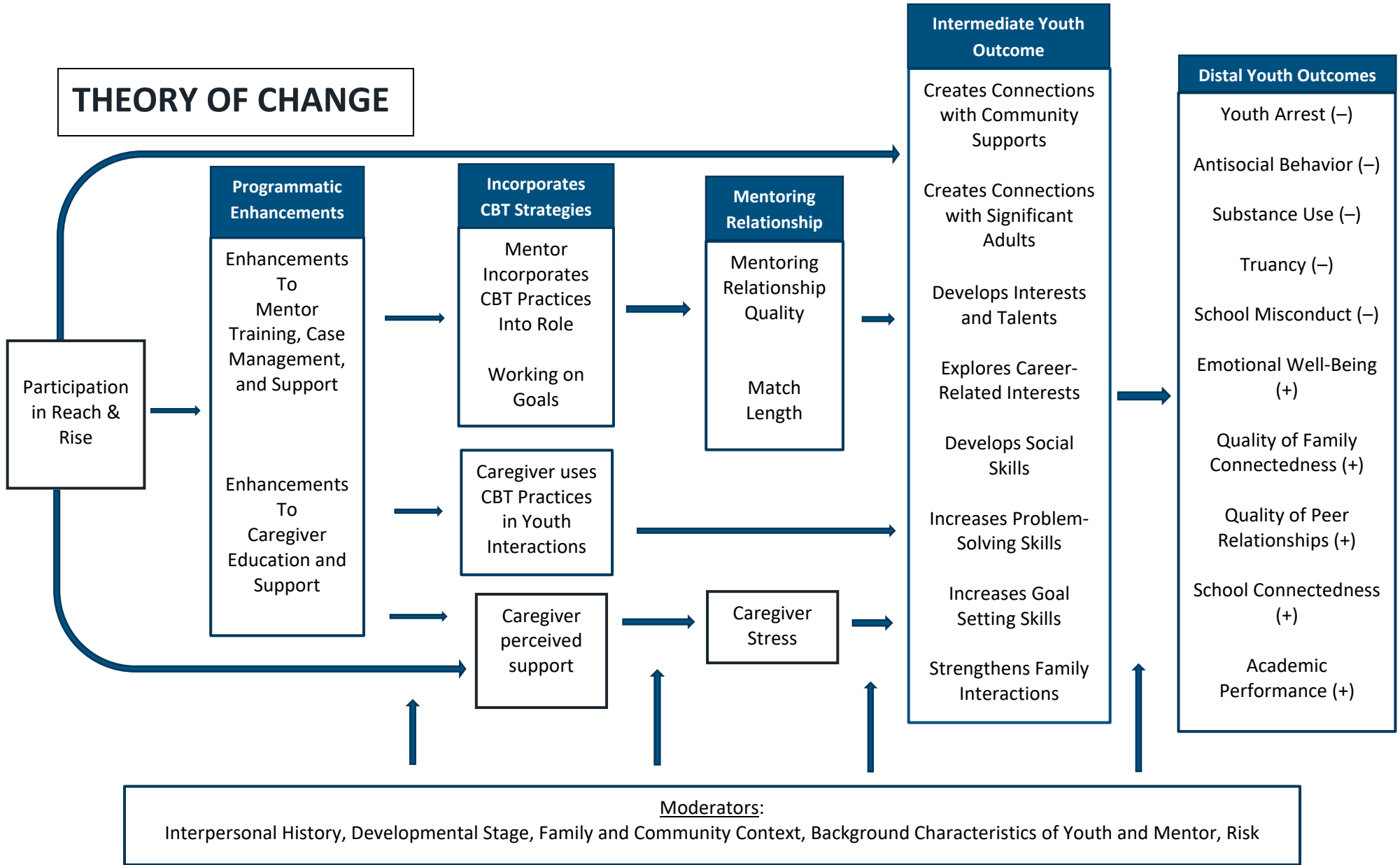
- H1:** Participation in Reach & Rise will decrease the likelihood for youth arrest, antisocial behavior, substance use, and truancy.
- H1a:** Participation in the CBT-enhanced Reach & Rise mentoring program, relative to participation in the BAU model of Reach & Rise, will decrease the likelihood for youth arrest, antisocial behavior, substance use, and truancy.
- H2:** Participation in Reach & Rise will lead to increases in school connectedness and performance, emotional well-being, quality of family connectedness, and quality of peer relationships.
- H2a:** Participation in the CBT-enhanced Reach & Rise mentoring, as compared to participation in the BAU model of Reach & Rise, will lead to increases in school connectedness and performance, emotional well-being, quality of family connectedness, and quality of peer relationships.
- H3:** Participation in Reach & Rise will increase the likelihood of creating connections with community supports, creating connections with significant adults, increasing problem-solving skills, developing social skills, developing goals, developing interests and talents, strengthening family interactions, and exploring career-related interests.
- H3a:** Participation in the CBT-enhanced Reach & Rise mentoring, as compared to participation in the BAU model of Reach & Rise, will increase the likelihood of creating connections with community supports, creating connections with significant adults, increasing problem-solving skills, developing social skills, developing goals, developing interests and talents, strengthening family interactions, and exploring career-related interests.

Secondary Hypotheses:

- H4:** When mentors receive additional specialized training in CBT, and experience ongoing support from program staff to encourage and reinforce their use of CBT techniques, they are more likely to incorporate CBT practices into their role.
- H5:** When youth are in relationships with mentors incorporating CBT practices into their mentoring, mentoring relationship quality will be higher.

- H6:** When youth are in relationships with mentors incorporating CBT practices into their mentoring, they have a higher likelihood for positive outcomes, as shown in the Theory of Change.
- H7:** When caregivers receive additional specialized support in CBT, they are more likely to use CBT strategies in their interactions with their children.
- H8:** When caregivers are using CBT strategies in their interactions with their children, those youth have a higher likelihood for positive outcomes, as shown in the Theory of Change.
- H9:** When caregivers are experiencing support from outside the family, they are less likely to report feeling stressed, and their children have a higher likelihood for positive outcomes, as shown in the Theory of Change.

THEORY OF CHANGE



Construct	Scales	Notes
Enhancements to Mentor Training, Case Management and Support	MF – Q11 how often did staff talk with mentor about a number of CBT strategies MF – Q16 frequent review of growth plan MF – Q17 (what did the agency do to help you use CBM principles)	We will also look to pull in information from the Match Tracking Sheet, which provides documentation of support calls, training
Enhancements to Caregiver Education and Support	PF – Q20d – how many times have you discussed youth goals with staff? PF – Q25 (did you get a workbook) PF – Q26 (how often did you talk with staff about CBT strategies)	
Mentor Incorporates CBT Practices into Role	YF –Q21a-m How often has your mentor talked about these things with you? [Developed for this study] MF –Developed for this study Q11 How often did you try to use this strategy with your mentee?	
Working on Goals	MF – Q10 - have goals been set for the mentee? Also includes questions about e.g., SMART goals, how often discuss with youth PF – Q20 – Is mentor trying to help youth achieve goals?	
Caregiver Uses CBT Practices in Youth Interactions	PF – Q28 (how often did you use CBM tips in interactions with your child)	
Caregiver Perceived Support in Parenting	PF – Q6-7 H. R. Winefield, A. H. Winefield, and M. Tiggemann	For Q6 on PF, if no, then we will code Q7 “never” for all. For Q7 on PF, we will create a mean across all 5 items
Caregiver Stress	PF – Q8 Adapted from Zarit Burden Interview	For Q8 on PF, we can create a composite measure—we will calculate the mean score across the items for each respondent

Construct	Scales	Notes
Mentoring Relationship		
Mentoring Relationship Quality	<p>MF_Q12 several validated scales, including:</p> <p>Satisfaction—I feel satisfied with my relationship with my mentee; I feel my mentee and I accomplish things in our time together; my relationship with my mentee is an important source of fun and companionship in my life; my relationship with my mentee gives me the feeling I am doing something valuable with my time; my relationship with my mentee does a good job of meeting my expectations for the program.</p> <p>Investment—I have invested a great deal of time in my relationship with my mentee; compared with most mentors, I think I have put a lot of effort into my relationship with my mentee; I have shared a lot of my personal thoughts and life experiences with my mentee; I have put a great deal into my relationship with my mentee that I would lose if our relationship ended</p> <p>Growth—learning new things together is an important part of our relationship; my mentee and I spend time on his/her personal growth and development; my mentee and I work on projects together; I help my mentee to set and reach goals</p> <p>Also, from the mentor reports there is single item on closeness.</p> <p>There is a single item on closeness reported by youth as well. (YF Q19)</p> <p>YF Q20 Several validated scales, including: Youth centered Q20 (a, g, j, r, v, z) Growth Q20 (b, l, aa, e, m, n) Conflict Q20 (k, c, w) Criticism Q20 (o, s, x) Relational health Q20 (d, f, u, p, q) Pressure Q20 (h, t, y)</p>	<p>Scores for each item will be averaged to create a mean, with higher scores indicating more positive values on that dimension.</p>

Construct	Scales	Notes
Match Length	Staff reports—calculated from match tracking sheets (difference in days from initiation of match to closure of match)	
Intermediate Outcomes		
Creates Connections with Community Supports	From PF , we would create one dichotomous measure to incorporate: been involved in after-school programs or activities at your child’s school; been involved in after-school programs or activities but not at your child’s school and not at the YMCA; and volunteered to help out in the community	For baseline measure, this is PB Q28 (c, e, and f) For outcome measure this is PF Q16 (c, e, and f)
Creates Connections with Significant Adults	YF Q7 - Very important adult is someone who spends a lot of time with you, you can really count on, gets you to do your best, and cares about what happens to you.	For Q7 on YF, dichotomous measure of whether there are VIA’s outside of family (mentor from R&R goes in RQ section above) This is Q6 on YB
Develops Problem-Solving Skills	YF Q4 – Scale from the following items: When I want to get better at something, I look for ways to help myself improve; If I’m interested in something, I can find lots of ways to learn more about it; I can think of lots of solutions when something goes wrong; When I have a problem, I can come up with lots of ways to solve it; Even when others want to quit, I know that I can find ways to solve the problem	This is Q3 on YB

Construct	Scales	Notes
Develops Social Skills	YF – Scale from the following items (Q1 social skills): I work well with other kids; I can make friends with other kids; I can talk with people I don't know; I can tell other kids that they are doing something I don't like; I can tell a funny story to a group of kids; I can stay friends with other kids; I can tell other kids what I think, even if they disagree with me	From Q1 on YF, there are 7 items that we would combine into a single measure—is there guidance on how to score, or should we determine ourselves? This is Q1 on YB
Develops Goal Setting Skills	YF – Scale from the following items (Q4): I have goals in my life; I develop step-by-step plans to reach my goals; If I set goals, I take action to reach them; It is important to me that I reach my goals; I know how to make my plans happen	This is Q3 on YB
Develops Interests and Talents	YF – Q3 Sparks adapted – we will create a three-category measure from the youth report on whether they have a talent, interest, or hobby that they really care about (no, not at this time; sort of; yes, definitely!).	This is Q2 on YB

Construct	Scales	Notes
<p>Strengthens Family Interactions</p>	<p>Parental Involvement (PF – Q9 Alabama Parenting Questionnaire) Scale from the following items: You have a friendly talk with your child; You volunteer to help with special activities that your child is involved in; You play games or do other fun things with your child; You ask your child about his/her day in school; You help your child with his/her homework; You ask your child what his/her plans are for the coming day; You drive your child to a special activity; You talk to your child about his/her friends; Your child helps plan family activities; You attend PTA meetings, parent/teacher conferences, or other meetings at your child’s school</p> <p>Positive Parenting (PF – Q9 Alabama Parenting Questionnaire) Scale from the following items: You let your child know when he/she is doing a good job with something; You reward or give something extra to your child for obeying you or behaving well; You compliment your child when he/she does something well; You praise your child if he/she behaves well; You hug or kiss your child when he/she has done something well; You tell your child that you like it when he/she helps out around the house</p>	<p>For Q9 on PF we can create two composite measures—one for parental involvement and one for positive parenting—we will calculate the mean response across the various items for each scale?</p> <p>This is Q20 on PB</p>

Construct	Scales	Notes
<p>Explores Career-Related Interests</p>	<p>YF – Q14 Career Interest Scale from the following items: identified my strongest talents as I think about careers; learned as much as I can about the particular educational requirements of the career that interests me the most; learned what I can do to improve my chances of getting into my chosen career; tried to find people that share my career interests; thought about all the aspects of working that are important to me</p> <p>PF – Q10 we would create a single dichotomous measure incorporating: My child has visited a workplace to see what it would be like to work there in the last 12 months; My child has visited a college to learn about college life or what subjects he/she might be interested in studying in the last 12 months</p>	<p>For Q14 on YF, create composite measure—we will calculate the mean across the measures.</p> <p>This is Q13 on YB</p> <p>This is Q21 on PB</p>
Distal Outcomes		
<p>Youth Arrest</p>	<p>PF – Q11 and Q12 Police Contacts and Arrest—create a composite measure of two measures that indicate whether in previous 12 months, child been stopped or detained by the police for questioning about his/her activities; child been arrested or taken in by the police</p> <p>Official Juvenile Justice Records—from records obtained from local juvenile justice agencies, we will code whether youth has been referred to juvenile court before, during, and after participation in the mentoring relationship</p>	<p>For Q11 and Q12 on PF, we will create a dichotomous measure indicating whether arrest occurred.</p> <p>This is Q23 and Q24 on PB</p> <p>From the official record data, we will create a dichotomous measure of any referral to juvenile court during and after participation in program.</p>

Construct	Scales	Notes
Antisocial Behavior	<p>YF – Q13 Delinquent Behavior Ad Health (Wave 1)—create a composite measure of general delinquency from the following items: deliberately damage property that didn’t belong to you; take something from a store without paying for it; get into a serious physical fight; hurt someone badly enough to need bandages or care from a doctor or nurse; drive a car without its owner’s permission; steal something worth more than \$50; go into a house or building to steal something; use or threaten to use a weapon to get something from someone; sell marijuana (pot) or other drugs; steal something worth less than \$50; take part in a fight where a group of your friends was against another group</p> <p>YF – Q15, Q16 Gang Involvement—create a composite measure from two items: ever been initiated into a named gang; affiliate with a named gang</p>	<p>For Q13 on YF, create one composite measures—we will focus on initiation</p> <p>This is Q12 on YB</p> <p>For Q15 and Q16 on YF, we will combine into a single dichotomous measure for gang involvement</p> <p>This is Q14 and Q15 on YB</p>
Substance Use	<p>YF – Q13 Adapted from Policy Studies Associates (2003) by P/PV—create a composite measure of the following items: use an electronic vapor product; use tobacco; drink alcohol without your parents’ permission; drink alcohol to the point of getting drunk; use marijuana; use medicine or prescription drugs to get high; use other drugs (such as inhalants, cocaine, LSD, heroin, steroids), not including medicine</p>	<p>For Q13 on YF, create one composite measures—we will focus on initiation</p> <p>This is Q12 on YB</p>
Truancy	<p>YF – Q9a-b Skipping school/classes—create a composite measure of the following items: skipped one or more classes at school without your parent or guardian knowing; skipped a full day of school without your parent or guardian knowing</p>	<p>For Q9 on YF, create a dichotomous measure of truancy.</p> <p>This is Q8 on YB</p>

Construct	Scales	Notes
School Misbehavior	PF – Q13 School misbehavior—create a composite measure of the following items: My child’s parent or guardian had to go to school because my child got in trouble; My child was sent to the principal’s office for misbehavior (but not suspension or detention); My child was sent to in-school detention (but not a suspension where he/she was not allowed to go to school for one or more days); My child was suspended (i.e., he/she was not allowed to go to school for one or more days)	For Q13 on PF, create a single measure that reflects whether school misbehavior happens, or we can try and model change from baseline (which can be initiation or even improvement) This is Q25 on PB
School Connectedness	YF – Q8 Hemingway School Connectedness scale from the following items: I work hard at school; I enjoy being at school; I get bored in school a lot; I do well in school; I feel good about myself when I am at school; Doing well in school is important to me	This is Q7 on YB
Academic Performance	PF – Q14 and Q15 Grades Academic Performance (P/PV 1995 CBM Impact Study)—a continuous measure from the caregiver response to: “Think about the grades and marks your child got on his/her last report card. Which of the following best describes his/her grades?”	For Q15 on PF (contingent on yes on Q14) we would leave as an ordinal ranking as captured on survey. This is Q26 and Q27 on PB

Construct	Scales	Notes
Emotional Well-Being	<p>YF – Q10 Pediatric Depressive Symptoms – Short Form from the Patient-Reported Outcomes Measurement Information System (PROMIS) scale from the following items: I could not stop feeling sad; I felt alone; I felt everything in my life went wrong; I felt unhappy; I felt like I couldn’t do anything right; I felt lonely; I felt sad; It was hard for me to have fun</p> <p>YF – Q10 Happiness (PROMIS) scale from the following items: I felt great; I felt cheerful; I felt joyful; I felt happy</p> <p>YF – Q6 Satisfaction ladder – a single score from 0-10</p> <p>YF – Q5 Hope for the future—scale based on responses about how likely it will be that youth will: (a) be involved in helping other people; (b) have friends you can count on; (c) be healthy; (d) be safe; (e) have a job or career you really enjoy; (f) have enough money to buy the things you need; (g) stay out of trouble; and (h) go to college.</p>	<p>For Q10 on YF, create two composite measures—one on depressive symptoms, and one on happiness—we will compute the mean score across the items in each scale as the summary measure for each scale.</p> <p>This is Q9 on YB</p> <p>Satisfaction ladder is Q5 on YB</p> <p>For Q5 on YF, create a composite measure—we will compute the mean score across the items in each scale as the summary measure for each scale.</p> <p>This is Q4 on YB</p>
Quality of Family Connectedness	<p>YF _Q12 Connectedness to Parents Hemingway – scale from the following items: my family has fun together; it is important that my parents trust me; I enjoy spending time with my parents; my parents and I disagree about many things; my parents and I get along well; I care about my parents very much.</p>	<p>This is Q11 on YB</p>
Quality of Peer Relationships	<p>Quality of Peer Relationships(YF_Q11 - PROMIS) – scale from the following items: I felt accepted by other kids my age; I was good at making friends; other kids wanted to be my friend; other kids wanted to be with me; other kids wanted to talk to me; I was able to count on my friends; I was able to talk about everything with my friends; my friends and I helped each other out.</p>	<p>This is Q10 on YB</p>
Moderators		
Interpersonal History	<p>YB: baseline measures of outcome variables (i.e., Very Important Adult, parent-child relationship and peer relationships)</p>	

Construct	Scales	Notes
Developmental Stage	PB: Age	
Family and Community Context	Environmental Risk—from a multi-item scale, we will code the top quartile vs all others on risk. PB Q21 (b-g) PB Q22 (e-l)	
Youth Characteristics	Age, Gender, Race/Ethnicity, Individual Risk—from a multi-item scale, we will code the top quartile vs all others on risk. PB Q21 (a, h) PB Q22 (a-d, m-s)	
Mentor Characteristics	From mentor baseline survey: we will have a measures of Growth mindset, and whether they have worked in a helping profession	

Addressing Missing Data

We will follow the guidance from Jakobsen et al. (2017) and Sullivan et al. (2018) in conducting multiple imputations within each group (i.e., treatment group, control group). We offer the following considerations at this point and will finalize before we conduct any impact analyses:

- Missing data occurred primarily because of youth and caregiver study attrition prior to the 15-month follow-up (16% of the total), although small numbers of youth who did complete the survey had missing data on various outcomes. Because the total proportion of missing data for the outcomes is anticipated to be about 20%, we will create 20 imputations for each imputed variable.
- Imputation will be applied to the full set of outcome measures. Missing values for control variables and baseline predictor variables will be replaced with sample mean values (or sample modal values for categorical variables). The outcome analyses will then be conducted with the full set of imputed values. Sensitivity analyses will be performed to examine whether results are robust with different imputations.
- We anticipate using Mplus to conduct structural equation models and will use FIML rather than multiple imputation in those cases.

Intent-to-Treat Analyses

For each outcome of interest, we will estimate intent-to-treat effects (i.e., analyzing all cases assigned to either the treatment group or the control group regardless of exposure to treatment). The intent-to-treat analyses seek to estimate the average effect of *offering* youth the opportunity to receive mentoring on each of the outcomes.

Generalized linear and nonlinear mixed-effects models (Bryk & Raudenbush, 1992; Raudenbush & Bryk, 2002) will be used to test the primary hypotheses, as these models can account for both dependence among outcomes due to nesting of youth within sites and varying distributions of outcomes (e.g., binary, ordinal, continuous). Intercepts will be modeled as random, and impact coefficients will be modeled as fixed. Covariates for tests of primary hypotheses will include: (1) demographic characteristics (e.g., age, gender, race/ethnicity) of youth participants; (2) other background characteristics about the youth and family, including individual and environmental risk factors; (3) any covariates with absolute values of effect size baseline differences between the treatment and control groups greater than 0.05; and (4) baseline measure of the particular outcome being tested.

Note that the analytic approach used will thus be ANCOVA (i.e., control for baseline scores on the outcome measures treated as a covariate) rather than a difference-in-differences approach (e.g., repeated-measures ANOVA).

This was a multisite study but based on the final counts from each site (as shown in the table below), we do not believe a multilevel model is appropriate. Instead, we will introduce a set of site dummy variables into our mixed-effects models.

Sample Size by Site

Site	CBT or BAU	# Youth/ Caregiver sets	# Mentor
1	CBT	7	2
3	BAU	52	26
4	CBT	32	16
5	CBT	31	8
6	BAU	7	0
7	BAU	39	12
9	CBT	8	1
10	CBT	13	3
11	CBT	16	5
12	BAU	10	2

13	CBT	94	37
14	CBT	24	3
16	CBT	11	6
17	CBT	28	7
18	CBT	28	10
19	BAU	3	0
21	CBT	55	18
22	CBT	20	9
25	CBT	50	24
26	BAU	9	6
27	CBT	5	1
28	CBT	29	9
29	BAU	16	7
31	CBT	2	0
33	BAU	7	2
	Total	596	214

Notes: 7 (of 25) sites with more than 30 cases each;
5 (of 25) sites with 20-29 cases each; 5 (of 25) sites with 10-19 cases each;
8 (of 25) sites with fewer than 10 cases each; 3 of these sites with no matches.

Controlling the False Discovery Rate

Based on the theory of change, there are a number of outcome measures we will assess within each of 18 families of outcomes. Mathematically, including more outcome measures will increase the likelihood of statistically significant findings that would lead us to conclude that enhanced mentoring contributes to a particular youth outcome, even if the intervention did not actually have a true effect on the outcomes. To minimize the number of times that we falsely reject null hypotheses, we will use the Benjamini-Hochberg procedure to compute an adjustment to α (the probability of making a Type I error). Families within which we control for multiple comparisons are listed below along with the individual measures used to evaluate them. We will consider statistically significant results to be those where the adjusted $p < .10$.

Negative Outcomes

1. Youth Arrest [2 measures]
 - a. Official record data
 - b. Caregiver reports
2. Antisocial Behavior [2 measures]

- a. Delinquency-General—Onset
- b. Gang involvement
- 3. Substance Use [1 measure]
- 4. Truancy [1 measure]
 - a. Youth report
- 5. Misbehavior in School [1 measure]
 - a. In-school or out-of-school suspension

Positive Outcomes

- 1. School Connectedness and Performance [1 measure]
 - a. School Connectedness
- 2. Academic Performance [1 measure]
 - b. Caregiver reports of Grades
- 3. Emotional Well-Being [4 measures]
 - a. Depressive Symptoms
 - b. Life Satisfaction
 - c. Future Expectations
 - d. Happiness
- 4. Quality of Family Connectedness [1 measure]
- 5. Quality of Peer Relationships [1 measure]

Intermediate Outcomes

- 1. Creates connections with Community Supports [1 measure]
 - a. Involvement in Clubs, afterschool and out-of-school activities, volunteerism
- 2. Creates Connections with Significant Adults [1 measure]
- 3. Increases Problem Solving Skills [1 measure]
- 4. Develops Social Skills [1 measure]
- 5. Increases Goal-Setting Skills [1 measure]
- 6. Develops Interests and Talents [1 measure]
- 7. Strengthens Family Interactions [2 measures]
 - a. Parental Involvement
 - b. Positive Parenting
- 8. Explores Career-Related Interests [2 measures]

- a. Youth report
- b. Caregiver report

Treatment-on-the-Treated Analyses

On each outcome of interest, the analysis will also evaluate the effects of treatment-on-the-treated (i.e., analyzing the effects of the treatment). For instance, treatment-on-the-treated analyses ask: for youth who really experience mentoring, does it have the intended effects? For our study, we will also evaluate treatment-on-the-treated effects regarding the CBT enhancements. That is, we will examine whether youth who experience CBT-enhanced mentoring are: (a) more likely to have the intended effects than those who did not receive any mentoring, and (b) more likely to have the intended effects than those who experience BAU mentoring.

For the evaluation of R&R, we are most concerned with noncompliance to the random assignment in the following form: either the youth assigned to enhanced mentoring does not get mentoring or is mentored by a mentor who was not exposed to the enhanced training and support from staff at the program. When such noncompliance is accompanied by unmeasured confounding to the treatment effect on the youth outcomes, then the results from the intent-to-treat analyses may not provide an unbiased estimate of the treatment effects. To assess and address such bias, we will identify a set of instrumental variables (see criteria below) and will estimate complier-average causal effect (CACE) parameters.

In distinguishing which cases will be included in the treatment-on-the-treated analyses, we have established a set of criteria for what is considered an adequate dose of the intervention. If the youth is matched with a mentor who completes the designated enhancement training and experiences support from program staff per the program's designed enhancements, the youth will be considered as receiving the treatment in the treatment-on-the-treated analysis.

For the treatment-on-the-treated analysis, we will identify a set of instrumental variables that meet the following criteria:

- independent of the unmeasured confounding;
- can be shown to affect the receipt of the enhancements; and
- affects the outcome only indirectly through its effect on the receipt of the enhancements.

We are proposing the following potential instrumental variables:

- From our caregiver baseline survey data: How excited are you for your child to get a R&R mentor and how excited is your child to get a R&R mentor.

- From the mentor baseline survey data: there is a scale on growth mindset and mentors are also asked: How sure are you that you will be able to meet with your mentee for the amount of time that has been asked of you?

Once we have established these are viable instrumental variables, we will use the Durbin-Wu-Hausman test to determine whether the level of unmeasured confounding is sufficient to indicate the need for instrumental variables analysis as part of the treatment-on-the-treated analysis.

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