




KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER	PAGE NUMBER
		13-107	1 of 5
		SUBJECT:	
		COMMUNITY PARTICIPATION: Mentor Program	
Approved By:  Secretary of Corrections		Original Date Issued:	09-21-01
		Current Amendment Effective:	02-23-09
		Replaces Amendment Issued:	01-21-05
Reissued By:  Policy & Procedure Coordinator		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature.	
		Date Reissued:	03-31-11

POLICY

Some offender programs may have mentoring components that involve unpaid individuals working with individual offenders to assist in offender re-entry and reintegration. The mentoring component of a program is designed to match law-abiding citizens with offender program participants. Mentors serve as role models and advisors, develop positive sustained relationships with assigned offenders, which may begin during incarceration and continue into post release periods, and work with staff and offenders in order to meet program goals and objectives. Mentor application, selection, screening, training, supervision and assignment shall be in accordance with procedures established in this IMPP. The use of mentors in any program shall be subject to the prior approval of the Secretary of Corrections or designee.

DEFINITIONS

Mentor: Any person who through an approved mentoring program is matched with an individual offender in order to provide guidance, support and assistance to the offender and his/her family and to serve as a positive role model throughout all phases of the offender's participation in a program. A mentor shall meet established mentor criteria and complete required mentor training and shall be under general staff supervision while on facility grounds.

Inappropriate Conversation: Conversation of a close, or intimate nature, beyond what is necessary to establish rapport and confidence with the offender being mentored.

Personal Relationship: A romantic relationship, an intimate relationship, or a friendship that goes beyond the professional relationship necessary in order to establish rapport and confidence in the offender being mentored.

Physical Contact: sexual contact; lewd touching; intimate embracing; any contact other than a pat on the arm or back, a handshake, or a hug as one would normally expect in greeting or farewell.

PROCEDURES

I. Proposal Review & Approval

- A. Any person or organization desiring to establish an offender mentoring program or component to an existing program shall submit a written proposal to the Department's Deputy Secretary of Programs and Staff Development.
 1. The proposal shall have a clearly identified mission, shall identify the individual or individuals responsible for oversight of the program, and shall clearly specify the population it will serve.

2. The proposal shall be submitted by using Attachment A, "Proposed Mentoring Program."
 3. The Director of Policy and Offender Programs shall review the proposal, in consultation with the Director of Release Planning, seek any additional information needed to evaluate the proposal, and process the proposal with recommendations as described below.
- B. The proposal shall be routed by the Director of Policy and Offender Programs with any recommendations on Attachment B, "Review of Proposed Mentoring Program," in the order indicated, to:
1. The Warden and/or Parole Director where the program would be implemented;
 2. The Deputy Secretary of Community and Field Services;
 3. The Deputy Secretary of Programs and Staff Development;
 4. The Deputy Secretary of Facility Management, and;
 5. The Secretary of Corrections.
- C. If the proposal is ultimately disapproved by the Secretary, the person or organization making the proposal shall be notified by the Deputy Secretary of Programs and Staff Development.
- D. If the proposal is ultimately approved by the Secretary, implementation shall be accomplished by written agreement between the person or organization providing the program and the Department of Corrections.

II. Mentor Criteria

- A. Proposed mentors shall meet the following criteria:
1. Mentor applicants shall be at least 21 years of age and shall be of the same gender as the offender;
 - a. Married couples may be approved to mentor an offender; however, the person who is of the same gender as the offender shall be required to be present during all mentoring contacts with the offender.
 2. Mentor applicants shall be sufficiently mature to accept the responsibilities of their assignment;
 3. Ex-offenders who are not under active supervision for a criminal offense may be assigned as mentors subject to the approval of the Appointing Authority;
 4. Relatives or other individuals who have already formed a personal relationship with an inmate shall not be approved to mentor that inmate, and;
 5. An individual serving as a mentor to an offender housed in a facility may serve as a volunteer at the same facility as the offender, or any other facility. However, mentors may not be on the visiting list of any other offender at the same facility as the offender being mentored.

III. Mentor Application, Selection and Training

- A. Any person interested in participating as a mentor in an approved program shall submit a completed Mentor Assessment Form [Attachment C] and an application for Visiting Privileges (Attachment A, IMPP 10-113).
- B. The manager or director of the program requesting mentors shall receive and review all applications.
 - 1. Incomplete paperwork shall be rejected.
 - 2. Applicants who do not meet mentor criteria shall be denied participation.
 - 3. Application forms approved for further consideration shall be processed for background clearance via forwarding to the I&I Supervisor for facility mentoring programs, and to the Central Office Director of Investigations for mentoring programs originating in field service offices.
 - a. Background clearances shall be conducted in a manner substantially similar to that prescribed for inmate visitation applicants within applicable provisions of IMPP 10-113.
- C. Applicants approved to serve as mentors shall participate in Mentor Orientation and Training prior to assignment.
 - 1. Training shall include, at a minimum:
 - a. Overview of Department and facility or field service region and, if applicable, a facility tour;
 - b. Registration & identification procedures;
 - c. Basic security principles & emergency response;
 - d. Control of contraband;
 - e. Visiting procedures;
 - f. Program overview, and;
 - g. Role of mentor/maintaining appropriate relationships.
 - 2. The Mentor Agreement [Attachment D] shall be reviewed and signed.
 - 3. Training records shall be maintained by the facility or field service office.
- D. A list of approved mentors and their assigned offenders shall be developed by program staff, updated as necessary, and distributed as appropriate to facility / field service staff in the following manner:
 - 1. Site Volunteer Coordinator;
 - 2. Control Officer;
 - 3. Visiting Officer;

4. Shift Supervisor;
 5. I&I Supervisor;
 6. Chief of Security;
 7. Deputy Warden;
 8. Regional Field Service Director, and;
 9. Supervising Field Service Office Administrator.
- E. Program staff shall forward a copy of the Mentor Agreement (attachment D) to the offender's assigned facility counselor or field service officer.

IV. Mentor Participation and Conduct

- A. Mentors shall abide by this policy, the rules of the program in which they serve, and applicable rules and policies of the Department.
- B. A mentor shall maintain appropriate boundaries with offenders and shall not have or develop any close, intimate relationships or have any inappropriate conversation or physical contact with offenders.
1. Mentors may be involved in any other volunteer activities in addition to mentoring within the same facility or parole region.
- C. Mentors shall be authorized to meet on-site in facilities with assigned offenders during scheduled mentor program times.
1. General supervision by staff shall be required.
 2. Mentors need not be on the visitors' list for the individual offender with whom they are working in order to have program relevant contact during or outside of regular offender visitation periods.
- D. Mentors shall be authorized to meet on-site in facilities with assigned offenders during regular offender visitation periods.
- E. Mentors shall be authorized to correspond by mail to the assigned mentee to support the mentor/mentee relationship and assist in reintegration release efforts in accordance with facility mail procedures and KAR 44-12-601.
- F. Any other on- or off-site contact between a mentor and an assigned offender during the offender's incarceration (e.g., during a work release phase) requires the approval of the appropriate Warden or designee in advance.
1. The volunteer must complete a visiting application referenced in IMPP 10-113.
- G. A mentor may be allowed to serve as the sponsor of an offender she or he is mentoring at the time of the offender's release.
- H. A mentor shall not enter into any financial contract with an offender.
- I. A mentor may provide food, clothing, or shelter to an offender on post release supervision.

- J. All assistance provided to an offender by a mentor under this policy shall be temporary and should include a plan that enables the offender to become self-sufficient and to address and resolve financial issues on his or her own
- K. A mentor may have contact in the home of the mentor or of the offender she or he is mentoring after the offender's release according to these guidelines:
 - 1. An offender can be released to a home plan with his/her mentor subject to all applicable Departmental Internal Management Policies and Procedures;
 - 2. A mentor may bring an assigned offender to his/her home for any appropriate reintegration reason, and;
 - 3. A mentor may visit an assigned offender's home for any appropriate reintegration reason.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

IMPP 10-113
KAR 44-12-601

ATTACHMENTS

Attachment A – Proposal For Mentor Program - 1page
Attachment B – Review of Proposed Mentor Program - 1 page
Attachment C – Mentor Assessment Form - 2 pages
Attachment D – Mentor Agreement – 1page

PROPOSAL FOR MENTORING PROGRAM

Name of person or organization making the proposal: _____

(NOTE: if you are an individual, it will be necessary for you to identify a specific organization that will sponsor this program).

Contact Information:

Name & position of person responsible for program oversight:

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Program Information:

What offender population do you propose to serve with the mentoring program?

What specific services do you propose to provide?

How will the program be funded?

What type of contact will you expect to occur with the offenders?

MENTOR ASSESSMENT FORM

Name: _____

Date of Birth: _____

Age: _____

Home Address: _____

Phone: _____

Email _____

Social Security: _____

Below is a list of questions that will aid us in the Mentor/Offender match. Please answer the questions fully.

1. What do you desire in an offender you wish to mentor (please be specific)?

2. List a few hobbies you enjoy. _____

3. What is your current profession? _____

4. What is your highest level of education? _____

5. If you went to college, what was your area of concentration?

6. Is there a particular age group within which you desire to mentor?

7. Please give a one paragraph autobiography of yourself.

8. If you have any comments that will help us in determining a match for you, please list them below.

Assigned Offender: _____

MENTOR AGREEMENT

NOTICE: DO NOT SIGN WITHOUT READING

ACKNOWLEDGMENT OF RISK, GENERAL WAIVER & AGREEMENT TO HOLD HARMLESS AND INDEMNIFY

I, _____, hereby request permission to work as a mentor at _____ Correctional Facility/Field Service Office. I understand that there are significant risks involved in entering and working in a correctional facility and/or working with offenders, and these risks have been adequately explained to me. I agree that, in return for the training and information that has been provided to me, the permission to enter and work as a mentor, and the experience I will gain as a mentor, I will hold harmless and indemnify the State of Kansas. Further, I hereby waive any claims of any nature that I may have against the State of Kansas or any of its employees for personal injury, property loss, or property damage arising from or in connection with my work as a mentor.

CONSENT TO ABIDE BY RULES AND REGULATIONS

I, _____, have completed the Departmental orientation and training session for mentors. I understand that as a mentor I will be under the control and direction of the Secretary of Corrections, a Warden, a Field Services Administrator, or their respective designees while on the grounds of a facility or a field service office. I agree to comply with all policies, procedures, rules and regulations of the Department of Corrections, including all security directives, and I understand that failure to comply can mean my mentor service may be curtailed, postponed or discontinued by appropriate officials of the Department.

CONSENT TO EMERGENCY MEDICAL CARE

I, _____, have been informed and understand that, in the event of any unforeseen medical emergency while on the grounds of any correctional facility or field service office, I may be subject to the emergency medical care or first aid assistance available at the facility or field service office until I can be removed safely to an appropriate medical care facility.

Mentor's Signature

Date

Witness

Date