



# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:** ☐ Adult Operation Only ☐ JUVENILE Operations Only ☒ DEPARTMENT-WIDE

IMPP #: 13-107D

PAGE #: 1 of 13

**COMMUNITY PARTICIPATION: Mentoring**

Original Date Issued: 07-01-14 Replaces IMPP Issued: 07-01-14 **CURRENT EFFECTIVE DATE: 10-17-23**

Approved By:  Secretary Next Scheduled Review: 07/2026

## POLICY

The Kansas Department of Corrections provides mentoring services to residents and offenders and participates in the statewide community-based mentoring initiative *Mentoring4Success* (M4S), partnering with Lead and Mentoring Organizations and ensuring they have tools, support, and access to provide mentoring services. Policies, procedures and practices are established in this policy to ensure mentoring is implemented safely and effectively, consistent with risk reduction and evidence-based principles; implementation and impact are tracked through data collection; and mentors are recruited, screened, trained, supervised and supported properly, to ensure mentoring is done safely and effectively.

## DEFINITIONS

Close Relative: Includes spouse, child (including step, adoptive, and foster), parent (including step-parent), legal guardian (current or former), brother (including half and step-brother), sister (including half and step-sister), brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, grandchild, parent or grandparent of spouse, and any person who filled the role of parent de facto with respect to the employee.

KDOC Mentoring Administrator: A position in Central Office that assists the mentoring director with statewide responsibilities for implementation and managing mentoring in the KDOC.

KDOC Mentoring Coordinator: A staff person designated to be responsible for implementing and managing mentoring and M4S in the facility, parole office and in the Kansas Juvenile Correctional Complex.

KDOC Mentoring Director: A position in Central Office with statewide responsibility for implementing and managing mentoring in the KDOC.

KDOC Mentoring Parole Liaison: A parole staff person designated by the Parole Director to be the liaison between M4S and parole in his/her office.

Lead Organization: A community or faith-based organization that takes the lead in recruiting, screening, training, matching, supervising and supporting mentors, who are matched with residents and offenders before and after release from a correctional facility. Lead Organizations provide oversight and guidance to Mentoring Organizations.

Lead Organization Mentoring Coordinator: A designated person in a Lead Organization who oversees the mentoring program, and serves as a liaison between the Lead Organization and mentoring organizations, the Kansas Department of Corrections, and various resources, to support and oversee mentors.

Match: The assignment of a mentor to a resident or offender for a period of time pre- and post-release, generally

for a year, during which mentoring occurs through structured and purposeful contacts.

Mentor: A volunteer who, through an approved mentoring program, is matched with an individual resident or offender in order to provide guidance, support and assistance to the resident/offender; to reinforce and help the resident/offender to practice pro-social skills, thoughts and actions; and to serve as a pro-social role model as the resident/offender prepares for and returns to the community. Mentors may be matched with multiple residents/offenders at the same time and provide services in a group setting or in one-on-one sessions, in any combination.

Mentee: A resident or offender that is matched with an approved KDOC mentor.

Mentoring4Success (M4S): A statewide community-based initiative to provide mentoring services to residents and offenders in Kansas.

Mentoring 2.0: An extension to Mentoring4Success that allows specifically trained mentors to assist with evidence-based programming within the KDOC. These participants (residents) could potentially be matched to an approved KDOC mentor either in a group setting or as a one on one match if the risk need is great and approved by Mentoring Administrator.

M4S Steering Team: A group of KDOC staff and partner-organization representatives who provide policy guidance to the M4S initiative.

Mentoring Organization: A community or faith-based organization of any kind that provides mentors to participate in M4S. Mentoring Organizations operate under the oversight and guidance of Lead Organizations.

Offender: A person under post-incarceration supervision with the Secretary of Corrections.

PREA: Prison Rape Elimination Act of 2003, codified at 42 U.S.C. § 15601, *et seq.*, an act signed into law with the goal of preventing, detecting, and responding to sexual abuse occurring in confinement facilities.

Resident: A person who is in the legal custody of the Secretary of Corrections housed in a correctional facility.

Sexual Abuse of a Resident by a Mentor: Any of the following acts, with or without consent of the resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the mentor has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument that is unrelated to official duties or where the mentor has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the mentor has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a mentor of his/her uncovered genitalia, buttocks, or breast in the presence of a resident or detainee and
- (8) Voyeurism by a mentor.

## **PROCEDURES**

### **I. Support of Mentoring4Success**

- A. KDOC shall participate in the Mentoring4Success (M4S) initiative in Kansas, including having KDOC representatives on the M4S Steering Team, and participating in the initiative in all respects.
  1. The KDOC Mentoring Director shall be the lead representative of the KDOC in the M4S initiative, though it shall also be supported by the managers and staff of the department in all respects.

- a. This support shall include close collaboration with Lead and Mentoring Organizations; supporting grant applications related to mentoring of Lead and Mentoring Organizations; and ongoing policies and practices that support the work of the M4S initiative.
- B. The primary source of mentors to work with KDOC residents shall be M4S, though mentors may work with residents/offenders outside of M4S, so long as they work under the supervision of the KDOC or a volunteer organization approved by the KDOC, with supervision and oversight consistent with this policy.
- C. KDOC mentors may also participate in Mentoring 2.0 which will allow them to assist with evidence-based programming within KDOC. They may also be matched on case-by-case basis to residents in the group setting/program if the risk need presents itself and is approved by the Mentoring Administrator.

## II. Roles and Responsibilities

- A. KDOC Mentoring Coordinators and Mentoring Parole Liaisons
  1. Where a full time Mentoring Coordinator is not assigned, each Warden and Superintendent shall designate a Mentoring Coordinator for the facility to participate in mentoring and M4S.
  2. **ADULT:** Where a full time Mentoring Coordinator is not assigned, each Parole Director shall designate a Mentoring Parole Liaison for the parole office to participate in mentoring and M4S.
  3. Any person with mentoring or M4S responsibilities shall have those duties reflected in his/her position description.
  4. The KDOC Mentoring Director or designee shall ensure all Mentoring Coordinators and Mentoring Parole Liaisons receive sufficient training to perform their duties related to mentoring and are involved in strategic planning meetings related to mentoring.
  5. Mentoring Coordinators shall be responsible for implementation and management of mentoring and M4S at their assigned facility, parole office or Kansas Juvenile Correctional Complex. Their responsibilities shall include:
    - a. In collaboration with Lead Organization Mentoring Coordinators:
      - (1) Recruiting, screening and selecting mentors;
      - (2) Training and supervising mentors; and
      - (3) Maintaining documentation of these processes.
    - b. Maintaining a current list of all trained mentors ready to be matched, or matched, in their facility or parole office, in a manner as directed by the KDOC Mentoring Director or designee.
      - (1) This list shall be distributed regularly to those persons designated on the Mentor Distribution List (Attachment A).
    - c. Maintaining records as directed by the KDOC Mentoring Director or designee, including:
      - (1) Mentor applications;
      - (2) Signed mentor agreements;
      - (3) Training and orientation of mentors; and

- (4) Records reflecting feedback to or from mentors.
  - d. Serving as point of contact for Lead Organizations and Mentoring Organizations who have mentors working in his/her facility or parole office.
  - e. Participating in strategic planning meetings as directed by the KDOC Mentoring Director or designee.
  - f. Working with facility or parole staff to generate, receive, review, and process referrals for mentoring.
  - g. Facilitating communication between mentors and case managers (i.e., unit team counselors and parole officers), including meetings, email, juvenile facility case notes, Athena, and CASIMS entries.
  - h. Collecting and reporting data as directed by the KDOC Mentoring Director or designee, including:
    - (1) Number of mentors ready to be matched;
    - (2) Number of mentors matched;
    - (3) Number of training sessions conducted;
    - (4) Hours of service provided by mentors;
    - (5) Information about contacts between mentors and residents/offenders;
    - (6) Details about matches; and
    - (7) Surveys of mentors and residents/offenders.
6. **ADULT:** Mentoring Parole Liaisons shall serve as the point of connection between parole and the M4S initiative. Their duties shall include:
- a. Participating in strategic planning and informational meetings regarding M4S.
  - b. Providing updates on M4S to parole staff in his/her office.
  - c. Serving as a point of contact for parole staff in his/her office for questions or problems that may arise related to mentoring, following up with the KDOC Mentoring Director to address issues raised, and following up with the parole staff.
  - d. Tracking number of mentors and matches in the parole office, if there is no designated Mentoring Coordinator.
  - e. Identifying issues that need to be addressed with mentors, and working with the KDOC Mentoring Director or designee to address those issues.

B. Lead Organization Mentoring Coordinators

- 1. Every Lead Organization shall, by entering into a Memorandum of Agreement (Attachment B), agree to the following conditions:
  - a. Every Lead Organization shall designate a Mentoring Coordinator, in order for mentors from the Lead Organization or Mentoring Organizations led by the Lead Organizations to be approved to come into Kansas correctional facilities and parole offices.

- b. The KDOC Mentoring Director or designee shall ensure that the Lead Organization Mentoring Coordinators receive training and information about the KDOC necessary to perform their duties related to mentoring.
- c. The Lead Organization Mentoring Coordinator shall be responsible for the implementation and management of M4S for their organization. Their responsibilities as to mentors working with KDOC offenders shall include:
  - (1) In collaboration with KDOC Mentoring Coordinators, recruiting, screening and selecting mentors, and maintaining documentation of these processes.
  - (2) In collaboration with KDOC Mentoring Coordinators, training and supervising mentors, and maintaining documentation of these processes.
  - (3) Maintaining a current list of all trained mentors ready to be matched, or matched, in their organization.
  - (4) Establishing a method for mentors to report information about all offender contacts, maintain communication with KDOC staff, and complete surveys regarding the mentoring process, in collaboration with the KDOC Mentoring Director or designee.
  - (5) Maintaining records about mentors, including:
    - (a) Mentor applications;
    - (b) Signed mentor agreements;
    - (c) Training and orientation of mentors; and
    - (d) Records reflecting feedback to or from mentors.
  - (6) Participating in strategic planning and information meetings with KDOC staff.
  - (7) Receiving and processing referrals for mentors, and matching offenders to mentors.
  - (8) Closely overseeing mentor matches, and providing feedback to mentors about performance and progress.
  - (9) Facilitating communication between mentors and case managers (i.e., unit team counselors and parole officers), including meetings, email, Athena, and CASIMS entries.
  - (10) Collecting and reporting data to KDOC including:
    - (a) Number of mentors ready to be matched;
    - (b) Number of mentors matched;
    - (c) Number of training sessions conducted;
    - (d) Hours of service provided by mentors;
    - (e) Information about contacts between mentors and residents/offenders;

- (f) Details about matches; and
- (g) Surveys of mentors and residents/offenders.

### **III. Preparing and Supporting Mentors**

#### **A. Mentor Criteria**

1. Mentor applicants shall meet the following criteria:
  - a. Be at least 21 years old;
  - b. Be sufficiently mature to accept the responsibilities of mentoring;
  - c. If a person with a felony conviction, not be under active supervision, and be approved to go into the facility or parole office by the Warden, Superintendent or Parole Director; and
  - d. Be willing to make a commitment to work with a resident/offender for 12 to 24 months.

#### **B. Application Process**

1. Persons interested in serving as mentors shall complete the Volunteer/Mentor Application (Attachment C), the Consent for Release of Confidential Information (Attachment D), and the Volunteer/Mentor Release of Information Agreement (IMPP 13-101D, Attachment B).
  - a. Completed applications shall be reviewed for completeness by the Lead Organization Mentoring Coordinator or KDOC Mentoring Coordinator to whom it is submitted.
2. The KDOC Mentoring Coordinator shall submit the applicant's name for screening through the KDOC security clearance process for any safety and security concerns.
  - a. If the applicant has a felony conviction, s/he must be off active supervision to be considered.
  - b. If the applicant has a family member housed or under supervision with KDOC, the applicant is prohibited from serving as a mentor in that facility or parole office.
  - c. As determined by the Warden, Superintendent and/or Parole Director, ex-offenders who have sustained pro-social and law-abiding behavior in the community after supervision may be permitted to serve as a mentor.
3. Within 15 days, the application shall be accepted or denied, and the Lead Organization and mentor shall be notified in writing.
4. Approved applicants shall participate in a background/interests/skills interview (Attachment E) with a KDOC or Lead Organization Mentoring Coordinator, and information gathered shall be maintained in the mentor's file, to assist in making matches.
5. A former or current employee of the KDOC may be considered as a mentor, provided the mentoring occurs at a different site than the current employee's job location, subject to the approval of the appointing authority of the facility or parole office where the person did or does work, and where the person wants to mentor. If on his/her application, a person who wants to mentor indicates s/he is or was a KDOC employee, before approving his/her application, the Mentoring Coordinator shall get approval from the appointing authority where the employee did/does work, and the appointing authority where the mentoring will occur.

C. Training and Orientation

1. All approved applicants for mentoring shall receive the following training:
  - a. Mandatory mentoring training, covering the topics specified in Attachment F, to include Sexual Assault Prevention/PREA.
    - (1) When mentors have completed PREA training, they shall review, sign, and date the Mentor/Volunteer Acknowledgment Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program (Attachment G).
  - b. Mandatory facility or parole orientation training, covering the topics specified in Attachment F.
  - c. Optional specialized training in the risk reduction models of the KDOC, including Job Readiness, Thinking for a Change (T4C), Readiness/Motivation to Change, Improving family relationships, CBI-SUA (Substance Use Adult), CBI-AP (Advance Practice), Tenant Responsibility, Level of Services Inventory-Revised (LSI-R/LSCMI), Women's Risk Needs Assessment (WRNA), Youthful Level of Service/Case Management Inventory (YLS/CMI), Case Management, or any other topic for which training is available, for the mentor to be more familiar with the risk reduction work for the department.
  - d. Mandatory annual training, to be completed within three (3) months of the mentor's one-year anniversary date, covering the topics specified in Attachment F.
2. When training is completed, the mentor shall receive an orange identification badge. This badge shall grant the mentor access at all KDOC facilities and parole offices where the mentor is eligible to provide mentoring services.
3. When a mentor has completed training and received a badge, the KDOC Mentoring Coordinator shall initiate the process to enter information about the mentor into EPIC in accordance with procedures used for updating EPIC.
4. If a mentor changes the location where s/he will provide mentoring services, either by relocating within the state or by adding a site where s/he will work, the mentor shall not be required to undergo additional screening or training, but will continue on the training track already in place. The new/additional facility Mentoring Coordinator or designee shall provide the mentor with one-on-one orientation to the new/additional facility. If the primary place of work changes, the mentor file shall be transferred to the appropriate KDOC Mentoring Coordinator.
5. All training shall be documented in the mentor file by the KDOC Mentoring Coordinator, whether the training is provided by KDOC or the Lead Organization.

D. Ongoing Feedback and Support

1. Mentors shall receive feedback about their performance, including verbal and written, routinely and as circumstances require.
2. If a mentor is found to be in violation of any relevant rules, the issue shall be promptly addressed, and corrective action taken as deemed necessary by the KDOC Mentoring Coordinator, in consultation with the KDOC Mentoring Director or designee and the Warden, Superintendent or Parole Director.
3. Mentors shall be given written feedback about their work annually, using Attachment (H), with a copy maintained in their file.

**D. Mentor Agreement and Rules**

1. Before beginning his/her mentoring work, each mentor shall sign the Mentor Professional Standards and Rules of Conduct (Attachment I), which reflects an understanding of the mentoring role.
  - a. These rules shall be acknowledged, and the mentor shall agree in writing to abide by them.
  - b. These rules shall be covered in training and reinforced in ongoing dialogue with mentors.
  - c. Failure to abide by these rules shall be addressed timely and corrective action taken, including terminating and barring the mentor if necessary for the safety of the offenders, safety of the mentor, and/or the good of the department and the M4S initiative.

**E. Ongoing Security Checks and Termination of a Mentor**

1. If the Warden, Superintendent, or Parole Director determines it is not in the best interest of the KDOC for a mentor to continue serving or having access, the Warden, Superintendent, or Parole Director shall bar the mentor from access.
  - a. Annually, or otherwise if there is an indication it is necessary, mentors shall have security checks done in accordance with the KDOC security check process. Failing to report a conviction or receiving a conviction will result in a mentor's being barred.
    - (1) Any mentor in a correctional facility who engages in sexual abuse of a resident as defined in this policy shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
    - (2) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of departmental sexual abuse or sexual harassment policies by a mentor.
  - b. The KDOC Mentoring Coordinator shall, in coordination with the Human Resources department, indicate the status change in EPIC.
  - c. The mentor shall promptly return the identification badge to the KDOC Mentoring Coordinator.
  - d. The mentor shall be notified in writing of the decision to bar the mentor, and the Lead Organization shall receive a copy of the written notification.

**IV. Mentor Matches**

**A. Mentee Criteria**

1. Residents participating in M4S shall meet the following criteria:
  - a. Be moderate or high risk on the LSI-R/LSCMI, YLS/CMI, or WRNA for one-on-one matches.
    - (1) Residents who are very high risk and/or very high special need shall be carefully screened and managed to ensure that they are matched safely and effectively (e.g., require they meet only at the parole office or at a treatment location; assign a pair of mentors to one resident; etc.); any referral for a very high risk/special needs resident shall specifically indicate



in the referral the risk/need issues that should be considered in deciding whether to make a match, and in managing the match if it is made.

- (2) Low risk residents are eligible for group mentoring, and under appropriate circumstances, may be considered for a one-on-one match. If a low risk resident is referred for a one-on-one match, the referral shall specifically indicate why this level/dose of mentoring services is appropriate.
  - b. Be within 6-12 months of release when the match occurs.
    - (1) If the resident is discharging upon release and will have no post-release supervision, s/he may still participate. In that event, the mentoring plan shall call for meetings with the offender to be held at the parole office, at least once a month, in order to monitor the match.
    - (2) On a case-by-case basis the Mentoring Administrator can approve a one-on-one match with residents serving more than 12 months in a KDOC facility.
  - c. Not diagnosed as severely and persistently mentally ill.
    - (1) Residents with a mental health diagnosis of 4 or greater shall be reviewed for approval on a case-by-case basis by the Mentoring Director.
  - d. **ADULT:** Not releasing from long-term restrictive housing.
    - (1) If a resident is placed in restrictive housing after being matched with a mentor, the match should continue, even if the timing means the offender will release from restrictive housing.
  - e. Have completed or be participating in a cognitive evidence-based program, if the resident's:
    - (1) LSIR score is 32 or higher;
    - (2) LS/CMI score is 20 or higher;
    - (3) YLS/CMI score is 30 or higher, or
    - (4) WRNA score is 28 or higher.
  - f. Willing to actively participate and work with the assigned mentor.
2. Under appropriate circumstances, residents incarcerated in a correctional facility or offenders on parole may be assigned mentors outside of M4S, consistent with this policy. This includes mentors working under the supervision of the KDOC, any Lead Organization, or any community partner organization. (Example: Offenders under post-release supervision may work with a mental health peer mentor or a substance abuse mentor through a Regional Alcohol and Drug Assessment Center, AA, or otherwise.) Such mentor matches are encouraged, should be monitored by the case manager (i.e., unit team counselor or parole officer), and should be supported by KDOC Mentoring Coordinators, but will not be tracked and evaluated as part of M4S. Residents and offenders are not bound by the criteria for M4S to participate in these mentor matches.

## B. Referral Process

- 1. Referrals shall be made for assignment of a mentor participating in M4S by using the Mentee Referral Form (Attachment J).

- a. Unit team counselors or juvenile corrections counselor IIs (JCCII) shall screen all residents on their caseloads to determine whether they are appropriate for a mentor referral.
  - b. Residents may request referrals through unit team counselors or JCCII, KDOC Mentoring Coordinators, or any other staff person in the facility.
  - c. To ensure that eligible residents are considered, KDOC Mentoring Coordinators shall establish methods for identifying eligible residents. If no referral has been made by a unit team counselor or JCCII and no request has been received by a resident, the KDOC Mentoring Coordinator shall address the issue of a referral with the unit team counselor or JCCII, the resident, or both.
2. If a referred resident is accepted, a KDOC Mentoring Coordinator shall meet with the offender to fully explain M4S and to complete a Mentee Interest Interview form (Attachment K), to be used in making a match.

C. The Match

1. Once a resident has been accepted for M4S, the KDOC Mentoring Coordinator and Lead Organization Mentoring Coordinator shall confer to make a match.
2. A Mentor Plan shall be completed using the Mentor Plan form (Attachment L).
  - a. The Mentor Plan shall be developed during a meeting with the resident, mentor, Mentoring Coordinators, unit team counselor or JCCII, and any other appropriate staff or volunteer.
  - b. The mentor/mentee shall sign an agreement on ground rules for their relationship (Attachment M).
3. The mentor shall be placed on the resident visitor list.
  - a. **ADULT:** The mentor will not count toward the 20 approved visitors the resident can have on his/her visitation list as provided in KDOC IMPP 10-113D.
4. The Mentoring Coordinators shall monitor the contact, providing support and assistance as needed. The Mentoring Coordinators shall ensure contact occurs at least bi-monthly with each mentor and mentee involved in a match. The KDOC and Lead Organization Mentoring Coordinators shall collaborate to determine how this work will be divided up as between the KDOC Mentoring Coordinator and the Lead Organization Mentoring Coordinator; ultimately it is the responsibility of the KDOC Mentoring Coordinator to ensure that these contacts occur.
  - a. When the contacts occur, the Snap Shot of Mentoring4Success Meeting form (Attachment N) shall be completed by the mentor so that a brief summary shall be made in Athena or juvenile facility case notes by the Mentoring Coordinator.
    - (1) **ADULT:** Lead Organization Mentoring Coordinators shall be provided access to Athena with permission to make Athena entries.
      - (a) Any Lead Organization Mentoring Coordinator provided access to Athena shall comply with all KDOC policies and complete all paperwork necessary for access, including KDOC permission and confidentiality paperwork, just as employees of KDOC are required to do.
  - b. Unit team counselors or JCCII's (pre-release) and parole officers or juvenile community supervision officers (post-release) shall monitor progress and provide feedback or raise questions as appropriate in support of the match.

- c. If at any time the mentor, mentee, Mentoring Coordinator, unit team counselor or JCCII, parole officer or juvenile community supervision officer, or any KDOC staff have any reason to believe there is a safety issue or an issue of rule violations, that matter shall be promptly raised with the Mentoring Coordinator, to be addressed with appropriate follow up, corrective action, change in the Mentor Plan, change in the match, or other action as needed for safety and to ensure rules are being followed and that the match is effective and productive.
  - (1) The KDOC Mentoring Coordinator shall document the event and follow-up action as appropriate in the mentor file, and shall document any Mentor Plan or match change in Athena or juvenile facility case notes.
- 5. The period of the match shall be 12 months (unless approved by the Mentoring Administrator), with approximately three (3) to six (6) months completed pre-release, and the balance completed post-release. One month prior to release the Mentoring Coordinator shall complete a Transitional Team Meeting form (Attachment O) with the resident. This form shall be forwarded to parole and entered into Athena.
  - a. When the offender is released, the KDOC Mentoring Coordinator in parole or the designated Mentoring Parole Liaison shall coordinate a meeting between the mentor, mentee, parole officer, Mentoring Coordinator(s), and any other appropriate staff, family member or support person to the offender, to review and make any appropriate updates to the Mentoring Plan based on the progress of the offender and the match.
  - b. If an offender is returned to a correctional facility on a parole revocation or new conviction during the course of the match period, the mentor has the option of continuing to provide service.
  - c. At the end of 12 months, the KDOC Mentoring Coordinator shall either:
    - (1) Determine the match is formally completed; or,
    - (2) After conferring with the mentor, mentee, Lead Organization Mentoring Coordinator, and parole officer or juvenile community supervision officer, conclude that the match should continue for up to (and no more than) six (6) months. Any updates shall be documented in Athena or CASIMS. If the match continues, the KDOC Mentoring Coordinator shall make monthly checks to determine progress and fix a date to end the match.
  - d. If the match ends prematurely, before or after release, the KDOC Mentoring Coordinator shall assess the reason it ended and ask the mentor and mentee to complete a survey that reflects information about the match, including why it ended prematurely. The KDOC Mentoring Coordinator shall confer with the resident or offender, the unit team counselor or JCCII, or parole officer or juvenile community supervision officer, and any other appropriate staff or support person to the resident or offender to determine whether a new match should be made. All updates shall be documented in Athena, CASIMS, or juvenile facility case notes.
  - e. If, after the match ends, the mentor and mentee wish to continue to have contact, that is in their discretion (unless there is a valid correctional reason for the KDOC to forbid the same through a condition of parole), but KDOC will no longer be involved.
- 6. As requested, the mentor, Lead Organization, and KDOC Mentoring Coordinators shall provide summaries of contacts, data about matches, and survey responses to assist in the tracking of progress in individual matches and for the overall benefit of the M4S initiative.

**V. Feedback From Mentors**

- A. Mentors shall have the opportunity and be encouraged to give feedback at any time about individual cases or the mentoring process and M4S/Mentoring2.0 in general. A formal survey process or Mentoring 2.0 Check-In Form (Attachment P) shall be used and documented.
- B. Mentors shall be encouraged to give feedback about any safety or security issues including any questions that may arise. These issues shall be addressed promptly to ensure the safety of mentors, offenders, staff and the public.
- C. At least two (2) times per year, the KDOC and Lead Organization Mentoring Coordinators shall collaborate and schedule events that afford mentors the opportunity to come together and give feedback, support each other, and be recognized for their work.

**VI. Ongoing Evaluation & Data Tracking**

- A. The KDOC Mentoring Director, in collaboration with the M4S Steering Team, Lead Organizations, shall identify implementation and impact outcomes to track and measure.
  - 1. Regular reports of progress including numbers of mentors and matches, shall be made to the Secretary and KDOC managers, the M4S Steering Team, Lead Organizations, Mentoring Coordinators, Mentoring Parole Liaisons, and stakeholders and partners.
  - 2. Data and outcomes shall be used to engage in strategic planning and policy and practice changes that may be identified as necessary to enhance M4S to ensure its safeness and effectiveness as appropriate.

**VII. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, 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, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, 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**

None.

**REFERENCES**

K.A.R. 44-12-601; 123-12-601  
IMPP 10-103D; 10-113D; 13-101D

**HISTORY**

07-01-14 Original  
10-17-23 Revision 1

## ATTACHMENTS

Attachments	Titles of Attachments	Page Total
A	Mentor Distribution List	1 page
B	Memorandum of Agreement Between the Kansas Department of Corrections and Mentoring4Success Lead Organization	1 page
C	Volunteer/Mentor Application	3 pages
D	Consent for Release of Confidential Information from KDOC and/or Designated Contractors to Third Party	1 page
E	Mentor Interest Interview Form	1 page
F	Mentor Training Requirements	1 page
G	Mentor/Volunteer Acknowledgment Regarding PREA Training and the KDOC Sexual Assault Prevention and Intervention Program	1 page
H	Mentor Feedback Form	1 page
I	Mentor Professional Standards and Rules of Conduct	3 pages
J	Mentee Referral Form	1 page
K	Mentee Interest Interview	3 pages
L	Mentor Plan	1 page
M	Our Agreement	1 page
N	Snap Shot of Mentoring4Success Meeting	1 page
O	Transitional Team Meeting Mini Question Checklist	1 page
P	Mentoring 2.0 Check-In Form	1 page

## **KANSAS DEPARTMENT OF CORRECTIONS MENTOR DISTRIBUTION LIST**

In a manner as directed by the KDOC Mentoring Director, the KDOC Mentoring Coordinators shall regularly distribute to the following (as applicable) the list of local mentors who are matched or trained and ready to be matched:

Volunteer Coordinator

Chaplain

Classification Administrator/Juvenile Facility Program Director

Control Officer

Visiting Officer

Shift Supervisor

EAI Supervisor

Chief of Security

Deputy Warden/Deputy Superintendent

Parole Director

Parole Supervisor

KDOC Mentoring Director

KDOC Mentoring Administrator

**MEMORANDUM OF AGREEMENT**  
**BETWEEN THE KANSAS DEPARTMENT OF CORRECTIONS**  
**AND MENTORING4SUCCESS LEAD ORGANIZATION**

\_\_\_\_\_ is a community-or-faith-based organization in Kansas that desires to be a Lead Organization in Mentoring4Success (M4S), and therefore as the requirements to serve as a Lead Organization, agrees to:

1. Develop a strategic action plan for delivering mentoring services to residents returning to your community that addresses:
  - a. Mentoring plan and goals (recruiting, preparing, supervising)
  - b. Funding/resources, short and long term
  - c. Policy and procedure issues in your organization
  - d. Managing matches and information and data collection
2. Promote the M4S initiative to potential mentors and mentees.
3. Use the M4S materials (such as brochures, videos, promotional materials, etc.), as provided by KDOC. If any changes are desired, they shall be cleared through KDOC before distribution.
4. Designate a Mentoring Coordinator, who will manage mentor matches made through your organization.
5. Identify mentoring organizations in your community, and provide them with assistance in recruiting and supervising mentors.
6. Screen mentors, according to criteria established by KDOC regarding appropriateness to enter correctional facilities and parole offices, and work with residents and offenders.
7. Ensure all mentors are trained, working with KDOC to get the training scheduled and completed.
8. Work with KDOC to get mentors matched to residents pre-release.
9. Have your Mentoring Coordinator come in to the correctional facilities and parole offices to supervise mentor matches, in close partnership with KDOC staff.
10. Provide feedback about the progress of mentor matches and the M4S initiative overall.
11. Require mentors to complete summaries of mentor/mentee contacts, and provide that information to KDOC Mentor Coordinator.
12. Report any concerns, questions or issues to KDOC Mentor Coordinators, including inappropriate or questionable behavior by mentors working with your organization, and including any questions, concerns or issues that arise in the correctional facilities or parole offices.
13. Participate in planning and support meetings as scheduled by KDOC.
14. Provide data about recruitment events, applications, mentors, matches and outcomes as requested by KDOC.
15. Abide by all policies and procedures of the KDOC.
16. Participate in public events to promote and educate about M4S.

\_\_\_\_\_  
Date

\_\_\_\_\_  
for Lead Organization

\_\_\_\_\_  
Print name and title

## KANSAS DEPARTMENT OF CORRECTIONS VOLUNTEER/MENTOR APPLICATION

\*\*\*Please fill out the application form completely. This application is for the purpose of screening potential volunteers\*\*\*

### APPLICANT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

#### Home Address

House#: \_\_\_\_\_ House Suffix: \_\_\_\_\_ Street Dir: \_\_\_\_\_ Street Name: \_\_\_\_\_  
Street Type: \_\_\_\_\_

APT/LOT: \_\_\_\_\_ PO BOX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip5: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Type: ☐ Home ☐ Work ☐ Mobile ☐ Message Best Time to Contact: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Type: ☐ Home ☐ Work ☐ Mobile ☐ Message Best Time to Contact: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Vehicle Tag State: \_\_\_\_\_ Vehicle Tag #: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

### EMPLOYMENT:

Employed: ☐ Yes ☐ No

Employer Name: \_\_\_\_\_

House#: \_\_\_\_\_ House Suffix: \_\_\_\_\_ Street Dir: \_\_\_\_\_ Street Name: \_\_\_\_\_  
Street Type: \_\_\_\_\_

APT/LOT: \_\_\_\_\_ PO BOX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip5: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERENCES:

Names and phone numbers of two persons who have known you for at least one year and who are not family members or spouses/partners:

1) \_\_\_\_\_ Day Phone: \_\_\_\_\_



2) \_\_\_\_\_ Day Phone: \_\_\_\_\_

**INTERESTS:**

Locations where you are interested in volunteering:

☐ PRISON \_\_\_\_\_ ☐ COMMUNITY \_\_\_\_\_

Positions you are interested in:

☐ MENTOR ☐ VOLUNTEER ☐ INTERN

Will you be providing transportation to the resident/offender? ☐ YES ☐ NO

If "YES" please provide the name of your insurance carrier: \_\_\_\_\_

**AVAILABILITY:**

Availability: ☐ Daily  
☐ Weekly  
☐ Monthly

Days Available: ☐ M ☐ T  
☐ W ☐ Th ☐ F  
☐ Sa ☐ Su

Start of Hours Available: \_\_\_\_\_

End of Hours Available: \_\_\_\_\_

**ORGANIZATIONAL/RELIGIOUS AFFILIATION:**

Organization Name: \_\_\_\_\_

House#: \_\_\_\_\_ House Suffix: \_\_\_\_\_ Street Dir: \_\_\_\_\_ Street Name: \_\_\_\_\_

Street Type: \_\_\_\_\_

APT/LOT: \_\_\_\_\_ PO BOX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip5: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HISTORY:**

Convicted of a crime? ☐ YES ☐ NO ☐ Misdemeanor ☐ Felony CONVICTION DATE(S): \_\_\_\_\_

Currently on Probation or Parole? ☐ YES ☐ NO Type of Supervision: ☐ Probation  
☐ Community Corrections  
☐ Parole

Currently on a Resident Visiting List? ☐ YES ☐ NO If yes, where? \_\_\_\_\_

Resident Name: \_\_\_\_\_ Resident Number: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been employed in Corrections? ☐ YES ☐ NO If yes, where? \_\_\_\_\_

Have you ever been an employee of the Kansas Department of Corrections? ☐ YES ☐ NO

If yes, where? \_\_\_\_\_

What was the name of your supervisor? \_\_\_\_\_

Have you ever been the victim/survivor of a crime committed by a resident in KDOC custody?

☐ YES ☐ NO

If so, please provide the name of the resident, if known: \_\_\_\_\_

**GENERAL INFORMATION:**

How do you see yourself involved with the volunteer experience?	
Do you have any skills or talents you feel comfortable teaching? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please list and describe below:	
Do you speak any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," what language? _____	
Can you sign for the hearing impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list degrees, licenses or certifications in any field you have received:	
Credential: _____	Description: _____
Credential: _____	Description: _____
Credential: _____	Description: _____
Credential: _____	Description: _____

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**Consent for Release of Confidential Information**  
**From KDOC and/or Designated Contractors to Third Party**

Subject Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dept. of Corrections Number \_\_\_\_\_

This authorization allows KDOC and designated contractors to release and obtain information as designated below to:

Individual / Organization Name: MENTORING4SUCCESS Mentor- \_\_\_\_\_

Individual / Organization Address:

The information indicated below is to be released for the purposes of assisting the above referenced individual or organization in making determinations about the subject, an individual in the custody of the Secretary of Corrections.

- ☐ Substance Abuse Evaluation, Treatment, and/or other therapeutic intervention\*
- ☐ Psychological or Psychiatric Evaluation, Treatment, and/or other therapeutic intervention
- ☐ Medical Diagnosis, Treatment, and Recommendation Information
- ☐ General Case Management Information/Impressions
- ☐ Employment Records
- ☐ Scholastic Records
- ☐ Military Records
- ☐ Law Enforcement Records
- ☐ RDU Evaluation
- ☐ Criminal History Information
- ☐ Urinalysis and Other Test Results
- ☐ Disciplinary Case Records
- ☐ Other

This authorization shall run concurrent with the subject's criminal sentence, which expires: \_\_\_\_\_

I understand that this authorization may be withdrawn at any time.

I release KDOC officials and/or designated contractors from any liability for disclosing this information.

\* I specifically waive the protections afforded to all records pertaining to substance abuse evaluations, treatments, or other therapeutic interventions as set forth at 42 U.S.C. 290dd-2 and 42 C.F.R., Part 2, with the exception of the prohibition on re-disclosure of that information without my express written consent.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian, or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PROHIBITION ON RE-DISCLOSURE:** The information disclosed is from records whose confidentiality may be protected by State and Federal law. Further disclosure of this information is prohibited, except with the specific written consent of the person to whom it pertains. Violations may result in legal action and the imposition of a fine.

## KANSAS DEPARTMENT OF CORRECTIONS Mentor Interest Interview Form

Name: \_\_\_\_\_

Which of the following activities do you currently enjoy or would you like to try?

**Social Activities:**

☐ Movies ☐ Plays ☐ Music Concerts ☐ Lectures  
☐ Book Club ☐ Meeting with friends ☐ Social Gatherings  
☐ Other (please list) \_\_\_\_\_

**Recreational Activities:**

☐ Cooking ☐ Crafts/Hobbies ☐ Ceramics/Pottery ☐ Painting  
☐ Drawing ☐ Photography ☐ Playing musical instruments ☐ Singing  
☐ Writing Poetry/Stories ☐ Reading ☐ Model Building ☐ Leather Work  
☐ Metal/Wood Work ☐ Sewing ☐ Coin Collecting ☐ Jewelry Making  
☐ Scrapbooking ☐ Other (please list) \_\_\_\_\_

**Sports:**

☐ Archery ☐ Baseball ☐ Basketball ☐ Boating ☐ Bowling  
☐ Fishing ☐ Football ☐ Golf ☐ Handball (racquet, paddle)  
☐ Jogging/Running ☐ Skating (ice, roller) ☐ Soccer ☐  
Volleyball ☐ Frisbee Golf ☐ Other (please list) \_\_\_\_\_

**Games:**

☐ Computer/Video Games ☐ Board games (Life, Scrabble, Monopoly)  
☐ Pool ☐ Pinball ☐ Arcade ☐ Other (please list) \_\_\_\_\_

**Outdoor Activities:**

☐ Hiking ☐ Canoeing ☐ Picnics ☐ Bicycling ☐ Sightseeing  
☐ Pitching Horseshoes ☐ Gardening ☐ Nature Walks  
☐ Swimming ☐ Horseback Riding ☐ Yoga

**Other Activities:**

☐ Watching TV ☐ Listening to music ☐ Volunteering ☐ Shopping  
☐ Exercising ☐ Working on cars ☐ Martial Arts ☐ Working with animals  
☐ Other (please list) \_\_\_\_\_

List any special skills/talents you have:

\_\_\_\_\_  
\_\_\_\_\_

## **KANSAS DEPARTMENT OF CORRECTIONS**

### **Mentor Training Requirements**

Every mentor working with KDOC residents/offenders shall complete initial facility or parole orientation, depending on where the mentor will be most active in his/her mentoring work, that covers:

1. KDOC history and mission
2. An explanation of the role of the facility or parole office within KDOC's structure and mission
3. Overview of *Mentoring4Success/Mentoring 2.0*
4. Role of mentors
5. Qualities of successful mentors
6. Level of commitment expected
7. Benefits and rewards of mentoring
8. Summary of rules and guidelines, including:
  - a. Code of Ethics
  - b. Confidentiality
  - c. KDOC rules
  - d. KDOC policies
  - e. Employee rules of conduct
  - f. Undue familiarity and sexual misconduct
  - g. Search of mentors
  - h. Gender responsiveness
  - i. Sexual assault prevention and PREA
    - Responsibilities under KDOC policy
    - Zero tolerance
    - How to report
9. Safety and security issues
10. Needs, attitudes, and lifestyles of the resident population

Every mentor working with KDOC residents/offenders shall complete initial Mentoring Training that covers:

1. Challenges and barriers that residents and offenders face
2. How the mentor serves as a role model and pro-social influence
3. Overview of evidence-based principles for risk reduction and reentry work
4. Role of facility unit team counselors and parole officers (case managers)
5. Role of corrections officers and special agents
6. Role of chaplains, volunteer coordinators and KDOC mentoring coordinators
7. Mentor's role in supporting KDOC staff
8. Beginning the match/mentoring relationship
9. Mentoring skills and practices, including purposeful communication, basic communication skills and motivational interviewing
10. Recognizing criminal (anti-social) thinking
11. Changing criminal (anti-social) thinking (cognitive behavioral interventions)
12. Victim Services information
13. Ways to interact with residents/offenders (practical examples of how the work can be done, activities, assisting with skills building, problem solving, etc.)
14. What to do if things aren't going well or working out
15. Interacting with different social/cultural groups & understanding responsiveness
16. An overview of substance misuse among residents/offenders
17. An overview of mental health issues among residents/offenders, including recognizing signs of depression or other key behaviors

Within three (3) months of his/her annual anniversary date, every mentor shall complete annual training of no less than four (4) hours as required by the facility or parole office where he/she is doing mentoring work.

Jayhawk Walk  
714 SW Jackson, Suite 300  
Topeka, KS 66603



phone: (785) 296-3317  
fax: (785) 296-0014  
kdocpub@doc.ks.gov  
www.doc.ks.gov

Department of Corrections

## **Mentor/Volunteer Acknowledgement Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program**

It is the policy of the Kansas Department of Corrections to provide a safe and secure environment for all residents. Forced and/or pressured sexual interactions are among the most serious threats to resident safety and facility order. Victims of forced and/or pressured sexual acts may suffer severe physical and psychological harm and could be infected with life-threatening disease. Consequently, each facility has a Sexual Assault Prevention and Intervention Program that includes; prevention, prompt intervention and prosecution/discipline of assailants.

All staff and residents are responsible for being alert to signs of potential situations in which sexual assaults might occur.

All staff who have direct contact with residents are trained to recognize the signs of sexual assault. Staff will also know the process of aiding residents in the case of sexual assault. Sexual Abuse/Assault Prevention and Intervention is included in each facility's offender orientation program.

Staff take seriously all statements from residents that they have been victims of sexual assaults. Any resident who alleges that he or she has been sexually assaulted is offered immediate protection from the assailant. Staff will conduct an immediate investigation of the incident. Facts of this incident will be confidential.

Staff and volunteers are strictly prohibited from engaging in any kind of sexual abuse of a resident.

If a resident confides to a volunteer that he or she (the resident) has been sexually assaulted, the volunteer must report this to a staff person on site prior to leaving the facility on the day of the report. Please be sure you have the resident's name and/or number.

I acknowledge that I have read and understood the above policy information, from IMPP 10-103D. I am aware of my obligations to adhere to this policy. I acknowledge my understanding that if I engage in sexual abuse of a resident, I will be prohibited from having contact with residents, and could be reported to law enforcement unless my activity is clearly not criminal, and to any relevant licensing body. I also acknowledge that on this day I have received training on my responsibilities under this policy; on the zero tolerance of the KDOC for sexual assault or sexual harassment; and on the fact that I am required to report any incident of sexual assault told to me or of which I otherwise learn, and how I am to report. I acknowledge that I understand the training I received.

\_\_\_\_\_  
Mentor/Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor/Volunteer's Printed Name

## **KANSAS DEPARTMENT OF CORRECTIONS**

### **Mentor Feedback**

**Mentor:**

**Mentoring Coordinator:**

**Date:**

**Strengths of mentor:**

**Any issues of development for the mentor:**

**Any specific incident/conduct to be addressed:**

**Any recommendations/feedback from the mentor:**

**Other:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mentor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mentoring Coordinator**

**NOTE:** Use the sections of the feedback form that apply, whether you are giving general performance feedback to a mentor, recognizing a mentor in appreciation, or addressing a specific issue/concern (e.g., rules, safety, undue familiarity, a specific incident, etc.) with a mentor. Place the completed form in the mentor's file, and provide the mentor a copy.

**KANSAS DEPARTMENT OF CORRECTIONS**  
**Mentor Professional Standards and Rules of Conduct**

Every mentor working with KDOC residents and/or offenders shall comply with the following rules, and shall acknowledge his/her agreement to follow these rules in writing before being matched:

1. A mentor will be respectful to residents and offenders and treat them with dignity.
2. Mentors shall, at all times, maintain a professional and courteous demeanor, and shall not use indecent, abusive or profane language. This includes racial or ethnic slurs or jokes and sexually suggestive comments or jokes.
3. A mentor will maintain proper boundaries with residents and offenders, engage only in purposeful communication that pertains to the mentoring work, and not engage in undue familiarity, inappropriate conversation, improper physical contact, or sexual contact of any kind with a residents or offender at any time, whether or not the resident or offender is being mentored by the mentor.
  - a. Inappropriate conversation means conversation of a close or intimate nature, beyond what is necessary to establish rapport and confidence with the resident or offender being mentored.
  - b. Purposeful communication means communication that is designed to establish a mentoring relationship and carry out the mentoring plan.
  - c. Undue familiarity means conversation, contact, personal or business dealings between a mentor and a resident or offender, not part of the mentor's duties, related to a personal relationship or purpose rather than a legitimate mentoring purpose. It includes horseplay, betting, trading, dealing, socializing, family contact unrelated to mentoring, delivering contraband, or any personal relationship, improper physical contact, or sexual contact.
  - d. Improper physical contact means any physical contact other than a handshake or brief hug of greeting or comfort.
  - e. Sexual abuse as defined by the National Standards Promulgated by the Prison Rape Elimination Act (PREA) specifically the 28 C.F.R. § 115.6.
4. A mentor may not work in the same facility or parole office where the mentor has a family member housed or supervised by the KDOC.
5. A mentor will complete paperwork that authorizes the KDOC to conduct a criminal/security background check initially, upon applying to be a mentor; annually thereafter; and if an incident occurs that requires an update.
6. A mentor will notify the KDOC Mentoring Coordinator or Lead Organization Mentoring Coordinator if s/he is arrested or convicted while mentoring.
7. Mentors will not mentor opposite-gender residents and offenders.
  - a. Married couples may be allowed to mentor a resident or offender; however, the mentor of the same gender as the resident/offender shall be present during all contacts with the resident/offender in the facility, parole office or community.
8. Mentors will not mentor a family member or anyone with whom they have a close personal relationship.
  - a. This does not preclude a mentor from being matched with a resident or offender with whom the mentor has formed a professional, pro-social relationship prior to the mentoring match, with the approval of the KDOC Mentoring Coordinator.
9. Mentors shall not under any circumstances engage in trading, trafficking or any business transaction with residents or offenders while mentoring a residents or offender.
10. Mentors shall abide by all KDOC and facility or parole office policies.



11. Mentors may serve as a volunteer doing work other than mentoring at the same facility where the resident(s) is/are housed whom the mentor is mentoring (provided the mentor also completes other relevant volunteer training).
12. Volunteers are not allowed to be on any resident's visiting list, except a mentor may be on the visiting list of any residents/he is currently mentoring. Except, a mentor may be on the visiting list of a close relative as defined by this policy, provided the visiting is occurring at a different facility from where the mentor is mentoring.
13. Mentors will be on the visiting list of the residents they are mentoring, but are allowed to visit only one resident at a time during normal visitation periods.
14. Mentors may be matched with multiple residents at the same time and provide services in a group setting or in one-on-one sessions, in any combination.
15. Mentors may coordinate meetings outside of normal visitation periods through the KDOC Mentoring Coordinator.
16. Mentors may correspond with residents whom they are mentoring by regular postal mail and/or by the email system. All such correspondence shall be monitored by facility staff in accordance with IMPP and K.A.R. 44-12-601 or K.A.R. 123-12-601.
17. Any off site contact with a resident being mentored while still incarcerated (such as an offender resident in work release) requires prior approval of the Warden or his/her designee.
18. A mentor shall not enter into any financial contract or agreement with a resident, whether or not s/he is mentoring the resident.
19. With the prior approval of the KDOC and Lead Organization Mentoring Coordinators and the offender's Parole Officer or Juvenile Community Supervision Officer, a mentor may provide food, clothing, gas or other small incentives relevant to reintegration, not exceeding a value of fifty dollars (\$50) per month, to an offender s/he is mentoring in the community.
  - a. Cash shall not be given directly to the offender.
  - b. No financial/gift exchange shall occur while the resident is incarcerated.
  - c. On a case-by-case basis, for good cause, the KDOC Mentoring Coordinator and Parole Officer/Juvenile Community Supervision Officer may approve a request to exceed the fifty-dollar (\$50) limit.
20. A mentor shall not provide shelter/residence for an offender.
  - a. A mentor may assist an offender in locating a residence and may assist in tenant-ability and landlord conflict resolution.
  - b. An offender may not live in the home of a mentor.
21. With prior approval of the KDOC Mentoring Coordinator and Parole Officer/Juvenile Community Supervision Officer, the mentor may visit the home of the offender in the community after the offender is released, and the offender may visit the home of the mentor, so long as the home visit is related to the mentoring plan.
22. After an offender is released, a mentor may do activities with a mentor in the community in support of pro-social leisure time activities and interactions. This would include such things as a picnic, a meal at a restaurant, a sporting event, a church service or activity, a recreational activity, and the like.
  - a. If a mentor takes an offender to eat at a restaurant, the mentor shall not pay for the offender's meal, unless the mentor has a gift card or voucher that has been approved through the Lead Organization for that purpose.

23. A mentor shall not discuss specific victims with residents or offenders or reference, encourage, and/or solicit communication concerning the victim(s) of the specific resident's/offender's crime(s). Victim information is confidential. Mentors shall not attempt to make contact with, or attempt to find information about, the victim(s) of a resident or offender. Mentors shall report to the site volunteer coordinator if a resident or offender is having, or planning to have, contact with his/her victim(s).

**I have read and understand the MENTOR PROFESSIONAL STANDARDS and RULES OF CONDUCT and agree to abide by these while performing my duties as a mentor for the Kansas Department of Corrections.**

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Witness Name:** \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**Mentee Referral Form**

Resident's Name: KDOC# or JJIS ID#:  
Referral Date: Person making referral:  
Facility: Unit:  
Total LSI-R, LS/CMI, WRNA or YLS/CMI score:  
Release Date: County of Release:  
Detainer Pending: Yes No Parole/Conditional Release: Yes  
No

Parole officer assigned (if applicable):

---

Controlling offense (most serious) and significant conviction history:

Date of most recent LSI-R, LS/CMI, WRNA or YLS/CMI

*Please list the three domains with the highest scores, including the score:*

Resident's Mental Health level:

Has the resident completed a cognitive evidence-based program? If not, will he/she and when?  
If not, why?

What goals are you working on with the resident?

What work would you recommend the mentor do in this case?

What natural support system does this resident have?

What motivators, buffers and strengths does this resident have? \_\_\_\_\_

Notes: \_\_\_\_\_

---

**(To be completed by Facility Mentoring Coordinator)**

Received Participant Mentee Interest Interview Form: \_\_\_\_\_

Date: \_\_\_\_\_

Is this resident a good candidate to receive a mentor? \_\_\_\_\_

If no, explain:

Mentor assigned: \_\_\_\_\_

Contact Info: \_\_\_\_\_

First meeting scheduled on: \_\_\_\_\_

Location: \_\_\_\_\_

Frequency of meetings: \_\_\_\_\_

Notes: \_\_\_\_\_

## KANSAS DEPARTMENT OF CORRECTIONS

### Mentee Interest Interview Form 1

Mentee Name \_\_\_\_\_ Loc. \_\_\_\_\_

Resident # or JJIS ID# \_\_\_\_\_ County/Residence of release \_\_\_\_\_

Date of Interview \_\_\_\_\_ Staff \_\_\_\_\_

1. Why do you want a mentor? \_\_\_\_\_

\_\_\_\_\_

2. What are your thoughts regarding having a mentor? \_\_\_\_\_

\_\_\_\_\_

3. Who would you consider has been a significant role model in your life and why? \_\_\_\_\_

\_\_\_\_\_

4. What do you consider your greatest strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

5. What do you expect to gain from a mentor experience? \_\_\_\_\_

\_\_\_\_\_

6. What do you feel is your greatest need that a mentor could assist you with? \_\_\_\_\_

\_\_\_\_\_

7. What part of your life do you NOT want a mentor involved in? \_\_\_\_\_

\_\_\_\_\_

8. How do you spend your free time? \_\_\_\_\_

\_\_\_\_\_

9. What type of personality do you work best with? \_\_\_\_\_

\_\_\_\_\_

10. Are you interested in a mentor being involved in your recovery? \_\_\_\_\_

\_\_\_\_\_

11. Do you have a preference in regard to religion/race when it comes to your mentor? \_\_\_\_\_

\_\_\_\_\_

12. What type of activities would you like to do with your mentor? \_\_\_\_\_

\_\_\_\_\_

13. Do you have family support? Children/Spouse/other? \_\_\_\_\_

\_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**Mentee Interest Interview Form 2**

Mentee Name \_\_\_\_\_ KDOC # or JJIS ID #: \_\_\_\_\_ Loc. \_\_\_\_\_

**For each of these areas, indicate whether the mentee has identified it as a risk area and some plans they may have for the future.**

**Criminal History:**

**Substance Abuse:**

**Employment:**

**Education:**

**Family:**

**Housing:**

**Transportation:**

**Finance:**

## KANSAS DEPARTMENT OF CORRECTIONS

### Mentee Interest Interview Form 3

Name: \_\_\_\_\_ KDOC # or JJIS ID #: \_\_\_\_\_ Loc: \_\_\_\_\_

Which of the following activities do you currently enjoy or would you like to try?

**Social Activities:**

☐ Movies ☐ Plays ☐ Music Concerts ☐ Lectures  
☐ Book Club ☐ Meeting with friends ☐ Social Gatherings  
☐ Other (please list) \_\_\_\_\_

**Recreational Activities:**

☐ Cooking ☐ Crafts/Hobbies ☐ Ceramics/Pottery ☐ Painting  
☐ Drawing ☐ Photography ☐ Playing musical instruments ☐ Singing  
☐ Writing Poetry/Stories ☐ Reading ☐ Model Building ☐ Leather Work  
☐ Metal/Wood Work ☐ Sewing ☐ Coin Collecting ☐ Jewelry Making  
☐ Scrapbooking ☐ Other (please list) \_\_\_\_\_

**Sports:**

☐ Archery ☐ Baseball ☐ Basketball ☐ Boating ☐ Bowling  
☐ Fishing ☐ Football ☐ Golf ☐ Handball (racquet, paddle)  
☐ Jogging/Running ☐ Skating (ice, roller) ☐ Soccer ☐  
Volleyball ☐ Frisbee Golf ☐ Other (please list) \_\_\_\_\_

**Games:**

☐ Computer/Video Games ☐ Board games (Life, Scrabble, Monopoly)  
☐ Pool ☐ Pinball ☐ Arcade ☐ Other (please list) \_\_\_\_\_

**Outdoor Activities:**

☐ Hiking ☐ Canoeing ☐ Picnics ☐ Bicycling ☐ Sightseeing  
☐ Pitching Horseshoes ☐ Gardening ☐ Nature Walks  
☐ Swimming ☐ Horseback Riding ☐ Yoga

**Other Activities:**

☐ Watching TV ☐ Listening to music ☐ Volunteering ☐ Shopping  
☐ Exercising ☐ Working on cars ☐ Martial Arts ☐ Working with animals  
☐ Other (please list) \_\_\_\_\_

List any special skills/talents you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **KANSAS DEPARTMENT OF CORRECTIONS Mentor Plan**

**Mentor:**

**Mentee:**

**KDOC # or JJIS ID #:**

**Location:**

**Case Manager/PO/UT Counselor:**

**Date Matched:**

**Date of scheduled release:**

**Issues:**

**Pre-Release Activity:**

**Post-Release Activity:**

**Communication:**

## KANSAS DEPARTMENT OF CORRECTIONS OUR AGREEMENT

This agreement was developed for us to fill out together. Through this agreement, we together will write down some ground rules on how we want our mentoring relationship to work. By creating and signing this agreement, we both are committing to do our best to honor these ground rules.

As we spend time together, we will both do our best to:

- Meet at least once per week, for at least \_\_\_\_\_(amount of time.)
- Keep what is said between us---maintain confidentiality.
  - However, we agree to report when either party feels that some information shared might bring harm to self or others, when there is a knowledge of a crime is getting ready to commence or a crime has been committed that was not reported.
  - It must also be reported, that if at any time, it is reported or seen that a child is in an unsafe or abusive environment.
- Come to our meeting prepared. If we've agreed to do some assignments between meetings, have it completed.
- Will not bring along friends or family members to our meetings unless it was discussed and agreed upon prior. Usually this is not encouraged.
- If there is some miscommunication or issue that does not feel right to one of us, we will discuss it either one-on-one or with the Mentor Coordinator, even if it isn't easy. We will not avoid facing a problem.
- We will work on the goals set together and with the case management team.
- We understand that what we accomplish towards the goals will be reported back to the Mentor Coordinators and noted for the case managers/parole officers.
- We recognize we are two different people, and that is a good thing. We can learn from each other if we respect and value each other in time, space and person.
- Really listen to each person. Try to understand the other person's point of view and reframe from passing judgment. Work on understanding and discussing opinions.
- Make sure we get some good work accomplished and have fun doing it. Remember to laugh often!

Mentor Signature: \_\_\_\_\_

Mentee Signature: \_\_\_\_\_



## **Snap Shot of Mentoring4Success Meeting**

**Mentee Name:** \_\_\_\_\_ **KDOC# or JJIS ID:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_ **Mentor Organization:** \_\_\_\_\_

***Has your contact information changed? Please provide the updated information:***

*Information on meeting:*

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

*Mark the location of your meeting:*

**Facility:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Parole:** \_\_\_\_\_ **Community location:** \_\_\_\_\_

**Did you Email / on the Phone/ Video by Skype:** \_\_\_\_\_

**What is your next meeting time, date, and location:** \_\_\_\_\_

*Snap Shot detail:*

*Please mark each area that was worked on during the mentoring contact.*

**Education** \_\_\_\_\_ **Employment** \_\_\_\_\_ **Financial** \_\_\_\_\_ **Transportation** \_\_\_\_\_

**Housing** \_\_\_\_\_ **Family/Marital** \_\_\_\_\_ **Alcohol and Drugs** \_\_\_\_\_

**Benefits/Resources** \_\_\_\_\_ **Spiritual/Emotional Needs** \_\_\_\_\_

**Veterans Support** \_\_\_\_\_ **Pro-Social (Positive) Leisure/Recreation** \_\_\_\_\_

**Mental Health Needs** \_\_\_\_\_

**Additional Notes/Concerns:** \_\_\_\_\_



## TTM MINI QUESTION CHECKLIST

Mentor name and contact number: \_\_\_\_\_

Mentee Name and Number: \_\_\_\_\_

<b>1. General Information:</b> (refer to Pre-Sentence Investigation (PSI) or Journal Entry)	
a. Law enforcement contact other than what you are in on today?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
b. Did you have any DR's in the past year?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
c. Do you have to register as a sex or violent offender?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
d. Do you have any detainees?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
e. Who is your current emergency contact?	
<b>2. Substance Abuse</b> (not always accurate in LSIR/LSCMI/WRNA/YLSCMI)	
a. Were drugs and/or alcohol a part of your crime?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
i. When is the last time you used drugs/alcohol?	
b. Have you had a RADAC assessment?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>3. Mental Health/Medical</b>	
a. Are you on medication?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
b. Are you receiving benefits?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>4. Employment</b>	
a. Do you have a current/updated resume?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
b. Do you have employment options upon release? If so, where?	
<b>5. Education</b>	
a. Do you have your high school diploma or GED	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>6. Housing</b> (refer to re-entry plan)	
a. What does your first residence plan look like?	
b. What does your second residence plan look like?	

<b>7. Transportation/Documents</b>	
a. Do you have a valid driver's license?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
b. What form of transportation do you plan on using (bus, bike, car etc.,)?	
c. Do you have your birth certificate?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
d. Do you have your social security card?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>8. First Week Out</b>	
a. What day do you release?	
b. Who will pick you up from prison?	
c. Are there any other issues or concerns that need to be addressed before release?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
<b>9. Victims Issues</b>	
a. Did you have victim(s) in your crime?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
i. If yes, do you understand the victim's policies?	<input type="checkbox"/> YES or <input type="checkbox"/> NO

<b>To be completed by parole officer:</b>	
Reporting instructions	
Registration instructions (if needed)	
Special conditions (if any)	
Any additional information from PO	
Mentor's contact information	
Parole Officer's contact information	

## Mentoring 2.0 Check-In Form

Mentor Name: \_\_\_\_\_

**What group are currently assisting with?**

☐ Employment/Job Specialist

☐ Education

☐ Housing

☐ Programs

☐ DL/Documentation

**Please provide detailed information below from the above question**

**How are you feeling with the work that you are doing?**

**Do you feel that you have received adequate training for what you are assisting with? Please explain.**

**Any additional information you would like to share?**