

EVALUATION OF MENTORING PROGRAMS



YEAR SIX REPORT

Prepared for: GOOD SAMARITAN
MINISTRIES

THE CARL FROST CENTER FOR SOCIAL SCIENCE RESEARCH

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Executive Summary

Good Samaritan Ministries (GSM) contracted with the Carl Frost Center for Social Science Research to conduct a continuing evaluation of its mentoring programs. This evaluation was designed to track cases at various intervals following the time at which cases exit a GSM program. The goal has been to evaluate case functioning at the time of discharge, as well as at three-, six- and twelve-month periods following discharge to determine the extent to which the mentoring programs have long-term impact on case functioning.

This report represents the sixth year of the evaluation period. This report is referred to as Year 6 and includes all cases that were discharged from a mentoring program between July 1, 2001 and February 8, 2008.

Case managers from GSM collected data via face-to-face interviews at intake and discharge, and follow-ups were completed over the telephone. The interviewer evaluated case functioning on several different dimensions (e.g., finance, social support, transportation). A total of 621 cases from six mentoring programs were interviewed and discharged between July 1, 2001 and February 8, 2008. Less than a third of these cases (31.2%, 194 cases) had completed programs at program discharge. The total completion percentage was substantially decreased by the inclusion of 230 Workforce Investment Board cases (37.0% of the total sample), only 4 of whom (1.7%) completed the program.¹ The completion rate of all programs excluding the Workforce Investment Board was 48.6%. In this report, the analysis, including the intake, discharge, and follow-up portions, includes only the cases completing programs.

The sample of all cases completing programs had the following characteristics:

- The case was very likely (82.0%) to be female. Note that at intake, a majority of the total cases were female (69.9%).²
- The average number of children reported per household was 1.58.
- A majority of households (52.6%) were headed by single-parent females.
- Most families (80.9%) contained four or fewer members based upon the information provided.
- The racial/ethnic make-up of the sample was mostly European American (54.1%). African American (20.8%) was the next largest group, followed closely by Latino/Hispanic (19.7%).
- The most common sources of income were full-time work (37.3%) and part-time work (25.4%).
- More than half (56.2%) of the sample was classified as very, very low income.

¹ In order to be considered a successful completion in the Workforce Investment Board program, a case had to be in a job for 90 days. At the conclusion of the grant's funding, only four cases had reached that time mark, though many others were employed. ² If more than one member of a household participated in GSM programs, they were entered under the same initial information. For example, a husband and wife both participated in an ESL program at the same time each with a separate record, but gender for both was listed as female. The full extent of this reporting practice in the database is unknowable; 37 households (12.6% of the total cases in the database) had more than one record.

This report contains comparisons between intake and discharge data for all cases completing programs (some variables are missing for some cases, which is not unusual in a field-research project such as this). In addition, comparisons are also made using the three-month, six-month, and twelve-month follow-up data for cases completing programs. However, it should be noted that since the second year of reporting, the percentage of cases reached in the follow-up contacts has steadily decreased. For this (Year 6) report, only 52.4% of cases 3 months following discharge, 47.8% of cases 6 months following discharge, and 41.1% of cases 12 months following discharge were contacted for the follow-up interviews.

Patterns that emerged in previous reports are supported by the cumulative data in this report. Regarding cases completing programs, results of this study are as follows:

On debt-repayment plans...

- Cases with no plan or interest in a plan dropped from 73.3% at intake to 13.2% at discharge,
- Three months after discharge 13.3% had no plans,
- Six months following discharge 12.5% had no plans,
- Twelve months after discharge 31.0% had no plans, still a sizable reduction from intake levels,
- Cases with manageable debt ratios increased from 7.0% at intake to 31.6% at discharge,
- Three months after discharge 50.0% had manageable debt ratios,
- Six months after discharge 54.5% had manageable debt ratios, and
- Twelve months after discharge 43.7% had manageable debt ratios, and 25.4% had a debt repayment plan, including 16.9% who had been following their plan for 7-12 months.

On budgeting...

- At intake, three-fourths (77.7%) of cases completing programs did not have a budget,
- At discharge, 42.2% had followed a budget for 5 months or longer, and
- Percentages following a budget increased in the follow-up period. At 3 months, 60.6% had followed a budget for 5 months, at the 6 month follow up it was 64.0% and at 12 months 62.5%.

On employment...

- Adequate employment (allows family to meet expenses) for last four months or longer increased from 23.5% at intake to 52.1% at discharge, and
- Percentage of cases reporting more than four months adequate employment remained higher in each follow-up period than at discharge.

On housing acquisition...

- At intake, 25.9% were homeless or precariously housed and 10.1% were coded as living in an emergency shelter;³ and at discharge 6.3% remained homeless/ precariously housed and 1.1% remained in an emergency shelter,
- At three months, 3.0% were homeless, at six months and twelve months, just one case was homeless,
- The percentage in transitional/subsidized housing went up from 17.4% at discharge to 28.0% at 3 months, 27.3% at 6 months, and 31.9% at twelve months.
- Percentage renting increased from 38.6% at intake to 52.1% at discharge, and
- Home ownership increased from 16.9% at intake to 23.2% as discharge, to 25.0%

after twelve months. *On non-stable/stable housing...*

- Cases not in stable housing dropped from 33.0% at intake to 8.2% at discharge,⁴
- Percentage of cases in non-stable housing dropped over follow-up period, 5.0% at three months, 2.3% at six months, and 1.4% 12 months, and
- At 12 months, 83.1% had been in stable permanent housing 10 months or more, compared to 38.3% at intake and 47.3% at discharge.

On transportation...

- Cases with transportation rated not reliable dropped from 28.2% at intake to 3.7% at discharge,
- The decrease was most evident for the CarLink program; 44.7% had transportation that was not reliable at intake compared to none at discharge, and
- The percentage of cases completing any program who had transportation that was reliable for all purposes was 66.0% at three months, 66.3% at six months, and 56.5% at 12 months.

On support systems...

- 37.0% reported at intake that family and friends were always available,
- 60.2% reported at discharge that family and friends were always available, and
- Responses that family and friends were always available increased at three months (60.6%), six months (64.4%) and at 12 months (69.4%).

Additionally, data continues to demonstrate the sustained relationship between cases and churches. Data for cases completing programs indicate that structured church activity is part of the household experience. From intake to discharge, those cases indicating no relationship or no desire for a relationship decreased from 25.4% to 14.1%, while those with an established social relationship with church members went from 3.8% at intake to 15.6% at discharge.

³ Cases were categorized as Homeless/Precariously Housed if they were living in a car, on the street, in an abandoned building, or staying with family or friends. For further definitions of housing categories, please see the Quality of Life Monitoring Tool included at the end of this report. ⁴ In the first two reports, Section 8 housing was considered unstable. The data in subsequent reports (Year 2, Report 1 to present) reflects a reclassification of Section 8 housing, from unstable to stable under transitional/subsidized housing.

Participation, either periodically or regularly, in church sponsored activities increased slightly, from 61.1% at intake to 66.2% at discharge. A more substantial increase in participation was reported during the follow up period. One year after completing a GSM program, 72.8% of cases contacted said they periodically or regularly attended church events.

Overall, this data shows that the GSM programs are having many positive economic and social impacts on program participants, therefore benefiting their families and ultimately, the functioning of the greater Holland community.

One of the main methodological concerns with this data set is that the most transient portion of the population served by GSM programs is likely also to be the most difficult to reach. The proportion not reached for the follow-up telephone interviews or who did not answer questions was about half on all the scales. Since this was the first effort to obtain data past the period of program involvement, any data collected was useful. However, to ensure more robust findings of long-term outcomes, GSM might consider ways to increase case participation rates on follow-up surveys. Some suggestions for ways to reach the more difficult to contact segment include...

- Providing a small incentive for completion of 3, 6, and 12 month follow-up interviews,
- Asking participants at discharge for the name and phone number of a family member or a friend who might be contacted for the sole purpose of updating the client's contact information should GSM be unable to reach them directly, and
- Contacting other area organizations (with clients' prior permission) to see if they have

had contact with the client, and to pass along to that person a request to contact GSM.

Transparency is important, and clients should be informed in advance, either while in the program or at discharge, of the incentives being offered or of contingent plans for follow-up contacts.

A few indicators of case wellbeing peaked sometime around six months after discharge. Proportion of cases with manageable debt ratios, following a budget, and employment relative to expenses all declined between the six month and twelve month follow-ups. Scores on the transportation scale began declining soon after discharge. GSM may wish to build into its programs a six month follow-up visit from case workers or mentors to assist cases with maintaining gains seen during active participation in the programs. If additional help is required, cases could be encouraged to apply or re-apply to the appropriate GSM program.

Some variation of completion rates was observed within programs based on demographic characteristics. GSM may wish to focus special attention or outreach efforts aimed to help these cases complete programs at rates comparable to other groups. For instance, non-white CarLink participants may require a bit more assistance than white participants to successfully complete the program. Similarly, CHP may wish to focus special attention on single parent households, and Financial Counseling on cases that did not finish high school.

For the last two years, GSM has sought feedback from program mentors through a one-page evaluation form. Very few mentors returned these forms. Report Five contained the responses of 19 mentors. This year, 9 mentors completed and returned evaluations. In previous years, GSM collected Client Satisfaction Surveys. This year, no Client Satisfaction Surveys were submitted to the Frost Research Center for review.

Based on the results of the client outcomes survey, and in light of the mentor surveys (Appendix C), the Carl Frost Center for Social Science Research recommends Good Samaritan Ministries consider the following actions:

- If GSM continues to collect information on case functioning after completing programs, mechanisms should be put in place to boost response rate among the more transient and difficult to reach portion of the population served by the programs.
- If GSM wishes to continue updating the Outcomes Evaluation database, it would be advisable to give case workers some database training for a better understanding of how the data will be used, why it's being recorded, and what procedures should be followed to reduce the incidence of missing or contradictory information.
- Incorporate a follow-up visit six months after cases leave GSM programs to monitor how clients are doing, and what further assistance they might require.
- Adjust programs to better serve specific sub-populations that have greater difficulty in successfully completing the GSM programs -- non-white CarLink clients, single parent families in CHP, and Financial Counseling cases that did not complete high school.
- Decide what questions regarding churches and mentoring volunteers are most important or what information would be most useful, and work with the Frost Center on a research design to obtain data addressing those issues.

Making these changes should improve the validity of the outcome data collected by GSM, boost completion rates in GSM programs, and assist former clients to maintain the quality of life improvements made during GSM programs.

Additionally, Good Samaritan Ministries might consider exploring the relationships between its programs and the churches and volunteers with whom it partners by asking:

- In what ways do churches and volunteer mentors benefit from their experience with GSM programs?⁵
- How can GSM more effectively promote their programs to churches and potential volunteers?
- What insights do churches and other referring agencies have on factors affecting program completion?
- What characteristics, skills and attitudes in mentors are especially helpful to their client's success, and how can mentors be encouraged to develop them?
- How well do GSM programs retain trained mentors, and what could they change in how they relate to churches and volunteers to do even better?

Any of these questions could yield results helpful in promoting strong and lasting partnerships with local churches and agencies.

⁵ In their own words, some mentors say: *It gave me a chance to encourage her to attend church; The experience makes me even more aware of the needs of the poor and encourages me to continue this work and do anything extra in this area at church; and There is always a sense of "awe" and satisfaction personally when you can contribute to the well-being of others around you.* See Appendix C for mentor evaluations of their experiences with GSM programs.

