

Journey of Hope, Inc.

Mentoring Handbook and Program Policy Manual

Welcome from Journey of Hope!

You are about to embark on a life changing journey yourself, by choosing to mentor and assist women who are at risk for incarceration. Whether you come to this program from a faith based perspective, as a humanitarian, as a student of social services, or for endless and multiple reasons, your service is an amazing gift to this program and the women we serve. Truly, we thank you. The story you write as you take on this role is actually a love story, for the women who walk the same path as all of humanity but who do so from a troubled past and uncertain path, and who want to walk this journey with greater security in themselves and their community. Women in crisis look to us for guidance, and the hand of friendship. We none of us walk alone, and you are reaching out a hand in solidarity. Like the women you will assist, you are awesome. Together, we are stronger and happier, and more able to effect change.

Our Mission: Using gender responsive, trauma informed approaches, we will partner with agencies that serve our mutual clients to support women and girls at risk for incarceration. Journey of Hope will provide services to women in Utah who are involved in the criminal justice system, either as probationers, parolees, or women who have completed a jail or prison sentence, or women who have criminal charges pending and are at risk for incarceration. Services will include case management, assisting clients' access to community resources provided by other agencies, such as housing, education, vocational rehabilitation, furnishings, clothing, food donations, job training and referrals, as well as individual and group mentoring.

First and foremost, Journey of Hope is a strength based program. Different reentry programs serve justice involved individuals in different ways, and this program is one that seeks to employ respect, praise and celebration of our clients, never shame. It is not our goal to label, to judge, or to help the justice system punish, but to support each woman we assist with encouragement to help each person build on their own unique strengths and gifts. Secondly, we want to help those who want change. Our efforts will best serve those who choose to work with a mentor, those who seek to have help with case management to achieve their goals, those who request our assistance.

Section 1: Introduction to Mentoring Justice Involved Women

Research and programs that address the intersection of mentoring and criminal justice-involved populations have largely concentrated on children, either mentoring for the children of incarcerated parents or of juveniles in the criminal justice system. While it is true a woman in reentry has many tangible needs (housing, employment, family reunification, formal education) attention to intangible needs (empowerment, a sense of belonging, someone to talk to) can promote personal growth through positive reinforcement of progress, encouragement and support in the face of defeat and temptation, and a place to feel like a regular person. People reentering the community face challenges such as the stigma of incarceration, the need to reframe their personal identities and to rebuild and form relationships. Mentors facilitate the creation of positive social capital and provide social support during the transition process.

Women who are making the transition from prison or jail to the community must achieve stability in multiple areas of their lives: criminal justice compliance, maintaining sobriety, reunifying with family members, establishing and maintaining a home, and gaining employment. Establishing and receiving support from healthy relationships with other adults can be helpful as women navigate these challenges. A mentoring relationship with another adult can serve as a place of solace and safety, while also providing practice at a non-competitive relationship in which there is a mutual desire to promote each other's well-being and success. This can be especially meaningful for women who have a history of negative relationships.

Journey of Hope is committed to using mentors to complement the strategies of the Women Offender Case Management Model, developed for use in correctional settings and in community supervision. The WCMM was adopted in Utah by the Department of Corrections, and is viewed as the strongest evidence based model by which to provide services to women. This model has at its core, the recognition that indeed, gender matters, and services that are implemented using a Gender Responsive approach will best serve women who have entered and need to exit criminal justice supervision. Our mentoring services complement the approach used in DOC policy, and also, standing alone, can serve the needs of women who are exiting incarceration from jail, or who are at risk for incarceration. Mentors will assist women as they prepare for reentry and transition to rejoin the community, and embark on their Journey of Hope.

Section 2: Overview of the Mentoring Component in this program

Am I a Mentor or am I Case Manager?

Journey of Hope Volunteers are first and foremost Mentors, but just as our mentors can access resources for themselves, make inquiries about benefits or services, and address barriers to success on their own behalf, each Mentor is capable of performing many of the duties of case management, and looking to other Journey of Hope staff and volunteers for assistance whenever questions need to be answers or ideas need to be generated. You are a friend, a source of support, a mentor, and a case manager, and you may use the title that best fits the role you take on in each situation, with each client.

As this program becomes larger, more formally trained case managers will be brought on as staff, and Case Manager positions will be developed to meet specific needs of the expanding and diverse client base, still specifically providing formerly incarcerated women as Peer to Peer matches along with the support of mentors who have not themselves been incarcerated but who wish to befriend and guide. Case Management mostly requires a commitment to help match clients' needs with the community resources that exist or can be developed. Each client will determine the goals of her case plan, and Case Management simply provides support in seeking the resources to match the client's objectives and goals. For now, each Mentor or Mentor Couple is able to do as much with case management as they feel able to do, with the greatest emphasis placed on the nature of the Mentoring role as it develops.

Language Matters

Is the Mentee a Client, a Mentee, a probationer, parolee, returning citizen or an Ex-Offender?

We all know that words matter. In certain situations it is necessary to identify our client as a former offender, but as we work with the women we serve, our language can reflect a relationship that respects and empowers rather than disparages an individual. You may have once told a lie, but that need not brand you as a "Liar" forever, and likewise "Felon" and "Offender" and "Ex-Offender" are loaded terms, and don't well serve women who need our help as we assist them to reframe the way they see themselves.

Some mentoring programs have discarded the Mentor terminology, as indicative of a hierarchical role rather than a relationship among equals. Research has shown that formerly incarcerated women are more accepting of the Mentor/Mentee terminology than men, but should you find that your client or

you dislike it, then you may choose to develop different terms, provided they are in line with Journey of Hope's mission of respect and empowerment.

We know that if we label our clientele as clients, returning citizens, friends, and mentees, we are recognizing their future rather than their past. While you may find your mind changes to consider each woman with whom you work as a friend, the agencies with whom you interact may need to know specific details of a person's status as a probationer, parolee, or woman whose correctional supervision has terminated. Whenever possible, keep the label person focused, factual, non-discriminatory, not disrespectful or disparaging, and looking to the future rather than specific to a past event. Let your heart and mind follow future focused language and model it to others, and as we see our clients as women, friends, mothers, sisters, neighbors and coworkers, others will follow our lead.

Section 3: Mentoring Concepts and Practices

Qualifications of a Mentor

A mentor is an individual (or couple) who:

- Is 21 years of age or older
- Is trained, supported and supervised by the collaborating community agency
- Will be treated with respect by program staff, other volunteers, and clients
- Understands her/his role is not to counsel but to befriend; to "walk with"
- Serves as a bridge back to community and is a role model
- Is off paper if he/she is previously convicted
- If chemically dependent, has two years of sobriety
- Assists clients in finding community faith resources that fit the individual's needs and beliefs, if requested

Strong Mentor Qualities and Abilities:

A Well-Balanced Temperament -- If you have too many problems yourself, you may have trouble helping others. Don't add to the anxiety of the client by working out your own problems through them.

Dependability -- If you have taken on a particular commitment, follow through. Remember that your friend has been let down too many times already.

Trust -- This is a sensitive and important issue to remember when relating to your friend. While incarcerated, people generally have learned to be suspicious. Your effectiveness depends upon an honest relationship. Do all you can within

the boundaries of the mentor program to build a trusting relationship with your friend and client.

Perseverance -- If your meetings are not going well, don't quit. It sometimes takes a while for trusting relationships to form. If difficulties arise don't be afraid to ask for help.

Understanding -- Try to be generally understanding, but don't be naive. Appreciate a problem but don't make it your own. This process is about empowerment, not dependency.

Communication -- Listen, share, laugh, talk, and act as you would with a friend. If you have difficulties relating to your friend or if communication problems arise, please consult your Volunteer Coordinator

Personal commitment -- Plan to be involved with another person for an extended time period, generally one year at minimum. Mentors have a genuine desire to be part of other people's lives, to help them with tough decisions, to see them become the best they can be. They have to be invested in the mentoring relationship over the long haul – to be there long enough to make a difference.

Respect -- Have respect for individuals, their abilities, and their right to make their own choices in life. Mentors should not approach the mentee with the attitude that their own ways are better or that participants need to be “rescued.” Mentors who convey a sense of respect and equal dignity in the relationship win the trust of their partners, and the privilege of being advisors to them.

Open Minded Approach -- Have an ability to listen and to accept different points of view. Most people can find someone who will give advice or express opinions. It's much harder to find someone who will suspend his or her own judgment and really listen. Mentors often help simply by listening, asking thoughtful questions, and giving mentees an opportunity to explore their own thoughts with a minimum of interference. When people feel accepted, they are more likely to ask for and respond to good ideas.

Empathy -- Effective mentors can feel “with” people without feeling pity for them. Even without having had the same life experiences, they can empathize with their mentee's feelings and personal problems.

Realistic Optimism – Cultivate an ability to see solutions and opportunities as well as barriers. Effective mentors balance a realistic respect for the real and serious problems faced by their partners with optimism about finding equally realistic solutions. They are able to make sense of a seeming jumble of issues and point out sensible alternatives.

Realistic and Unrealistic Mentor Expectations

Unrealistic

My mentee will attend each and every meeting, be on time for every session and also fulfill his/her entire time commitment to the program and match.

Realistic

I don't know if my mentee will show up on time or fulfill his/her commitment to the program. Still, I pledge to show up on time for all meetings. And I also pledge to keep my commitment. If my mentee drops out of the program, I won't personalize it by thinking that I am a failure. Instead, I will fulfill my personal mission of service to this at-risk population.

Unrealistic

As a result of spending time with me, my mentee will make immediate changes in his or her behaviors. My mentee will stop using drugs and making other bad decisions and will maintain gainful employment.

Realistic

As I have no control over my mentee, I hope that he or she will make positive improvements; but even if not, I will keep offering my time and my support. I understand that with ex-prisoners, there are often setbacks, and that changes can come slowly. I also understand that mentoring is like planting seeds and that there is no set time frame for when those seeds will come to fruition.

Unrealistic

My mentee will consistently thank me for my time and support.

Realistic

I realize that many mentees do not always have positive attitudes and that they also may not have adequate social skills—so, my mentee may never thank me. That's okay— I will not expect gratitude. Instead, I pledge to give mentoring as a gift.

Section 4: Program Rules

Confidentiality and Reporting Rules

A full discussion of Confidentiality and Ethics for Mentors is found in the Journey of Hope Staff and Volunteer Code of Conduct, reproduced in the Appendix to this Handbook, and which you are expected to review, and to afterwards sign a Confidentiality Agreement. General rules to consider are:

- All information and documents you may have knowledge of or access to are strictly confidential. The duty of confidentiality applies to both individuals and entities.
- Mentors are permitted to access confidential client information to the extent it is necessary to perform their duties.
- Such information is not to be altered, copied, interfered with or destroyed, except upon authorization and in accordance with the policy of Journey of Hope.
- Do not discuss such information with any party, or participate in or permit the release, publication or disclosure of such information, nor copy, photograph, scan, email, distribute, or disseminate such information, except as authorized in the course of volunteer service, employment or as required by law.
- Exceptions to Confidentiality requirements exist only for
 - communication of confidential information to program staff or supervisors within the scope of Journey of Hope's policies,
 - when a client requests disclosure to facilitate provision of services,
 - to report a matter as required by law or policy including child abuse or abuse of an elderly person,
 - or in the event a client indicates an intention to harm herself or another person.

Boundary Issues

Certain boundaries should be respected, to encourage mentor and mentee safety, and program compliance.

- Meet clients in public places
- Do not enter clients' homes without another mentor/staff member present
- Do not give your home address to clients or bring them to your home
- Do not give money to clients
- Do not loan or borrow money from clients
- Give only *de minimus* gifts; (e.g. things you would give a friend, a pocket calendar, homemade cookies, coffee or a soft drink at a restaurant during a mentoring session) keeping the value and frequency of the gift commensurate with the development of the relationship

- Set reasonable limits for times/means of contact
- Keep physical contact within limits of the program's Code of Conduct
 - Is it safe? Is it legal? Is there any potential for harm (physical, social, or emotional?)
 - Does it fit your comfort level and expectations of your mentoring relationship?
 - Does anything about the conduct violate Journey of Hope policies?

You can always ask yourself these questions, and if you suspect you'd honestly answer yes, reevaluate your choices.

When To Ask for Help

Whenever you feel unsure about the course your mentee is taking, and your role in providing guidance, always ask for help from the program. We are here to help you, and the women we jointly serve.

Mentor Participation Agreement (include)
Mentee Participation Agreement (include)

Section 5: Working with Formerly Incarcerated Returning Citizens

Special Considerations

The psychological consequences of incarceration can function as significant impediments to successful reintegration into prosocial networks, families, and employment settings, as well as resumption of parental roles. The range of effects includes institutionalization and the adoption of survival strategies (the inmate code) as well as the consequences of solitary confinement. There is evidence that returning citizens continue to be adversely affected on a long-term basis by traumas experienced during incarceration (e.g., pain, anxiety, deprivation, and atypical norms of prison life).

Institutionalization, also known as prisonization, is characterized by a number of psychological adaptations including a dependence on institutional structure and contingencies characterized by:

- Diminished self-initiative and independence.

- Hypervigilance, interpersonal distrust, suspicion and alertness for signs of threat or personal risk characterized by the projection of a tough veneer to keep others at a distance.
- Excessive emotional control, alienation, and psychological distancing characterized by what is known as a prison mask in order to appear invulnerable to exploitation manifested by flat affect and social distancing.
- Social withdrawal and isolation.
- Incorporation of informal rules, norms, and values of prison culture known as inmate code

Many returning citizens suffer from the negative effects of adaptation to prison life characterized by distrust and hypervigilance which are manifest in social withdrawal, aloofness, seeking social invisibility. Upon release, individuals may need help with establishing daily structure, exercising initiative, autonomous decision-making (subsequent to exposure to institutional structures and routines) and overcoming the diminished sense of self-worth instilled by the exploitative prisoner culture.

The elements of jailhouse culture include a unique language and dress code, social values, and a hierarchy among peers (with certain types of crime frowned upon while others are glorified, and power earned through fear and intimidation), and coping mechanisms which generally conflict with the norms of mainstream society.

The inmate code includes rules and values (e.g., not snitching, doing one's own time, and not appearing weak) and manifested in behaviors such as not sharing any information with staff, minding one's own business to an extreme, and the demonstration of intimidating strength as well as the so-called prison face, a vicious stare worn to avoid fights by appearing willing to fight. Another coping mechanism is rule-defying behavior (i.e., adopting the rule not to follow rules) in response to rigid and seemingly inconsistent or illogical rules governing their lives which leads to the belief that one must do what has to be done in order get one's needs met.

While such behavior may be adaptive as survival skills in a hostile setting, they interfere with community adjustment and conflict with the expectations of therapeutic environments. This can result in barriers to meaningful interpersonal contact in the community including seeking appropriate help for problems and a unwillingness to trust others due to fear of exploitation. It can become manifest in overreactions to minimal provocations. The norms of inmate culture include: the maintenance of interpersonal respect and personal space; a diminished sense of self-worth and personal value in response to the prohibition of rights to privacy and loss of control over day-to-day aspects of existence (e.g., bedtimes, meals, etc.), living in small, sometimes extremely cramped and deteriorating spaces with little or no control over cellmates; and posttraumatic

stress reactions to incarceration, which may be compounded by previous experiences of childhood trauma as well as the harsh, punitive, and uncaring environment of prison and the potential for being victimized by physical or sexual assaults may cause re-traumatization.

Individuals placed in solitary confinement have been found to experience a range of diverse effects including chronic depression; para-suicidality (self-mutilation and suicidal ideation, impulses, and behaviors); anxiety and panic attacks; emotional dysregulation; psychosis; impaired sense of identity; hypersensitivity to stimuli; cognitive dysfunction (e.g., confusion, memory loss, and ruminations); irritability, anger, aggression, and/or rage; violent behavior (e.g., stabbings, attacks on staff, or property destruction); lethargy, and a sense of helplessness and hopelessness;

Cultural competence includes understanding prison survival strategies and coping behaviors acquired during incarceration. Community-based treatment providers who lack awareness of these behavioral patterns can misinterpret them as indicative of resistance, lack of motivation for treatment, evidence of character pathology, or symptoms of a mental illness. Providers may respond with unwarranted safety concerns and fail to cultivate and establish empathic relationships with returning citizens. Cultural sensitivity to jail culture has been found to be of equal importance to that of racial and ethnic differences and characteristics.

A number of strategies to enhance cultural competency and reduce barriers to trust and cooperation have been suggested. These include matching clients with providers who share the same language and culture; providing services in minority communities; offering flexible hours and walk-in services; including families in treatment where appropriate; allowing clergy and traditional healers to participate in the treatment process; and employing successful program graduates (who have an intimate knowledge of the challenges participants face) as staff who can serve as mentors. For example, staff members who share a history of both incarceration and a substance use disorder or mental illness with program participants may be better able to engage them in treatment. The inclusion of returning citizens in programs where they can serve as cultural ambassadors who can assist their peers with re-integration and function as role models has been found to have a positive influence on the perceptions of correctional staff as well as service recipients.

Journey of Hope addresses these issues by having peer mentors with a history of incarceration, mental health issues, or addiction, in addition our other base of mentors who don't share similar histories but who have a strong desire to help women recover from their past experiences. Additionally, Journey of Hope is seeking to develop access to a network of trauma informed, culturally competent treatment providers for our clients. Your experience in identifying the barriers

and paths to success for our clients in these areas will help inform us as we seek to see that the best possible outcomes are available for the women we serve.

Trauma, Gender Responsiveness, and Trauma Informed Care

Social science evidence confirms that unresolved and untreated trauma experiences can be the largest roadblock to mental and physical health, and are found in the majority of persons with criminal justice involvement and substance abuse issues. The Gender Responsive approach to address women's needs recognizes the impact of trauma, and seeks to create a trauma informed response both within the criminal justice system, in and out of incarceration, and in the mental health and substance abuse treatment provided to women. Trauma Informed Care is not a method of intervention, but is a method of interaction that recognizes the experience of trauma and trauma symptoms in the lives of clients. Journey of Hope will never attempt to force clients to address trauma, but stands ready to engage in the conversation in all areas where better integrated resources that respect the impact of trauma can be used to better serve those affected.

Section 6: Communication Skills, Building Trusting Relationships

Using Motivational Interviewing/ Relational Communication Skills

Motivational interviewing is a technique in which you become a helper in the change process and express acceptance of your client. It is a way to interact with substance-using clients, not merely as an adjunct to other therapeutic approaches, and a style of counseling that can help resolve the ambivalence that prevents clients from realizing personal goals.

You will receive specific training regarding Motivational Interviewing from trained Corrections staff, and be able to practice your skills in that training. The key concepts, briefly summarized here and covered more fully in your specific training materials are:

- Active Listening
- Nondirective Approach
- Open Questions
- Paraphrasing

The key to motivational interviewing is to let your client determine her choices, but using your questions, focus on areas in which she is ready for change. Motivational Interviewing is a dynamic tool that allows for collaborative conversation for strengthening a person's own motivation and commitment to

change. It is a goal oriented, person centered counseling style for addressing common problems of ambivalence about change, by paying particular attention to the language of change. Motivational Interviewing can elicit behavioral change by helping clients explore and resolve ambivalence.

Using Motivational Interviewing will assist you in helping your client develop her case plan, and identifying those areas in which change is needed to achieve her goals. Though it begins as a counseling model, it does not require the mentor to be a professional counselor, but rather a friend who gives counsel in an evidence based, effective and dynamic way, while keeping the client's self-determination at the forefront of the conversation.

Communication Skills: Active Listening

Active listening is an attempt to truly understand the content and emotion of what the other person is saying. This is done by paying attention to the verbal and non-verbal messages in order to focus, hear, respect, and communicate your desire to understand. This is not the time to be planning or delivering how you feel. Active listening is NOT nagging, cajoling, reminding, threatening, criticizing, questioning, advising, evaluating, probing, judging, or ridiculing.

What skills are used?

1. Eye contact
2. Body language (e.g., open and relaxed posture, forward lean, appropriate facial expressions, positive use of gestures, etc.)
3. Verbal cues such as "Um-hmmm," "sure," "ah," "yes," etc.

Results:

1. Encourages honesty – helps people to free themselves of troublesome feelings by expressing them openly
2. Reduces fear – helps people become less afraid of negative feelings
3. Builds respect and affection
4. Increases acceptance – promotes a feeling of understanding
5. The first step toward problem solving – "negotiating from the heart"

Roadblocks to Effective Communication

1. Ordering, directing, commanding
2. Moralizing, preaching, using "should" and "ought" or invoking outside authority as accepted sources of truth
3. Teaching, lecturing, giving logical arguments or your own opinion
4. Judging, criticizing, disagreeing, blaming
5. Withdrawing, distracting, sarcasm, humoring, diverting

Section 7: Understanding Substance Abuse Issues

Why People Become Addicted to Substances

Journey of Hope discards outdated notions of Addiction as a moral failing, and subscribes to the theory that people who become addicted may indeed suffer from a disease.

Strategies for Working with Substance Abusers

Be nice. What do we want to suggest to Mentors?

Maybe here say be open-minded or non judgmental self medicating can be a huge part of survival with many years of trauma

Section 8: Mental Health Concerns, Working with Challenging Situations

Journey of Hope does not expect mentors to act as professional counselors, however, if in the course of your contact with clients, you do see what you suspect are signs of depression, other mental illness, or relapses, you should seek help from program staff. Examples of warning signs you may see:

Depressed mood

Loss of interest in activities

Feelings of guilt, hopelessness, worthlessness

Suicidal ideation, recurrent thoughts of death

Sleep disturbance

Appetite or weight changes

Difficulty concentrating

Lack of energy or fatigue

Changes in affect

Rapid speech

Your instinct that your client isn't doing well can be your guide as to when you should seek further help from the program.

Some of our clients will experience relapses in sobriety, in conjunction with mental health issues, as they face the challenges of reentry. We will continue to support our clients through their life experiences, whether positive or negative. However, Journey of Hope Mentors are not expected to act as probation officers or therapists. If your client's situation causes you concern for her wellbeing, offer your support using the program guidelines, respecting confidentiality and boundaries, and bring the issue up with program staff for further guidance.

Working with Challenging Situations

Discussing Delicate Issues: Guidelines for Mentors

Put the mentee at ease . . .

- Stay calm.
- Use body language to communicate attentiveness (e.g., maintain eye contact, sit at same level).
- Avoid judgmental statements like “Why would you do something like that?” or “I think you know better . . .”
- Be honest if you are getting emotional or upset.
- Let mentee know that you are glad she came to you.
- Reassure mentee that her confidentiality will be honored.
- Use tact, but be honest.
- Allow mentee to talk at her own pace – don’t force an issue.
- Do not pry – allow mentees to bring up topics they are comfortable with.
- Honor the mentee’s right to self-determination,
- Focus on her feelings and needs rather than jumping to problem-solving.
- When issue has been talked about, ask, “What do you think you would like to do about this situation?” and “How would you like for me to help?”
- If you are not comfortable with what she wants to do, ask yourself why before you decide whether to say so.
- If what she wants to do is not possible, explain so gently and apologize.
- Ask what alternative solutions would make him/her comfortable.
- Encourage critical thinking through questions and reflections.
- Use the words, “I don’t know – what do you think?”
- Problem-solve and offer resources.
- Know your appropriate role as a mentor.
- Be honest with mentee if confidentiality does not hold.
- Suggest that your supervisor may have some thoughts if you don’t know what to do. Ask mentee if she would like to talk to agency with you if necessary.
- Ask mentee if she would like to talk to the agency with you if necessary.
- Provide information if mentee is unaware of resources or options.
- Brainstorm with mentee and be creative in finding a solution – there is usually more than one way to handle a situation, and this process is educational for the mentee.
- Offer to accompany mentee if she is uncomfortable with something she has decided to do.
- BE COLLABORATIVE – you are a team.
- FOLLOW THROUGH WITH ANY AND ALL COMMITMENTS.

Section 9: Support and Resources for Mentors

List of Staff Members and Mentor Leadership Partners Contact Information

Shannon Cox, Journey of Hope, Inc. Executive Director, email:
shannoncox@JourneyOfHopeUtah.org / cell: 801-865-7265

Sergeant Dennis Tucker, Utah Department of Correction, Programming
Division / email: dtucker@utah.gov / cell: 801-576-7965

Sister Viola and Brother Curtis Murray, LDS Church Mentor Leadership /
email: vm3223@gmail.com and curtis528@msn.com / cell: 801-860-0270

Reverend Vicki Neuman, Epiphany Fellowship, Executive Director / email:
rev.neumann@gmail.com / cell: 801-550-6377

Resources:

One helpful thing you can do with your client is to help her find referrals to community resources. Many of our clients will have limited access to the internet or other sources of information and your assistance in helping them find ways to access support will be significant to their success.

Examples of resource lists included here are:

211 Lists of Food pantries

JOH Resource Guide: Legal Clinics by region/county/topic of assistance

211 Lists: Medical and dental clinics for low income individuals

JOH has resource guides on our Google Drive and we are happy to share these with you!

Additional materials for this section will be developed and forwarded to you for your reference. If you become aware of community resources to share with the program and with other mentors, please pass the info on, we need your experience!