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REPORT

Promoting Readiness of Minors in Supplemental Security Income (PROMISE): California PROMISE Process Analysis Report

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The opinions and conclusions expressed in this report are solely those of the authors and do not represent the opinions or policy of any agency of the state or federal government.

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ACRONYMS AND ABBREVIATIONS

ABLE	Achieving a Better Life Experience
CDDS	California Department of Developmental Disabilities
CDHCS	California Department of Health Care Services
CDOE	California Department of Education
CDOR	California Department of Rehabilitation
CDSS	California Department of Social Services
CEDD	California Employment Development Department
CSC	Career service coordinator
DHHS	U.S. Department of Health and Human Services
DOL	U.S. Department of Labor
ED	U.S. Department of Education
FRC	Family resource center
ICAP	Individual career action plan
IEP	Individualized education program
ILC	Independent living center
LEA	Local education agency
MIS	Management information system
PDP	Person-driven plan
Pre-ETS	Pre-Employment Transition Services
PROMISE	Promoting Readiness of Minors in Supplemental Security Income
QRP	Qualified rehabilitation professional
RAS	Random assignment system
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security number
TPP	Transition Partnership Program
VR	Vocational rehabilitation
WIOA	Workforce Innovation and Opportunity Act
WIPA	Work Incentives Planning and Assistance

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EXECUTIVE SUMMARY

PROMISE—Promoting Readiness of Minors in Supplemental Security Income (SSI)—was a joint initiative of the U.S. Department of Education (ED), the Social Security Administration (SSA), the U.S. Department of Health and Human Services (DHHS), and the U.S. Department of Labor (DOL) to fund and evaluate programs to promote positive changes in the lives of youth who were receiving SSI and their families. Under cooperative agreements with ED, six entities across 11 states enrolled SSI youth ages 14 through 16 and implemented demonstration programs intended to (1) provide educational, vocational, and other services to youth and their families and (2) make better use of existing resources by improving service coordination among state and local agencies. Under contract to SSA, Mathematica Policy Research is evaluating how the programs were implemented and operated, their impacts on SSI payments and education and employment outcomes for youth and their families (using an experimental design under which we randomly assigned youth to treatment or control groups), and their cost-effectiveness. In this report, we present findings from the process analysis of the first three years of the implementation and operation of the California PROMISE program, known as CaPROMISE. The findings are based on data collected through August 2017 via site visits to CaPROMISE, telephone interviews with and social network surveys of program administrators and staff, and the management information system (MIS) that the program's staff used to record their efforts.

The California Department of Rehabilitation (CDOR) was the lead agency for CaPROMISE and the recipient of the cooperative agreement with ED. Representatives from five other state agencies served on the CaPROMISE Interagency Council, a steering committee that supported and worked collaboratively with the program. CDOR contracted with 18 local sites and the Interwork Institute at San Diego State University to implement CaPROMISE. All but one of the local sites were local education agencies (LEAs). The remaining local site was run by Expandability, a nonprofit organization, for a consortium of three adjacent LEAs. The local sites recruited youth and their families to enroll in the evaluation of CaPROMISE and then provided program services to those randomly assigned to the treatment group. The Interwork Institute performed four functions: (1) subcontracting with and overseeing 16 family resource centers (FRCs), which provided additional program services to treatment group parents and guardians; (2) providing technical assistance and training to all program staff; (3) designing and maintaining the program's MIS; and (4) conducting a formative evaluation of the program. A few months after service delivery began, CDOR established additional contracts with five state universities to hire students as interns to provide administrative support for program operations and direct services to youth and their families. In the second year of program operations, CDOR contracted with four independent living centers (ILCs) to provide youth with training on independent living skills and hired 10 qualified rehabilitation professionals (QRPs) to provide them with employment services.

In the following sections, we summarize key findings about how CaPROMISE engaged with youth, the services the program provided to them and their families in the first three years of program operations (August 2014 – August 2017), and the collaborations the program fostered to support its efforts. We also highlight information about the experiences of control group youth that could have implications for the evaluation's impact analysis.

Engaging with youth with disabilities

CaPROMISE enrolled 3,273 youth in the evaluation of the program, thus exceeding its enrollment goal of 3,172 youth. The factors most critical to the program's enrollment success included customizing outreach to meet the diverse needs of eligible youth and sharing best practices within and across local sites. Of the youth enrolled in the evaluation, 1,646 were assigned to the treatment group. Three years into program operations, CaPROMISE had engaged 93 percent of treatment group youth as participants by completing the intake process with each and developing a person-driven plan (PDP). Having LEAs serve as local sites, maintaining continuity of program staff, and tailoring engagement approaches to meet individual family needs helped the program achieve this high level of engagement. In maintaining this engagement, the program confronted challenges such as local sites' restrictions on program staff's work hours and difficulty in reaching families because of crises in their lives, changes to their contact information, and their fear of the political climate around immigration.

Services provided to treatment group youth and their families

CaPROMISE delivered intensive case management services to youth and their families, consistent with its program design.[1] The CaPROMISE local sites employed career service coordinators (CSCs), most of whom worked exclusively on the program, to provide case management services and serve as its primary point of contact with participants. A key component of the case management services was the development of individual career action plans (ICAPs), which entailed helping treatment group youth translate their long-term goals for education, employment, and independent living, as laid out in their PDPs, into the specific action steps necessary to accomplish those goals. CSCs had developed ICAPs for 98 percent of participating youth by the third year of program operations, suggesting that CaPROMISE would meet its benchmark of developing plans for all youth by the end of the program. Another component of the program's case management services was resource and service coordination, which entailed communicating with youth and linking them to program services and community supports for assistance in implementing their ICAPs. CaPROMISE expected CSCs to begin providing services to youth within 10 days of their enrollment in the evaluation, but CSCs met this benchmark for only 28 percent of participating youth. The low percentage might reflect some underreporting resulting from data entry challenges during early program operations, however, and to a large extent, CSCs did meet the program's benchmark of contact with youth every two weeks after the initial contact.

In addition to case management, CaPROMISE offered (1) benefits counseling and financial education services; (2) career exploration and work-based learning experiences; (3) parent training and information; (4) education services; and (5) other services, such as training on independent living. CSCs delivered most of these services, although they could also refer youth and families to job coaches, job developers, and QRPs for career exploration and work-based learning experiences; FRCs for parent training and information; and ILCs for training on independent living. Because the program's MIS did not distinguish program contacts in which program staff discussed services with youth and families from ones in which they delivered

[1] CaPROMISE referred to case management services as "career services" to emphasize that they were intended to be person-centered and promote employment. We use the term "case management" in this report to distinguish case management services from career exploration and work-based learning experiences.

services, we were unable to measure service receipt. That said, the number of program contacts related to services was generally high. The families of 84 percent of participating youth had received at least one program contact in the area of benefits counseling and financial education by the third year of program operations, and the parents of 90 percent of participating youth had received at least one program contact pertaining to parent training and information.

Likewise, 99 percent of youth had received at least one program contact in the critical area of career exploration and work-based learning. As of August 2017, the program was very close to being on track to meet its benchmark of placing all youth in paid employment by the end of the program; after three years of program operations, 56 percent of participating youth had obtained paid jobs. Employers paid the youths' wages for about one-quarter of the paid jobs; the LEAs paid wages for the remainder. LEAs could use CaPROMISE funds or funds from other sources to pay participants' wages; the MIS did not support an assessment of this distinction.

Program partnerships

Even before CaPROMISE began, CDOR had relatively strong connections with the state agencies and local contractors that subsequently became partners in the program. Social network survey results indicate that communication frequency and positive views of working relationships among state agency partners (including cross-communication and relationships with each other, not just with CDOR) increased during the early implementation of CaPROMISE but then declined to pre-implementation levels during late implementation. This pattern might reflect the changing interactions among members of the Interagency Council, with whom CDOR consulted more frequently while initially developing and implementing the program than after the program was fully operational. Communication frequency and positive views of working relationships during early implementation were lower among administrators of local level service partners (which were typically funded by the state agency partners) than among state agency partners. Unlike among state agency partners, however, communication frequency and positive views of working relationships among administrators of local level service partners increased from early to late implementation. Taken together, these findings may reflect a shift in focus from state level to local level partnership development as service delivery unfolded.

As CaPROMISE matured, CSCs communicated with frontline staff in other organizations with increasing frequency. Communication among frontline staff in other organizations also increased, though not as sharply. All types of frontline staff referred clients to partner organizations much more frequently during late implementation than early implementation. Joint trainings among frontline staff in partner organizations also increased substantially, but other types of collaborative activities between CSCs and partner organization frontline staff remained unchanged or decreased.

Services available to the control group and implications for the impact analysis

The intensive, family-focused case management and individualized employment services that CaPROMISE staff provided constituted the primary distinction between the services available to the treatment group versus the control group. The case management available to youth with disabilities through other statewide programs was generally less comprehensive and of lower intensity. Because the CSCs who delivered most of the program's services worked

exclusively with the CaPROMISE treatment group, control group youth did not have access to the same services as did treatment group youth. Some services similar to those provided by CaPROMISE, such as work experiences and benefits counseling, were potentially available to control group youth through existing providers. However, control group youth might have had difficulty in accessing those services in the absence of a single entity that funded the provision of those services, facilitated their access to those services, coordinated the efforts of multiple providers, and networked with providers and employers on their behalf.

The process analysis suggests that the conditions during the operation of CaPROMISE were favorable for finding positive impacts of the program in the later phases of this evaluation. Evidence in three areas implies marked differences in service experiences between treatment and control group youth. First, as discussed earlier in this summary, a large share (93 percent) of treatment group youth actually participated in the program, and most of them had received program contacts within key service areas as well as at least one work experience three years into program operations. Second, as discussed in the previous paragraph, control group youth had only limited access to services similar to the intensive case management and employment services treatment group youth could receive through CaPROMISE. Third, there is little risk that control group youth received CaPROMISE services. Although CSCs knew the control group youth because they recruited them, CaPROMISE implemented safeguards to minimize the likelihood they would deliver services to these youth. The program provided extensive training on research ethics, restricted CSCs' access to the control group's enrollment forms, and prevented CSCs from recording program contacts with the control group in the program MIS.

I. INTRODUCTION

PROMISE—Promoting Readiness of Minors in Supplemental Security Income (SSI)—was a joint initiative of the U.S. Department of Education (ED), the Social Security Administration (SSA), the U.S. Department of Health and Human Services (DHHS), and the U.S. Department of Labor (DOL) to fund and evaluate programs to promote positive changes in the lives of youth who were receiving SSI and their families. Under cooperative agreements with ED, six entities across 11 states enrolled SSI youth ages 14 through 16 and implemented PROMISE demonstration programs intended to (1) provide innovative educational, vocational, and other services to youth and their families and (2) make better use of existing resources by improving service coordination among multiple state and local agencies. Under contract to SSA, Mathematica Policy Research is evaluating how the programs were implemented and operated, their impacts on SSI payments and education and employment outcomes for youth and their families (using an experimental design under which we randomly assigned youth to treatment or control groups), and their cost-effectiveness.[2] In this report, we present findings from the process analysis of the first three years of the implementation and operation of the California PROMISE program, known as CaPROMISE.

A. Research objectives, data sources, and methods for the process analysis

Given their substantial investment in PROMISE and the pressing needs of transition-age SSI youth and their families, the federal sponsors of this initiative are keenly interested in whether the PROMISE programs were implemented in ways consistent with their requirements.[3] The sponsors had three key requirements for the programs. First, they required that all programs enroll a minimum of 2,000 youth in the evaluation. Second, they required that all programs include four core services that research suggests are the foundation for good transition programs—case management, benefits counseling, career and work-based learning experiences, and parent training and education. Third, they required that the programs develop partnerships among agencies responsible for providing services to SSI youth and their families. The programs had the liberty to develop their own approaches to implementing these components. This process analysis documents their choices and resultant experiences with respect to enrollment, service delivery, and agency partnerships. Specifically, it addresses the following four broad research objectives and several specific questions within each:

1. **Documenting the PROMISE program—intended design and fidelity to the model.** How did the program conduct outreach to eligible youth and enroll them in the evaluation, and what were the characteristics of enrolled youth and their families? What was the basic structure and logic model for the program? What were its plans for service provision? How closely did the program adhere to its logic model and service plan, and how consistently was the model implemented across local sites?

[2] Each of the PROMISE programs also conducted its own formative evaluation.

[3] These requirements are specified in the request for applications for PROMISE demonstration programs (ED 2013).

2. **Assessing partner development, maintenance, and roles.** Who were the primary and secondary partners in the program, and what were their roles? What were the contractual or other forms of agreements between the lead agency and its partners? How and how well did the partners communicate, collaborate, and work toward program goals?
3. **Supporting the impact analysis.** To what extent did treatment group members engage in program services, and what might the timing and intensity of services imply for the interpretation of the study's future estimates of program impacts at 18 months and five years after youth enrolled in the evaluation? What was the contrast between the program's services and the counterfactual services (that is, the services available to the control group)? To what extent might the services and partnerships developed through PROMISE have benefited the control group and thus diluted the program's impacts?
4. **Identifying lessons and promising practices.** What lessons can we learn from the process analysis about the factors that facilitate or impede successful implementation of programs for youth with disabilities and their families? What can we learn about the efficacy of certain program components regarding their likely contributions to impacts? What are the lessons about strategies or program components to replicate or avoid in future interventions? What are the lessons for sustaining services once federal funding for the program has ended?

To answer the research questions for the process analysis of CaPROMISE, Mathematica collected and analyzed data from multiple sources, described in the following paragraphs, using protocols that may be found in the *PROMISE National Evaluation Data Collection Plan* (Fraker et al. 2014).

Interviews and site visits. We conducted a one-hour telephone interview with the CaPROMISE program director approximately one month after program implementation. We then conducted visits to CaPROMISE sites 6 and 25 months after program implementation. The visits entailed interviews with administrators and staff of organizations serving treatment and control group youth, a review of program documents and case files, observations of program activities, and focus groups with treatment group youth and their parents or guardians.[4, 5] The focus groups conducted 6 months after program implementation included 12 families (12 youth and 14 parents); the groups conducted 25 months after program implementation included 10 families (10 youth and 13 parents). Finally, we conducted telephone interviews with a subset of respondents from the site visits 37 months after program implementation.

Trained Mathematica researchers and analysts facilitated telephone and site visit interviews, as well as focus groups using semi-structured discussion guides that were flexible enough to stimulate free-flowing conversation but structured enough to capture consistent information across respondents. Each interview lasted between 60 and 90 minutes, and each focus group lasted 90 minutes. We used well-established methodologies to analyze the data from these qualitative sources, including preparing narrative descriptions of the interviews and focus

[4] We conducted in-person visits to two sites in Northern California and telephone interviews with program managers and staff in other regions of the state to obtain insight into differences in program implementation, operations, and context across regions. The focus groups occurred in the local sites we visited in person and, by design, are not intended to be representative of participants in those sites or of CaPROMISE participants statewide.

[5] Hereafter, we use "parents" to refer collectively to parents and guardians.

groups, and identifying key themes within each; distilling the data into topics bearing on the evaluation's research questions; identifying and interpreting patterns and discrepancies in the data; and triangulating information from different data sources to ensure that the findings from the process analysis were based on mutually confirming lines of evidence.

Social network surveys. We conducted two social network surveys of the administrators and staff of CaPROMISE organizations and partners during the site visits (6 and 25 months after program implementation). Surveys took the form of self-administered hard-copy questionnaires that asked respondents about their relationships with colleagues in other organizations. Using Excel and specialized network analysis software (UCINET 6 and NetDraw), we analyzed data from the social network surveys to document communication and cooperation among organizations involved in CaPROMISE. More details about the surveys are provided in Chapter IV.

The Random Assignment System (RAS). The RAS was a web-based system Mathematica designed and maintained to complete the enrollment of youth in the evaluation of CaPROMISE and assign them either to a treatment or control group. It was accessible to authorized users with personal computers from any location through a high-speed Internet connection. Program staff entered data about an enrolling youth and the enrolling parent into the RAS. The system first validated the data against lists of eligible youth that SSA provided to Mathematica quarterly to ensure that the fields required for program enrollment and random assignment were complete and that appropriate formats and value ranges for variables such as ZIP codes, dates of birth, and Social Security numbers (SSNs) were used. The RAS then randomly assigned the youth to a study group according to customized algorithms and generated a personalized letter that the program could use as is or customize to notify the applicant of the study group assignment results.

The CaPROMISE management information system (MIS). The MIS contained data on both the program's recruitment and enrollment efforts and its delivery of services to treatment group youth. These data were maintained in an online database called the CaPROMISE Data Management System, which was designed, hosted, and maintained by the San Diego State University Interwork Institute specifically for CaPROMISE.[6] CaPROMISE staff entered data on their outreach and enrollment efforts with PROMISE-eligible youth and families, as well as data on program intake and service delivery; the quality and completeness of the data depended on their efforts.[7] Staff received instructions on using the system through a series of self-paced online tutorials available on a secure CaPROMISE website. The tutorials helped staff better understand the data elements and how to use various features of the system. Staff were encouraged to record all contact attempts in the MIS as soon as possible after making them. Program managers and staff reviewed summary statistics from the system on key outcomes, such as enrollment and employment, on a monthly basis and often discussed them during the

[6] Although ED required each PROMISE program to use an MIS to record data on its efforts with treatment group youth and families, neither ED nor SSA provided any specific system requirements. Instead, PROMISE programs were free to design systems that best met their own needs.

[7] As a quality control measure, only records for youth assigned to the treatment group were accessible to CaPROMISE staff during service delivery; staff could not enter service data for control group youth.

program's weekly statewide conference calls; these outcomes also were displayed for all system users on the database homepage upon login.

Program managers acknowledged that data entry during recruitment was incomplete. In response to this issue, they reported providing extensive feedback to program staff to improve the quality and timeliness of data entry during service delivery. Thus, data on services for most of the program's operational period are likely fairly complete and more reflective of actual practice than the recruitment data. Some early services may not be captured in the data, however. Program staff recorded services on paper for the first six months of program operations because the MIS did not have full functionality until February 2015. At that time, CaPROMISE instructed staff to back-enter into the MIS those services they had recorded on paper, but the extent to which they did so is unclear. To our knowledge, the program did not track the extent to which staff back-entered data, and we did not request the program's paper records to compare to the MIS data.

The MIS primarily recorded service delivery through program contacts. When program staff communicated with or delivered services to youth and their family members, they entered the interaction as a program contact and associated it with one or more service types, such as benefits counseling or parent coaching. These entries did not differentiate between program contacts in which communication about a service occurred (for instance, telephone calls during which program staff encouraged a youth to attend a training session) and those in which substantive content was delivered (for instance, a youth's attendance at the training session). CaPROMISE designed the MIS this way because program managers placed equal importance on the efforts required to engage participants in services and the services themselves. The counts of program contacts in this report therefore include both communication and service delivery; as a result, we were unable to calculate service take-up rates using a traditional approach.[8] The national evaluation's 18-month parent and youth surveys collected data on service receipt; we will report traditional service take-up rates in the interim services and impact report (Mamun et al. forthcoming).

Mathematica analyzed data on program services entered through August 2017, three years into program operations. Although the results presented in this report reflect program service delivery as of that time, they captured the experiences of treatment group youth and their families at different stages of their involvement in the program; as of August 2017, the earliest enrollees had been in the program for three years, but the latest enrollees had been in the program for only 16 months. Using statistical software (Stata), we tabulated data from the MIS and then identified key results pertinent to the research questions.

Monthly calls with ED, SSA, and CaPROMISE program managers. Mathematica participated in monthly calls, during which program managers updated ED and SSA on program

[8] Traditionally, the outreach and contact that program staff have with participants to provide them with services is excluded from the calculation of service take-up. Counts of such outreach and contact inform the level of effort needed to engage participants in services. A traditional service take-up rate informs the type and amount of substantive content provided to participants and thus expectations around or the interpretation of impact estimates. CaPROMISE's approach of combining counts of both into a single measure applied to different service types provides valuable information on the overall level of effort program staff invested in its participants.

activities, progress toward benchmarks, and challenges and plans for addressing them. We considered information obtained from all calls that occurred during the first 36 months of program operations.

B. Overview of CaPROMISE

The California Department of Rehabilitation (CDOR) was the lead agency for CaPROMISE and the recipient of the cooperative agreement with ED. As a department within the California Health and Human Services Agency, CDOR administers the state's vocational rehabilitation (VR) program. Representatives from the following state agencies served on the CaPROMISE Interagency Council, a steering committee that supported and worked collaboratively with the program:

- California Department of Education (CDOE), which oversees education, including special education, in the state
- California Department of Developmental Services (CDDS), which contracts with 21 nonprofit organizations, called regional centers, to provide services to people with developmental disabilities
- California Department of Health Care Services (CDHCS), which operates the state's Medicaid program (known as MediCal)
- California Department of Social Services (CDSS), which administers Temporary Assistance for Needy Families (known in California as CalWorks) and the Supplemental Nutrition Assistance Program (known in California as CalFresh)
- California Employment Development Department (CEDD), which administers the state's unemployment insurance, disability insurance, payroll tax collection, and job training and workforce services

CDOR contracted with 18 local sites and the Interwork Institute at San Diego State University to implement CaPROMISE.[9] All but one of the local sites were local education agencies (LEAs). The remaining local site was run by Expandability, a nonprofit organization, for a consortium of three adjacent LEAs. The local sites recruited youth and their families to enroll in the evaluation of CaPROMISE and then provided program services to those randomly assigned to the treatment group. The Interwork Institute performed four functions: (1) subcontracting with and overseeing 16 family resource centers (FRCs), which provided additional program services to treatment group parents; (2) providing technical assistance and training to all program staff; (3) designing and maintaining the program's MIS; and (4) conducting a formative evaluation of the program. A few months after service delivery began, CDOR established additional contracts with five state universities to hire students as interns to provide administrative support for program operations as well as direct services to youth and their families. In the second year of program operations, CDOR contracted with four independent living centers (ILCs) to provide youth with training on independent living skills and

[9] CDOR originally partnered with 19 local sites. One local site terminated its contract with CDOR in April 2015 because of challenges in hiring and retaining staff. CDOR reassigned each youth that the local site had enrolled to an adjacent site and reallocated its remaining enrollment target among a few adjacent sites.

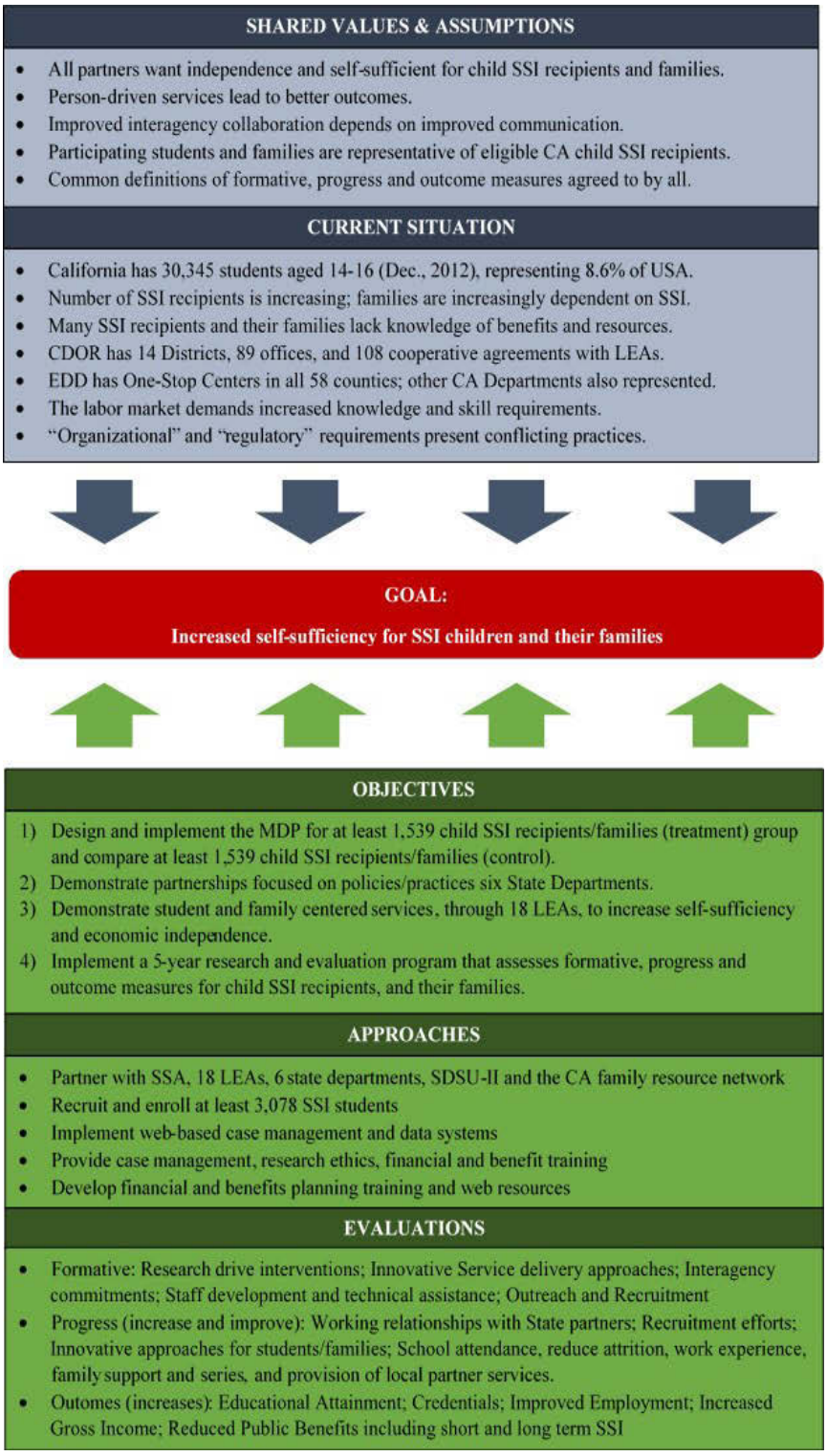
hired 10 qualified rehabilitation professionals (QRPs) to provide them with employment services.[10, 11]

CaPROMISE operated in four regions of the state: Northern California, Greater Los Angeles, Greater Inland Empire, and Southern Coastal. Within each region, it limited its operations to the boundaries of the local sites. A site manager oversaw program operations in each local site. CaPROMISE designated one site manager in each region to also serve as the regional manager, which entailed providing oversight of all of the sites in a region. The local sites employed CaPROMISE Career Service Coordinators (CSCs) to recruit youth and families into the evaluation and deliver program services to members of the treatment group. In addition to providing services directly to the youth and families enrolled in the evaluation, CaPROMISE intended to improve the service environment for all transition-age youth with disabilities by strengthening relationships among organizations that served these youth at the state and local levels. The CaPROMISE logic model (Figure I.1) illustrates the intention of the program's designers to use partnerships and services to attain the goal of greater self-sufficiency for SSI youth and their families, including increased educational attainment, employment, and income and reduced use of public benefits.

[10] In September 2016, two of the universities in Northern California stopped participating in the internship program because of concerns about the amount of supervision the interns received. In response, CaPROMISE managers engaged San Diego State University to recruit, hire, and supervise undergraduate and graduate students in that region.

[11] CDOR also hired two QRP managers to supervise the QRPs and two service coordinators to help process paperwork and support service delivery.

Figure I.1. CaPROMISE logic model



Source: CDOR application for PROMISE funding.

C. Roadmap to the report

The rest of this report presents findings from the process analysis of CaPROMISE. It documents program operations at roughly midway through the five-year PROMISE cooperative agreement period.[12] Five analogous reports will present findings from the process analyses of the other PROMISE programs. This report is organized around the federal sponsors' key requirements of the programs. Chapter II describes CaPROMISE's efforts to enroll youth into the evaluation and the results of those efforts. Chapter III describes the core program services as designed and actually implemented, and how they differed from preexisting services in the community. (Preexisting services are those that were available to both treatment and control group members; we refer to these services throughout the report as counterfactual services.) Chapter IV assesses the quality of the partnerships CaPROMISE facilitated. Chapter V presents lessons learned from the process analysis of CaPROMISE (including promising practices for possible expansion or replication of the PROMISE program) and provides information that will be useful for interpreting findings from the evaluation's impact analysis, to be presented in two future reports.

[12] Though the cooperative agreement began in 2013, CaPROMISE began recruiting and enrolling families and providing services in August 2014. The agreement was scheduled in end in September 2018, but CaPROMISE received a no-cost extension from ED to provide services through June 2019.

II. ENROLLMENT AND PARTICIPATION IN CaPROMISE

Under contracts with CDOR, the CaPROMISE local sites conducted the recruitment of youth and their enrollment in the evaluation from August 2014 through April 2016. In this chapter, we describe the recruitment and enrollment process and summarize the results of the efforts of the local sites based on data from the PROMISE RAS, SSA lists of PROMISE-eligible youth, and the MIS that the local sites used to track their efforts. We also present the number and characteristics of those youth assigned to the treatment group who actually participated in the program.

A. Outreach and recruitment

SSA provided lists of PROMISE-eligible youth who lived in the ZIP codes associated with the local sites to CaPROMISE quarterly. Staff at the Interwork Institute processed the lists and populated the MIS with information about each youth. The local sites had discretion regarding how they targeted those youth for recruitment. Although some of the sites prioritized youth who were close to aging out of eligibility for the program or attended schools in their LEA, most did not systematically prioritize certain youth over others. Altogether, the local sites attempted to recruit 51 percent of all PROMISE-eligible youth on the SSA lists (Table II.1). The local sites assigned youth to specific CSCs for recruitment and, if the youth ultimately enrolled and were assigned to the treatment group, for services. Those assignments were typically based on geography and language(s) spoken and were recorded in the MIS after the youth were enrolled.

Table II.1. CaPROMISE recruitment efforts over time

	Calendar quarter since program's start of recruitment								
Recruitment effort	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Total
Number of youth									
Newly eligible on the SSA lists	12,020	1,519	2,250	1,349	1,618	1,645	1,225	313	21,939
Targeted for recruitment	2,571	1,959	1,379	1,410	2,219	1,097	604	32	11,271
Number of									
Initial letters mailed to youth	2,225	1,403	1,152	694	1,359	486	260	3	7,582
Follow-up letters mailed to youth	78	1,305	465	192	611	419	246	17	3,333
Telephone calls made to youth	1,437	3,100	2,456	2,851	3,883	2,620	2,214	397	18,958
In-person visits/meetings with youth	268	507	251	471	663	434	442	99	3,135
Other contacts	54	198	116	235	403	167	110	24	1,307

Sources: The CaPROMISE MIS and PROMISE RAS.

Notes: The number of youth targeted for recruitment includes one record for each youth recorded as receiving a contact in the MIS data. The table shows all attempted contacts (that is, successful contacts in addition to (1) messages left, no answers, hang-ups, and wrong numbers for telephone attempts and (2) no answers, wrong addresses, and eligible youth or parents not at home for in-person attempts) by quarter. All quarters correspond to calendar quarters starting August 1, 2014 and ending April 30, 2016.

CaPROMISE set an overall enrollment goal of 3,172 youth and assigned each local site a subtarget based on the number of eligible youth who lived within its boundaries.[13] The program sought to recruit youth in culturally sensitive ways and gave local sites freedom to customize their outreach accordingly. The program relied solely on CSCs' efforts to meet the enrollment goal.[14] Recruitment typically began with a personalized letter mailed to eligible youth and their families. The letter introduced CaPROMISE and encouraged the recipients to call the local site office to ask questions or schedule an enrollment meeting. CSCs sent letters to 66 percent of youth targeted for recruitment (Table II.2). In some local sites, CSCs also included a CaPROMISE brochure or supplemental materials with the letter. CSCs sent additional recruitment letters to families when the initial letters were returned or updated address information became available. Some CSCs reported leveraging their status as LEA employees by using school records to (1) locate families for whom the SSA contact information was incorrect and (2) conduct outreach to youth at school but outside of class time. CSCs typically conducted follow-up via telephone; they used email and text messaging infrequently.[15] CSCs called three-quarters of the youth whom they attempted to recruit. Given the travel involved, in-person outreach was seen as a highly effective but time-consuming recruitment strategy, especially in less densely populated areas. CSCs met in person with 20 percent of youth targeted for recruitment. Enrollees were six times more likely to have had an in-person meeting than non-enrollees. CSCs believed that few youth and families declined to enroll once the CSCs had an opportunity to meet with them face-to-face to answer their questions and address their concerns.

Both local site managers and CSCs reported during site visit interviews that recruitment was labor intensive, with persistent follow-up needed to secure appointments with youth and families and actual enrollments. The MIS data show that, on average, youth targeted for recruitment received three contact attempts; 12 percent of those youth received six or more contact attempts. Although all youth and families enrolled in the evaluation of CaPROMISE should have received some kind of outreach before enrollment, no outreach efforts were documented in the MIS for 192 enrolled youth. Combined with concerns that program managers expressed about incomplete data entry during recruitment (as described in Chapter I), these data suggest that CSCs may not have recorded all of their efforts in the MIS.

To reach the enrollment goal on schedule, local site managers and CSCs reported that they continuously shared recruitment best practices within their local sites and with program staff statewide. In addition, early in the recruitment period, the Interwork Institute interviewed CSCs on best practices and shared the results with program staff in February 2015 (seven months into the enrollment period). CSCs reported that they gained confidence and skills over the enrollment

[13] The minimum enrollment required of CaPROMISE by ED, given its initial funding level of $50,000,000, was 3,078 youth. This is the enrollment target indicated in the program logic model presented in Chapter I. CaPROMISE established a somewhat higher goal of 3,172 enrollees in anticipation of attrition.

[14] CaPROMISE considered offering a monetary incentive to families for completing the program's enrollment forms, but program managers ultimately concluded such an incentive would have detracted from the message that participation in CaPROMISE could bring about significant, long-lasting life changes. CaPROMISE did not engage in broad community outreach, promotional events, or solicitation of referrals from partner agencies serving potential enrollees because program managers did not want to have to turn away interested families that were not eligible.

[15] The SSA lists of eligible youth did not provide email addresses. CSCs obtained them through LEA records or initial contact with families and then used them for follow-up contacts.

period as they accumulated experience and participated in the program's information-sharing efforts. Indeed, the average time elapsed between initial outreach and enrollment decreased over the enrollment period, from 160 days for cases for which outreach was initially attempted in August 2014 through February 2015 to 82 days for cases for which outreach was initially attempted in March 2015 onward (data not shown). The average across the entire enrollment period was 89 days (Table II.2).

Table II.2. CaPROMISE recruitment efforts, by evaluation enrollment status (percentages unless otherwise indicated)

	All	Evaluation enrollees (A)	Evaluation non-enrollees (B)	Difference (A − B)	*p*-value of difference
Youth sent an initial mailing	66.1	54.9	70.6	-15.7	0.000***
Average number of initial mailings per youth sent mailing	1.0	1.0	1.0	-	-
Youth sent a follow-up mailing	22.7	17.3	24.9	-7.7	0.000***
Average number of follow-up mailings per youth sent mailing	1.3	1.2	1.3	-0.1	0.000***
Youth contacted by telephone	74.5	82.9	71.2	11.8	0.000***
Average number of telephone calls per youth called	2.2	2.4	2.2	0.2	0.000***
Youth contacted in person	19.8	49.1	8.1	41.0	0.000***
Average number of in-person contacts per youth contacted	1.4	1.3	1.6	-0.3	0.000***
Youth contacted by other means[a]	9.1	10.2	8.7	1.5	0.015**
Average number of other contacts per youth contacted	1.3	1.3	1.2	0.07	0.142
Number of contacts (including initial mailing):					
1 contact	30.2	20.2	34.3	-14.0	0.000***
2–5 contacts	58.3	63.3	56.2	7.1	
6–10 contacts	9.6	14.0	7.9	6.1	
11 or more contacts	1.9	2.5	1.6	0.9	
Average number of contacts (including initial mailing) per youth	3.0	3.7	2.8	0.9	0.000***
Average time between initial mailing and enrollment (days)	NA	89.2	NA	NA	NA
Number	11,463	3,273	8,190	NA	NA

Sources: The CaPROMISE MIS and PROMISE RAS.

Notes: The universe for this table is youth targeted for recruitment (that is, logged in the MIS as having received a contact) or enrolled in the evaluation without contacts logged in the MIS. The table includes all attempted contacts (that is, successful contacts in addition to (1) messages left, no answers, hang-ups, and wrong numbers for telephone attempts; and (2) no answers, wrong addresses, and eligible youth or parents not at home for in-person attempts). The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

[a] Of the "other contacts," 12 percent were emails, 25 percent were text messages, and 63 percent were other contacts for which Mathematica could not efficiently identify the type.

NA = not applicable.

B. Enrollment and random assignment

Enrollment in the PROMISE evaluation and random assignment occurred through the PROMISE RAS. A parent and youth who wished to enroll completed the program's enrollment and consent form at an in-person meeting with their assigned CSC, who then recorded receipt of the completed enrollment form in the program MIS. Although MIS data show that only about half of enrollees attended a meeting with a CSC, program managers explained that some CSCs did not record meetings in the MIS because they assumed that the act of recording receipt of the enrollment form implied that a meeting had occurred. Following receipt of the completed enrollment form, the CSC securely faxed the form to the Interwork Institute for quality assurance review and data entry into the RAS, which implemented the automated random assignment process. The Interwork Institute staff recorded the outcome of random assignment in the MIS and informed the CSC and the relevant local site and regional managers via email, usually within two business days. The CSC then sent a letter to notify the youth and family of the group assignment. When notifying a youth assigned to the control group, the CSC accompanied the letter with a flyer or handbook identifying locally available services. When notifying a youth assigned to the treatment group, the CSC often called the youth in addition to sending the letter.

CaPROMISE recruited youth through the end of the enrollment period (April 30, 2016), by which time it had enrolled 3,273 youth, exceeding its goal of 3,172. Enrolled youth represented 15 percent of all eligible youth on the SSA lists and 29 percent of the youth whom CaPROMISE attempted to recruit (Table II.3). Most of the youth who did not enroll did not complete the enrollment form before the recruitment period ended or became ineligible during the recruitment period; only 5 percent actively refused to enroll. Data from the MIS align with CSCs' assessment that youth and families were receptive to CaPROMISE and rarely declined to enroll outright. Quarterly enrollment counts were highest from July through December of 2015, accounting for more than one-third of the total enrollment (Table II.4). CaPROMISE closely monitored the enrollment progress of the local sites and, when necessary, adjusted the goals for some of them to achieve the program's overall goal within the time remaining.

Table II.3. Summary of final recruitment results for CaPROMISE

Recruitment result	Number or percentage
Number of eligible youth on the SSA lists	21,939
Number of eligible youth recruited	11,271
Number of youth enrolled in evaluation	3,273
Percentage of eligible youth enrolled in evaluation	14.9
Percentage of recruited youth enrolled in evaluation	29.0
Reasons for non-enrollment among recruited non-enrollees (%)	
Recruitment period ended before enrollment	54.2
Ineligible[a]	40.9
Refused	4.9
No contact attempted	0.1

Sources: The CaPROMISE MIS and PROMISE RAS.

[a] Potential reasons for ineligibility included aging out of PROMISE eligibility and termination from the SSI program.

Table II.4. Rate of enrollment in the CaPROMISE evaluation

Quarter	Number of youth enrolled	Cumulative number of youth enrolled	Percentage of enrollment target achieved
Aug–Sep 2014	229	229	7.2
Oct–Dec 2014	480	709	22.4
Jan–Mar 2015	364	1,073	33.8
Apr–Jun 2015	482	1,555	49.0
Jul–Sep 2015	687	2,242	70.7
Oct–Dec 2015	517	2,759	87.0
Jan–Mar 2016	428	3,187	100.5
Apr 2016	86	3,273	103.2

Source: The PROMISE RAS.

On all but two of the characteristics we measured, the enrollees in the evaluation of CaPROMISE differed from PROMISE-eligible non-enrollees, although one of these differences (age at the end of the recruitment period) is trivial (Table II.5). Enrollees were slightly younger at the end of the recruitment period than non-enrollees, more often had intellectual or developmental disabilities, and were more likely to speak Spanish as their primary language. The racial and ethnic composition of enrollees also differed from that of non-enrollees, but the differences in racial and ethnic composition are hard to interpret given the substantial proportion of youth for whom this information was unknown.[16] Given the self-selection of enrollees into the evaluation, it is likely that they differed from non-enrollees on certain unobserved characteristics not captured in the SSA data, such as youth motivation and resilience; parents' expectations of the youth; or family characteristics, including parents' own employment status or whether the family received other public assistance. Thus, we caution against generalizing the results from the impact evaluation of the program to all PROMISE-eligible youth. However, even though the impact findings may not be strictly generalizable, it is likely that the impact estimates would be broadly applicable to those youth who would choose to participate in a hypothetical voluntary future intervention resembling CaPROMISE.

Data from the RAS on study group assignment indicate that random assignment worked as intended for CaPROMISE. Of the 3,273 youth CaPROMISE enrolled in the evaluation, 3,097 were classified as research cases and the remaining 176 as nonresearch cases because they were

[16] SSA discourages researchers from using the race variable in its administrative data system for analysis. SSA discontinued the publication of data by race for the SSI program after 2002 in response to changes it made to the process for assigning new SSNs. Most SSNs are now assigned to newborns through a hospital-birth registration process or to lawful permanent residents based on data collected by the Department of State during the immigration visa process. Neither process provides SSA with race and ethnicity data. For the relatively few individuals who apply for an original Social Security card at an agency field office, providing race and ethnicity information is voluntary. "Consequently, the administrative data on race and ethnicity that SSA does collect comes from a self-selecting sample that represents an ever-dwindling proportion of the population" (Martin 2016). Field experience also suggests that many individuals identify as biracial; lack of a biracial category may contribute to the substantial percentage of "other/unknown" responses.

siblings of previously enrolled youth or had enrolled as wild cards.[17] Among the research cases, 1,548 youth were assigned to the treatment group and 1,549 to the control group (Table II.6). This distribution was consistent with the 50/50 random assignment design. Among all youth enrolled in the evaluation (including nonresearch cases), 1,646 youth were assigned to the treatment group.

Table II.5. Characteristics of youth eligible for CaPROMISE, by evaluation enrollment status (percentages unless otherwise indicated)

Characteristic	All eligible youth	Enrolled in PROMISE evaluation (A)	Not enrolled in PROMISE evaluation (B)	Difference (A − B)	*p*-value of difference
Average age at end of recruitment period (years)	15.9	15.8	15.9	-0.1	0.032**
Male	66.8	67.1	66.7	-0.4	0.658
Race/ethnicity					
White (non-Hispanic)	2.3	2.1	2.4	-0.2	0.000***
Black (non-Hispanic)	12.2	10.0	12.6	-2.6	
Hispanic	20.0	22.1	19.7	2.4	
Asian	1.0	0.9	1.0	-0.1	
American Indian/AK/HI/Pacific Islander	0.1	0.1	0.1	0.1	
Other/unknown	64.3	64.7	64.3	0.5	
Spoken language					
English	70.6	65.3	71.5	-6.2	0.000***
Spanish	24.1	29.7	23.1	6.6	
Other	1.7	0.7	1.8	-1.1	
Missing	3.8	4.3	3.7	0.6	
Primary disabling condition					
Intellectual or developmental disability	46.4	49.2	45.8	3.4	0.004***
Other mental impairment	25.4	23.4	25.8	-2.4	
Physical disability	18.9	18.1	19.1	-1.0	
Speech, hearing, or visual impairment	3.2	3.0	3.2	-0.2	
Other	6.2	6.4	6.1	0.2	
Average age at most recent SSI eligibility determination (years)	6.3	6.3	6.3	0.0	0.952
Number of youth	21,939	3,273	18,666	NA	NA

Sources: The PROMISE RAS and SSA lists of PROMISE-eligible youth.

Notes: The universe for this table is all youth on the SSA lists of PROMISE-eligible youth. The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

[17] If data were entered into the RAS for a PROMISE applicant who was a sibling of a previously enrolled youth, the system assigned the applicant to the same research group as the previously enrolled sibling. We employed this approach because program services were provided to family members, including siblings, as well as youth. PROMISE programs were also able to assign a maximum of five youth to the treatment group nonrandomly using a wild card system. CaPROMISE exercised this option for five youth. For information on wild cards, see Fraker and McCutcheon (2013).

Data on the characteristics of treatment and control group youth also confirm that random assignment worked as intended. Table II.6 summarizes sample baseline characteristics across treatment and control group youth in the research group, illustrating that overall there were no systematic differences other than what might arise due to chance. Racial and ethnic composition was the only characteristic for which a significant difference existed between the two groups (treatment group youth were more likely to be black and non-Hispanic). As noted previously, however, the data on racial and ethnic composition may be unreliable. Assuming that all nine of the examined characteristics are independent, we would expect the treatment-control difference for about one of them to be statistically significant at the 0.10 level if random assignment worked as intended. Thus, the number of significant differences between treatment and control group members was about what we would expect when random assignment works as intended even if we count the difference in racial and ethnic composition. Regression models for the impact analysis will control for baseline characteristics that are significantly different between the treatment and control groups, as well as additional baseline characteristics identified at the time of that analysis.

Table II.6. Characteristics of randomly assigned CaPROMISE treatment and control group members (percentages unless otherwise indicated)

Characteristic	All research cases	Assigned to treatment group (A)	Assigned to control group (B)	Difference (A − B)	*p*-value of difference
Youth					
Average age at enrollment (years)	15.0	15.0	15.0	0.0	0.161
Male	67.4	68.1	66.7	1.4	0.406
Race/ethnicity					
White (non-Hispanic)	2.1	2.1	2.1	-0.1	0.074*
Black (non-Hispanic)	9.9	11.2	8.6	2.6	
Hispanic	22.0	21.3	22.7	-1.3	
Asian	0.9	1.0	0.7	0.3	
American Indian/AK/HI/Pacific Islander	0.1	0.0	0.2	-0.2	
Other/unknown	65.1	64.4	65.7	-1.3	
Spoken language					
English	64.9	64.2	65.5	-1.3	0.503
Spanish	30.1	30.3	29.9	0.4	
Other	0.7	0.7	0.8	-0.1	
Missing	4.3	4.8	3.8	1.0	
Primary disabling condition					
Intellectual or developmental disability	48.7	48.6	48.8	-0.2	0.813
Other mental impairment	23.5	24.2	22.9	1.2	
Physical disability	18.7	18.2	19.1	-0.9	
Speech, hearing, or visual impairment	2.9	3.1	2.7	0.4	
Other	6.2	5.9	6.5	-0.5	
Average age at most recent SSI eligibility determination (years)	6.4	6.5	6.3	0.2	0.172
Parent or guardian					
Relationship to youth					
Parent or step-parent	91.8	91.9	91.7	0.3	0.546
Grandparent	5.1	4.9	5.2	-0.3	
Brother or sister	0.5	0.5	0.5	-0.1	
Aunt or uncle	1.2	1.5	1.0	0.5	
Other relative	0.3	0.1	0.4	-0.3	
Other	1.2	1.1	1.2	-0.1	
Average age at enrollment (years)	43.6	43.8	43.4	0.4	0.185
Male	9.2	8.7	9.6	-0.9	0.380
Number of youth	3,097	1,548	1,549	NA	NA

Sources: The PROMISE RAS and SSA lists of PROMISE-eligible youth.

Notes: 176 enrolled cases are excluded from this table because they did not go through random assignment. The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

/**/** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

C. Participation in CaPROMISE

Mathematica advised all of the PROMISE programs about how the rate of participation in the program among members of the treatment group could affect the national evaluation's impact analysis. For evaluation purposes, a treatment group youth was considered to be a participant in PROMISE if he or she had at least one substantive interaction with the program. Based on conversations with CaPROMISE program managers, Mathematica considered a treatment group youth to be a participant in CaPROMISE if he or she completed intake and developed a person-driven plan (PDP). CaPROMISE intended that intake would be treatment youth's first interaction with the program after notification of random assignment. Conducted by CSCs, intake usually occurred during an in-person meeting attended by the youth and their family members. CSCs used a 10-page document developed by CaPROMISE to collect information about the youth's education and work experience, functional capacity, and transportation needs and family members' concerns, priorities, and resources. As of August 2017, 99 percent of youth assigned to the treatment group (including both research and nonresearch cases) had completed intake (Table II.7). After intake, CSCs worked with treatment youth to develop a PDP, which documented the youth's long-term education, employment, and independent living goals. As of August 2017, 93 percent (1,530) of the treatment group youth who had completed intake had also developed a PDP; these youth were classified as participants in the program.

Table II.7. Efforts to engage treatment group youth as participants in CaPROMISE as of August 2017

	Number or percentage
Percentage of youth who completed intake	98.5
Percentage of youth who completed intake and developed a person-driven plan	93.0
Number of youth	1,646

Sources: The CaPROMISE MIS.

Participating and nonparticipating treatment group youth differed significantly with respect to several of the characteristics available in the RAS or SSA lists of PROMISE-eligible youth (Table II.8). Participating youth were slightly younger and more likely to speak Spanish than nonparticipating youth. Compared with nonparticipants, participants more often enrolled in the latter half of the CaPROMISE enrollment period and were more often from the Greater Los Angeles and Southern Coastal regions. Although the large majority of youth were accompanied by a parent or step-parent during enrollment, participants were more likely than nonparticipants to enroll with a grandparent and less likely to enroll with an aunt or uncle.

Table II.8. CaPROMISE participant characteristics at enrollment (percentages unless otherwise indicated)

Characteristic	Assigned to treatment group	Participated in PROMISE services (A)	Did not participate in PROMISE services (B)	Difference (A - B)	*p*-value of difference
Youth					
Average age at enrollment (years)	15.4	15.4	15.6	-0.2	0.020**
Male	68.0	67.6	72.4	-4.8	0.289
Race/ethnicity					
White (non-Hispanic)	2.1	2.1	2.6	-0.5	0.332
Black (non-Hispanic)	11.2	10.8	16.4	-5.6	
Hispanic	21.3	21.4	19.8	1.6	
American Indian/AK/HI/Pacific Islander	0.0	0.0	0.0	0.0	
Asian	1.0	1.0	0.0	1.0	
Other/unknown	64.4	64.6	61.2	3.4	
Spoken language					
English	64.8	63.5	81.9	-18.4	0.000***
Spanish	29.8	30.7	17.2	13.5	
Other	0.7	0.7	0.9	-0.2	
Missing	4.8	5.2	0.0	5.2	
Primary disabling condition					
Intellectual or developmental disability	49.6	50.1	44.0	6.1	0.294
Other mental impairment	23.6	23.1	30.2	-7.1	
Physical disability	17.6	17.4	19.8	-2.4	
Speech, hearing, or visual impairment	3.2	3.3	1.7	1.6	
Other	6.1	6.2	4.3	1.9	
Average age at most recent SSI eligibility determination (years)	6.4	6.4	7.0	-0.6	0.100
Enrollment timing					
First 6 months	25.6	25.0	33.6	-8.6	0.007***
Second 6 months	28.9	28.3	36.2	-7.9	
Third 6 months	34.9	35.8	23.3	12.5	
Fourth 6 months	10.7	11.0	6.9	4.1	
CaPROMISE region					
Northern California	27.0	26.0	40.5	-14.5	0.000***
Greater LA	22.4	23.0	14.7	8.3	
Southern Coastal	22.8	23.7	10.3	13.4	
Greater Inland Empire	27.8	27.3	34.5	-7.2	

Table II.8 (continued)

Characteristic	Assigned to treatment group	Participated in PROMISE services (A)	Did not participate in PROMISE services (B)	Difference (A - B)	*p*-value of difference
Enrolling parent or guardian					
Relationship to youth					
Parent or step-parent	92.0	92.0	92.2	-0.2	0.025**
Grandparent	4.7	4.8	2.6	2.2	
Brother or sister	0.5	0.5	0.0	0.5	
Aunt or uncle	1.4	1.2	3.4	-2.2	
Other relative	0.1	0.1	0.9	-0.8	
Other	1.0	1.1	0.0	1.1	
Missing	0.2	0.2	0.9	-0.7	
Average age at enrollment (years)	43.7	43.8	42.8	1.0	0.225
Male	9.9	9.9	10.3	-0.4	0.869
Number of youth	1,646	1,530	116	NA	NA

Sources: The PROMISE RAS and SSA lists of PROMISE-eligible youth.

Notes: Participation in PROMISE services was defined as having an initial substantive interaction with PROMISE. (In CaPROMISE, an initial substantive interaction was defined as completion of program intake and development of a PDP.) The *p*-value for a continuous or binary variable is based on a two-tailed *t*-test. The *p*-value for a polychotomous variable, which we present in the row for the first category, is based on a two-tailed chi-square test across all categories Numbers in the Difference column may differ from the values calculated as A - B due to rounding. Enrollment in the evaluation of CaPROMISE began in August 2014 and ended in April 2016. The primary disabling condition categories correspond to SSA's Listing of Impairments. Other mental impairments include disabilities such as chronic brain syndrome; schizophrenia; borderline intellectual functioning; and affective, anxiety, personality, substance addiction, somatoform, eating, conduct, oppositional/defiant, and attention deficit hyperactivity disorders.

*/**/*** Statistically significant difference from zero at the 0.10/0.05/0.01 level.

NA = not applicable.

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III. SERVICES FOR YOUTH WITH DISABILITIES AND THEIR FAMILIES

The actual implementation of program services may or may not conform to their design, and the program approaches identified in the logic model (presented in Figure I.1) may or may not result in the anticipated progress and outcomes. Various contextual factors (such as staff competencies, program management, and the policy environment in which the program operated) may have affected the fidelity of implementation to the program design and mediated the relationships among approaches, progress, and outcomes. Further, program services could be expected to have yielded outcomes other than those that would have resulted in the absence of the program only if they differed enough from the counterfactual services that were available to control group members. In this chapter, we describe the counterfactual services, how program services were designed, key aspects of how CaPROMISE operationalized the services in practice, utilization of those services, and implications of the program's implementation and utilization for its potential to generate the intended outcomes. Each of sections A through F focuses on a core PROMISE service component. The last section discusses the potential for control group members to receive CaPROMISE services.

The national evaluation's process analysis relied on CaPROMISE MIS data to describe program service utilization among youth in the treatment group who participated in the program. Our main aim was to document the services CaPROMISE provided. Thus, to fully document the program's efforts, we included in the service utilization analysis those nonresearch cases who participated in the program, even though they will not be included in the impact analysis. We computed the statistics presented in this chapter for the participant sample (that is, the youth and other household members in the 93 percent of treatment group families who completed program intake and developed a PDP). The statistics reflect service utilization from enrollment start through the third year of program operations (August 2014 through August 2017).[18]

A. Case management

The federal PROMISE program sponsors required that each program provide case management to ensure that PROMISE services for participants were appropriately planned and coordinated, and to assist participants in navigating the broader service delivery system. They expected that case management would also include transition planning to assist participating youth in setting post-school goals and facilitate their transition to appropriate post-school services. In this section, we describe counterfactual services with respect to service coordination and transition planning in California and the services CaPROMISE provided in this area.

1. Counterfactual services

Case management services were not broadly available to transition-age youth with disabilities in California, and those that were available tended to be less intense and with a narrower focus than the CaPROMISE case management services. The counterfactual services

[18] Although the cooperative agreement was initially scheduled to end in September 2018, CaPROMISE received a no-cost extension from ED that it planned to use to continue services through June 2019 for youth still enrolled in school. We did not analyze MIS data relating to services provided after August 2017 for this report.

also tended to address the needs of the consumer alone, whereas CaPROMISE intended to address the needs of youth and their family members.

CDDS provided case management services to people with developmental disabilities, including transition-age youth, through the 21 regional centers. The case management focused on connecting consumers to other services available through the regional centers, such as habilitation and employment programs, by developing service plans and coordinating with service providers. During our site visits, regional center staff reported to us that they served between 62 and 100 consumers each and were required to meet with them at least annually.[19]

CDOR also provided case management services to transition-age youth and adults with disabilities. Vocational rehabilitation counselors worked with consumers to develop individual plans for employment and access CDOR's education and employment services. Managers at CDOR told us that caseloads for counselors ranged from 42 to 120 people. The counselors described deploying a team-based service model, with a different counselor linked to each core service.

2. CaPROMISE services

CSCs were responsible for providing case management services and served as the primary point of contact for participants with CaPROMISE. By designating a primary point of contact, CaPROMISE managers sought to streamline participants' navigation of multiple service systems and foster long-term trusting relationships between participants and staff. Program managers chose to refer to the transition planning and service coordination the program provided as career services to emphasize that these services were intended to lead to employment and, eventually, a career. This term (and others, such as the PDP described in Chapter II) also reflects the managers' belief that services should be driven by the participant and not by systems or staff "managing" a case. Throughout this report, however, we refer to the transition planning and service coordination the program provided as case management services to clearly distinguish them from the career exploration and work-based learning experiences described in Section C of this chapter.

The local sites employed 55 CSCs as of September 2017, most of whom worked full time on CaPROMISE. The caseloads of the CSCs consisted of the treatment group youth whom they personally had recruited into the evaluation and the youth's family. This continuity was intended to leverage the rapport established during recruitment and provide a seamless transition to service delivery.[20] The design for CaPROMISE specified CSC caseloads of 26 youth each. Actual caseloads averaged about 28 youth, but some CSCs had caseloads of more than 50. Caseloads tended to fluctuate over time. When a local site experienced staff attrition, the site manager redistributed youth among the remaining CSCs in the site until a new CSC could be hired and trained and obtain an SSA suitability determination. During our site visits, CSCs who worked at small local sites reported that they found these redistributions challenging; because

[19] Regional center staff reported that more frequent meetings were expected for consumers residing in residential facilities or foster care. Caseworkers were expected to meet with these youth on a quarterly basis.

[20] Some youth were reassigned after enrollment to new CSCs with specific expertise (for example, non-English speakers were reassigned to bilingual CSCs).

their sites had few CSCs, staff departures resulted in substantially larger caseloads for the remaining CSCs, at least temporarily.

In some local sites, CSCs at times served youth and families assigned to other CSCs. In one local site, and possibly others, CSCs conducted home visits in pairs as a safety precaution; one CSC would work with the youth while the other worked with the parent or another family member at the same time. In another local site, CSCs told us that when they met with a youth on their caseload at school, they would also meet with youth assigned to other CSCs who attended the same school. During our second visit, CSCs reported that the structure of the CaPROMISE MIS complicated these arrangements. By design, only a youth's assigned CSC could record data in the MIS for that youth and family. Although this restriction was intended to reinforce the assigned CSC's responsibility for coordinating services and preserve the integrity of the data entered into the MIS, CSCs who served youth and families assigned to other CSCs thought it made recording information about the services they provided more difficult.

The case management services that CSCs provided largely fell into two categories: (1) plan development, which entailed helping treatment group youth identify their education, employment, and independent living goals and specify the action steps necessary to accomplish those goals and (2) resource and service coordination, which entailed communicating with youth and linking them to community supports for assistance in implementing their plans.

Plan development. CSCs worked with youth to complete PDPs (described in Chapter II) and individual career action plans (ICAPs). CSCs reported during our site visits that ICAPs were intended to help youth translate the long-term goals in their PDPs (for example, "I want to be a doctor") into short-term, measurable objectives or steps toward achieving those goals (for example, "I will volunteer at a hospital for 60 hours"). ICAPs could include objectives pertaining to education, employment, benefits planning, and other topics. For each objective, a youth and CSC worked together to develop a corresponding action plan, identify necessary supports or accommodations and their sources, and specify starting and expected completion dates. As services progressed and goals were achieved, new objectives were added. CaPROMISE intended that all treatment group youth would develop ICAPs; as of August 2017, 98 percent of participating youth had done so (Table III.1).[21] Large majorities of participating youth included education and employment objectives in their ICAPs (95 percent and 88 percent, respectively). During the second site visit, CSCs reported that CaPROMISE began to expect them to update the objectives in ICAPs quarterly during the second year of program operations. When making those updates, CSCs would indicate whether objectives had been met, had not been met (and the additional support needed), or were still in the process of being met. As of August 2017, participating youth with ICAPs had an average of 2.5 ICAP updates.

[21] The service goals that CaPROMISE set were based on 1,646 treatment group youth. In reporting the program's progress toward meeting its goals both here and elsewhere, we compare the percentage of program participants (1,530 youth) who received a specified service with the percentage benchmark based on 1,646 youth. CaPROMISE's progress toward meeting its goals would appear somewhat less if we were to include nonparticipants in the analysis.

Table III.1. ICAP development with CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service delivery measure	Number or percentage
Participating youth who developed an ICAP[a]	98.2
Average number of ICAP updates per youth with an ICAP	2.5
Participating youth who developed each type of ICAP objective	
Education	95.2
Employment	88.1
Benefits planning	61.0
Other	48.8
Number of participating youth	1,530

Source: The CaPROMISE MIS.

[a] CaPROMISE intended for 100 percent of treatment group youth to develop an ICAP.

Coordination of CaPROMISE services and communication. Initially, CSCs provided case management as well as most other program services and referred youth's parents to the FRCs for parent training and information. CSCs continued to provide services as program operations continued, but they also began to refer youth to the new QRPs that CDOR hired to provide employment services and encourage youth and families to participate in the new independent living skills training offered by the ILCs with which CDOR contracted. In some local sites, CSCs also began to coordinate with new local site staff—interns, job coaches, and job developers—for services other than case management.

CaPROMISE expected CSCs to communicate with youth within 10 days of their enrollment in the evaluation so as to maintain the momentum and rapport that had been established during recruitment. CSCs met this benchmark for 28 percent of participating youth (Table III.2).[22] Youth received their initial successful program contact (that is, a program contact for which the CSC did not indicate the youth was unavailable) an average of 43 days and a median of 22 days after evaluation enrollment. CSCs' responsibilities for both conducting recruitment and delivering services may have made it difficult for them to meet the 10-day benchmark while enrollment was ongoing. During our first site visit, CSCs reported that they found it challenging to balance their dual roles and tended to prioritize recruitment over service delivery.

CaPROMISE expected CSCs to communicate with or deliver program services to youth at least every two weeks after the initial contact. Communication could take a variety of forms, including telephone check-ins, mailings of program newsletters, and in-person meetings. Most of the CSCs we interviewed during our second site visit told us they had been able to meet this target. MIS data indicate that CSCs met this target in 85 percent of months and that youth received a median of 1.9 program contacts per month (Table III.2). CaPROMISE management designed the MIS to help CSCs maintain frequent communication with participants; the system sent them a notification if they did not record a program contact with a youth on their caseload in

[22] The MIS data may underreport the percentage of youth for whom CSCs met the 10-day service benchmark because of the data entry issues between August 2014 and February 2015 described in Chapter I.

a two-week period. As necessary, the MIS sent follow-up reminders two and four weeks later, with copies to the local site manager (and ultimately to the regional manager).

Table III.2. Program contacts with CaPROMISE participants as of August 31, 2017 (percentages unless otherwise indicated)

Contact measure	Number or percentage
First program contact occurred within 10 days of evaluation enrollment[a]	28.0
Number of days from evaluation enrollment to first program contact	
Average per youth	42.5
Median per youth	22.0
Received two or more program contacts per month[b]	46.9
Average percentage of months with two or more program contacts	84.8
Number of program contacts per month	
Average per youth	2.0
Median per youth	1.9
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Note: Program contacts included telephone calls, text messages, mailings, emails, in-person meetings, and the delivery of CaPROMISE services. The statistics in this table are for successful program contacts—that is, contacts for which the CSC did not indicate that the youth was unavailable. All participating youth received at least one successful program contact.

[a] CaPROMISE intended for 100 percent of treatment group youth to be contacted within 10 days of evaluation enrollment.

[b] CaPROMISE intended for 100 percent of treatment group youth to receive a program contact every two weeks.

Findings from our focus group discussions with youth and parents support the findings from our analysis of MIS data with respect to program contacts from CSCs during the early months of recruitment and service provision.[23] During Mathematica's first focus groups, six months into program operations, youth and parents were upset about the lack of program follow-up after having been notified of their assignment to the treatment group. Although the 12 families that attended the focus groups had been enrolled in the evaluation of CaPROMISE for 87 days on average, none of them reported having received any communication or services from the program subsequent to their enrollment meeting. Although parents and youth were hopeful about CaPROMISE and looked forward to the opportunities it could provide, they expressed confusion and frustration regarding the lack of contact. During Mathematica's second focus groups, two years into program operations, all of the youth and parents reported having received contacts from CaPROMISE, although the frequency and intensity of those contacts varied greatly. Five of the 10 youth could name their CSC, and 3 reported having received frequent contacts from their CSC.[24] Among the 13 parents, several said their CSC had contacted them only when they had news to share, one had received monthly check-in calls, and one had received frequent text messages.

[23] Focus groups allow participants' voices and experiences to inform a process analysis. By design, they are not intended to be representative of a population.

[24] Some youth's disabilities may have impeded their ability to recall their CSC's name.

CSCs provided case management services to youth to help them implement the steps in their ICAPs and achieve the goals in their PDPs. Specific types of case management services included identification of needed services, coordination of services, transition-focused assessments, school-based activities, and person-driven planning. One hundred percent of the youth who participated in CaPROMISE received a program contact associated with a case management service; on average, each had received 91 program contacts associated with five of the six types of case management services through the third year of program operations (Table III.3). In addition, although program staff had suggested during our site visit interviews that the extent to which CSCs referred program participants to other organizations for services depended on their varying familiarity with the resources in their local areas, CSCs actually referred every youth participant to community resources, providing an average of 5.5 referrals to each youth.[25]

Table III.3. Receipt of case management program contacts and referrals among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service	Number or percentage
Specific type of case management program contact	
1. Received case management and transition planning program contact	100.0
Average number of program contacts	36.0
2. Received identification of needed services program contact	99.2
Average number of program contacts	19.6
3. Received coordination of services program contact	97.9
Average number of program contacts	26.9
4. Received transition-focused assessment program contact	46.3
Average number of program contacts	3.0
5. Received school-based activities program contact	83.9
Average number of program contacts	5.8
6. Received person-driven planning program contact	84.2
Average number of program contacts	3.5
Received all of the above-listed program contacts	35.2
Received any of the above-listed program contacts	100.0
Average number of program contacts	91.0
Average number of types of program contacts	5.1
Received referral to community resources	100.0
Average number of referrals	5.5
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Notes: Program contacts included telephone calls, text messages, mailings, emails, in-person meetings, and the delivery of CaPROMISE services. The statistics in this table are for successful program contacts—that is, contacts for which the CSC did not indicate that the youth was unavailable. For each type of program contact, we computed the average number of program contacts based only on those participants who actually received that type of program contact.

[25] During early program implementation, CSCs engaged in a resource mapping exercise intended to identify local service providers that could support CaPROMISE treatment group youth. CaPROMISE also planned but ultimately did not develop an online tool called "Theraconnect" that would have enabled CSCs to share service-related resources across the state. Instead, CSCs reported sharing community support resources at team meetings.

CaPROMISE managers and CSCs attributed the program's success in delivering case management services to the following factors:

- **Having LEAs serve as local sites.** CSCs felt that the decision to base CaPROMISE in LEAs was critical to their success in delivering case management services. It meant that they were LEA staff, which lent them and the program legitimacy in the eyes of parents. Furthermore, the LEAs provided in-kind resources, such as access to student records (which helped CSCs locate treatment group youth), access to school buildings (where CSCs could meet with youth and families), and vehicles (for transportation support). CSCs also collaborated with other school staff as colleagues to help participants pursue their education and transition goals.
- **Hiring CSCs who reflected the diversity of the populations they served.** The local site managers carefully considered the demographic characteristics and unique needs of their local populations, including linguistic and cultural issues, in hiring CSCs. They also sought to hire individuals who lived in the same communities as the local sites. CSCs reported that before CaPROMISE, many families had never interacted with service providers who spoke their own language. Appreciation for cultural sensitivities helped CSCs establish rapport with families and anticipate their culturally specific concerns about employment and services for youth with disabilities.
- **Maintaining continuity of program staff.** Because CSCs both conducted recruitment and delivered services, treatment group youth and their families typically did not experience a handoff from recruitment staff to service delivery staff. Consequently, it was not necessary for program staff to establish trust and rapport with youth and their families before services could begin, as that had already been accomplished.
- **Tailoring engagement approaches to meet individual family needs.** The program's service delivery model incorporated a person-driven planning philosophy in all respects. Whenever possible, CSCs sought to deliver services to youth and their families in the most accessible ways, including flexibility with respect to meeting times, location, and language. Some CSCs also sought to address families' immediate needs, such as inadequate housing and food insecurity, before initiating long-term planning. They felt this approach helped to establish relationships and build trust.
- **Collaborating within and across the CaPROMISE local sites on effective strategies to engage treatment group youth and their families.** CaPROMISE hosted an online message board, weekly statewide conference calls, quarterly regional trainings, and an annual CaPROMISE statewide meeting for all program staff. CSCs said they used these venues to share effective engagement strategies with each other.
- **Training and technical assistance.** The Interwork Institute delivered training on engagement issues. In February and March 2016 (midway through the second year of program operations), the Interwork Institute hired a mentor in each of the program's four

regions to provide customized, one-on-one technical assistance.[26] CSCs reported that they found the training and technical assistance helpful.

Although CSCs provided case management program contacts to all participating youth and typically communicated or delivered services to them twice a month, they did experience challenges in maintaining the engagement of some youth in CaPROMISE. CSCs told us that at any given time, about 10 percent of their caseloads were not engaged in program services. At the time we collected CaPROMISE MIS data in August 2017, 4 percent of participating youth were classified in the MIS as either inactive or withdrawn (Table III.4). Another 2 percent of participants had moved out of the service area or were deceased.

Table III.4. Reasons for lack of engagement among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Reason for lack of engagement	Number or percentage
Participants not engaged	5.6
Reason for lack of engagement	
Inactive	2.2
Moved out of service area	1.8
Withdrew from program services	1.4
Deceased	0.2
Number of participating youth	1,530

Source: The CaPROMISE MIS.

During our second site visit and telephone interviews, CSCs identified the following challenges in engaging youth and their families in program services:

- **LEA restrictions on the work hours of CSCs.** Despite the previously documented benefits of LEAs serving as local sites for CaPROMISE, there were drawbacks to this arrangement. Most notably, CSCs in a few LEAs had to restrict their work hours to the normal hours of operation of schools because of their status as LEA employees. This restriction limited their ability to tailor the delivery of services to accommodate the needs of families. Some of the local sites subject to this restriction obtained modifications that allowed CSCs to deliver services during evenings and weekends.
- **Families in crisis.** CSCs described for us the challenge of integrating services into the lives of families that were in crisis or experiencing ongoing chaos. Many families struggled with housing instability, characterized by overcrowded living conditions, difficulty in making housing payments, and frequent moves. Other families faced health issues that demanded much of their attention for extended periods of time. Although CSCs often tried to meet with families in their homes, these situations made it difficult for families to schedule and show up for meetings.

[26] As of August 2017, the Interwork Institute employed three mentors because the mentor for Northern California had resigned. The Interwork Institute did not plan to hire an additional mentor because the mentor for the Greater Inland Empire had assumed responsibility for Northern California.

- **Changes in contact information and family mobility.** CSCs experienced difficulty in contacting some youth and families by telephone because of the suspension of telephone service or the expiration of prepaid cell phones. Furthermore, families that moved did not always provide the LEAs with timely updates to their contact information. Youth in families that were experiencing homelessness were very difficult to reach through traditional channels, especially if they had extended periods of absence from school.
- **Concerns of immigrant families about the political climate.** A number of the staff at CaPROMISE and its partner agencies whom we interviewed expressed that, by the third year of program operations (2017), immigrant families had grown concerned about the political climate in the United States. This concern accentuated their desire to avoid drawing attention to themselves, which made them less likely to request support or engage with service providers.

To address these challenges, CSCs (1) leveraged the relationships and trust that they had built with families over time; (2) emphasized the aspects of the program that especially motivated youth to participate, such as the opportunity for paid employment; (3) created graphics to help youth visualize the steps ahead, as well as progress they had already made; and (4) customized their modes of contact according to youth and family patterns and preferences. CaPROMISE managers also considered the use of financial incentives to encourage completion of ICAP objectives. Ultimately, they rejected that approach because they concluded that it might undermine CaPROMISE's messaging regarding the long-term rewards achievable through consistent engagement in the program.

Although CaPROMISE operations were initially scheduled to end in September 2018, the program received a no-cost extension from ED that it planned to use to continue services through June 2019 for youth still enrolled in school. To prepare participating youth and their families for the end of program services, CSCs reported that they planned to expand their case management services so as to (1) help youth enroll in CDOR services (see Section C of this chapter for more details about CDOR services); (2) prepare youth for the SSA age-18 redetermination for adult SSI benefits; and (3) create an "exit portfolio" binder for each youth that would include his or her resume, contact information for the local SSA office, and referral resources customized to the specific needs of the youth and family.

B. Benefits counseling and financial education services

ED and its federal partners required that each PROMISE program provide counseling for treatment group youth and their families on SSA work incentives; eligibility requirements of various other assistance programs; as well as rules governing earnings and assets and their implications for benefit levels. They also required that the programs provide financial education. Education may cover a range of topics related to promoting families' financial stability, such as budgeting, saving and asset building, tax preparation, consumer credit, and debt management. In this section, we describe counterfactual services in these areas for youth with disabilities and their families in California and the services CaPROMISE provided.

1. Counterfactual services

Transition-age youth with disabilities in California did not have widespread access to financial education services. Although some LEAs incorporated financial education into the one-semester economics course that students needed to graduate from high school, the state did not require them to do so. Benefits counseling was more widely available, but take-up among youth younger than age 18 was limited. Work Incentives Planning and Assistance (WIPA) providers were a main source of benefits counseling to youth who were age 14 or older, receiving SSI, and working or planning to work. Other sources of benefits counseling included the following:

- **CDOR** delivered benefits counseling to people with disabilities through its team-based service model; each office's benefits counselor was available to assist vocational rehabilitation counselors and clients as needed. The degree to which benefits counseling was integrated with other CDOR services varied by team and office. Before 2014, CDOR delivered benefits counseling exclusively through contracts with other organizations. CDOR began piloting the in-house provision of benefits counseling in 2014 and implemented it more widely in 2016.
- **CDDS regional centers** assisted people with developmental disabilities with their basic questions about benefits, helped them navigate the Disability Benefits 101 website,[27] and referred them to their local WIPA provider for more in-depth support.
- **ILCs** offered benefits counseling as part of their information and referral services, connecting people with disabilities with resources to answer their questions about benefits. In one of the CaPROMISE local sites that Mathematica visited, the ILC office also housed a WIPA provider. We do not know whether such co-location was common statewide.

2. CaPROMISE services

CaPROMISE managers recognized the critical role that benefits counseling and financial education services play in helping youth with disabilities and their families engage in paid work and identified a critical need for these services among the program's participants. They believed there was a gap in the counterfactual service environment for many families, especially with regard to the availability of benefits counseling and financial education services at LEAs. The program sought to fill this gap by having CSCs provide these services directly and requiring all CSCs to complete Cornell University's Work Incentives Practitioner Credentialing Training. According to CaPROMISE managers, 46 of the 55 CSCs employed in September 2017 were fully certified as benefits counselors. The remaining 9 were provisionally certified, which meant they had completed all but the final requirement for full certification. In addition, CSCs received training from the World Institute on Disability on how to use the Disability Benefits 101 website at CaPROMISE's quarterly regional trainings and annual statewide meetings.[28]

[27] Disability Benefits 101 is a website hosted by the World Institute on Disability that is accessible to the general public. It provides information and calculators that people with disabilities can use to understand how working will affect their benefits.

[28] The Interwork Institute established a contract with the World Institute on Disability, which enabled program staff to access summary data from and track usage of Disability Benefits 101.

CaPROMISE offered the following benefits counseling and financial education services:

- **Information about benefits counseling and financial education,** in which CSCs described the CaPROMISE services available to youth and their families.
- **Benefits counseling,** in which CSCs helped youth and families understand their eligibility for government benefits, the rules associated with the benefits they received, and how paid employment would affect their benefits. CaPROMISE linked the Disability Benefits 101 website to the program's website, and CSCs leveraged Disability Benefits 101 to create customized reports for youth and families. CSCs also helped youth prepare for the age-18 redetermination for adult SSI benefits. In some LEAs, CSCs referred youth to WIPA providers.
- **Financial education**, in which CSCs helped youth and families with financial tasks such as opening a bank account, creating a budget, and submitting a Free Application for Federal Student Aid. They also provided information about financial opportunities available to youth and families, such as Achieving a Better Life Experience (ABLE) accounts.[29]
- **Reporting wages to SSA**, in which CSCs helped youth and families complete SSA forms and download the SSA wage reporting application. Some CSCs also sent reminders to youth and families, timed to coincide with their receipt of paychecks, to report their wages to SSA.
- **Use of work incentives,** in which CSCs helped youth and families understand and document their eligibility for work incentives such as SSA's Section 301 waiver and student earned income exclusion.[30]

CSCs reported that they wove their delivery of benefits counseling and financial education into other program activities (for instance, during case management or job club meetings). They provided general information during group sessions and more customized information during individual interactions with participants.[31] Group sessions typically began with discussions in which CSCs tried to dispel fears and myths about youth employment and build foundational beliefs among families that their youth could work. Individual sessions often entailed the creation of customized reports, such as outputs from the Disability Benefits 101 website. CSCs input data on participants' unique circumstances into this online tool, which then generated customized reports on how earnings would affect their benefits.

[29] ABLE accounts are tax-advantaged savings accounts available to people with disabilities that began before age 26. The accounts may be used to pay for disability-related expenses. California planned to launch ABLE accounts by the end of 2018.

[30] Section 301 waivers allow SSI recipients who have had their eligibility for SSI terminated because of a continuing disability review or because they did not meet the adult definition of disability at the age-18 medical redetermination to continue receiving SSI payments for as long as they participate in an approved vocational program or SSA demonstration project, conditional on SSA's determination that continued participation will make the recipient less likely to need payments in the future. The student earned income exclusion allows youth under age 22 who are regularly attending school to exclude earnings below a certain threshold from the income used to calculate SSI payments.

[31] Group sessions were not feasible in all regions because of potential participants' geographic dispersion and/or transportation barriers due to lack of public transportation.

CaPROMISE intended that all treatment group youth and their families would receive benefits counseling and financial education services. Although we cannot assess the take-up of services, the families of 84 percent of participating youth received program contacts associated with a benefits counseling and financial education service and, on average, each had received 19 program contacts associated with four of the five types of benefits counseling and financial education services through the third year of program operations (Table III.5).

Table III.5. Receipt of benefits counseling and financial literacy program contacts among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service	Number or percentage
Specific type of benefits counseling or financial education program contact	
1. Received information about benefits counseling and financial education program contact	84.2
Average number of program contacts	7.5
2. Received benefits counseling program contact	69.0
Average number of program contacts	5.4
3. Received financial education program contact	69.6
Average number of program contacts	4.9
4. Received reporting wages to SSA program contact	52.2
Average number of program contacts	2.8
5. Received use of work incentives program contact	49.9
Average number of program contacts	2.6
Received all of the above-listed program contacts	36.6
Received any of the above-listed program contacts[a]	84.2
Average number of program contacts	19.2
Average number of types of program contacts	3.9
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Notes: Program contacts included telephone calls, text messages, mailings, emails, in-person meetings, and the delivery of CaPROMISE services. The statistics in this table are for successful program contacts—that is, contacts for which the CSC did not indicate that the youth was unavailable. For each type of program contact, we computed the average number of program contacts based only on those participants who actually received that type of program contact.

[a] CaPROMISE intended that 100 percent of families would receive benefits counseling and financial education services by the end of program operations.

C. Career exploration and work-based learning experiences

The federal sponsors stipulated that each PROMISE program was to ensure that participating youth had at least one paid work experience in an integrated setting while they were in high school. They also required that other work-based experiences be provided in integrated settings, such as volunteer activities, internships, workplace tours, and on-the-job training. In this section, we describe counterfactual services with respect to career exploration and work-based learning experiences for youth with disabilities and their families in California and the services CaPROMISE provided in this area.

1. Counterfactual services

California offered a relatively rich array of career exploration and work-based learning experiences for transition-age youth with disabilities. CDOR was a key provider of these services. Beginning at age 18, youth could access any of CDOR's adult services, such as career interest inventories, job search and interviewing preparation, job coaching, and job placement. CDOR also sponsored the following programs specifically for transition-age youth with disabilities, who did not need to be enrolled in CDOR to participate:

- **The Transition Partnership Program (TPP).** CDOR administered the TPP for high school juniors and seniors through partnerships with more than 100 of California's 1,026 LEAs. CDOR managers reported during our site visits that the TPP operated in all of the LEAs that were CaPROMISE local sites and were serving 5,611 youth in these LEAs in June 2016. The goal of the program was to help youth with disabilities successfully transition from high school into meaningful employment and/or postsecondary education. Dedicated TPP counselors at CDOR carried caseloads ranging from 150 to 200 youth and provided vocational rehabilitation services to them for at least one year before and up to two years after high school graduation. The services included development of individual plans for employment, vocational assessments, employment readiness training, job skills training, job placement, subsidized employment, job coaching, post-employment support, and post-graduation support.
- **The Pre-Employment Transition Services (Pre-ETS) program.** The Workforce Innovation and Opportunity Act (WIOA) prompted CDOR in 2016 to create a Pre-ETS program to serve youth in high school.[32] As required by WIOA, the Pre-ETS program offered the following five services: (1) job exploration counseling and career assessment, (2) work-based learning (such as an internship or summer employment experience), (3) counseling on opportunities for postsecondary education or comprehensive transition programs, (4) workplace readiness activities (such as work etiquette or social skills needed in the workplace, and (5) self-advocacy instruction.

As of August 2017, CDOR was operating under an order of selection. It was able to enroll and serve individuals in Categories 1 and 2—those with the most significant and significant disabilities—and maintained a waiting list for individuals in Category 3—those with the least significant disabilities. Because TPP and Pre-ETS were available to youth regardless of their enrollment in CDOR, they were not affected by the order of selection.

[32] WIOA, which superseded the Workforce Investment Act of 1998, was passed by Congress in July 2014 and began taking effect from 2015 through 2017. WIOA is "designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy" (DOL 2018). It coordinates and regulates the employment and training services for adults, dislocated workers, and youth administered by DOL, and the adult education, literacy, and VR state grant programs that assist individuals with disabilities in obtaining employment administered by ED. During PROMISE implementation, state entities—particularly workforce organizations, VR agencies, and LEAs—began planning for and implementing practices to address WIOA requirements. These practices may affect the service environment for control group members during and beyond the program operational period and have implications for the national evaluation's impact analysis.

Other California state agencies that offered employment services for transition-age youth with disabilities included the following:

- **CDOE** administered the WorkAbility I Program in more than 250 LEAs. This program provided career exploration, pre-employment skills training, and employment placements to high school students with individualized education programs (IEPs). Employment occurred in competitive integrated settings and could be subsidized or unsubsidized.
- **CDDS regional centers** provided employment services to youth and adults with intellectual and developmental disabilities through contracts with local service providers. The services were available to youth ages 16 and older but typically began when youth exited high school at age 22. Before 2013, the regional centers primarily offered day habilitation programs and employment in sheltered workshops (CDOE et al. 2017). In October 2013, California's governor signed legislation establishing an Employment First Policy, which prioritized competitive integrated employment for people with intellectual and developmental disabilities. In accordance with this policy, the regional centers began to offer more services designed to help people with intellectual and developmental disabilities obtain competitive integrated employment. In particular, they introduced two initiatives in July 2016: (1) incentive payments to service providers that placed the centers' clients in competitive integrated employment and (2) subsidized internships with community employers through which the centers' clients could receive up to $10,400 per year.
- **CEDD** funded 45 local workforce development boards, which oversaw 206 American Job Centers. The centers provided the public at large with employment services, such as the development of employment plans, job training, job search assistance, and career counseling. Eight of the workforce development boards had disability resource coordinators on staff who were funded through a Disability Employment Initiative grant from DOL. These staff members worked with the centers to tailor their services to people with disabilities. CEDD also offered two programs specifically for youth, including those with and without disabilities:
  - **The Youth Employment Opportunity Program** provided pre-employment and employment services, peer counseling, and referrals to education services to youth ages 15 to 25 who were no longer enrolled in school or were at risk of dropping out. During our site visit to Stockton, we learned that the average duration of services for a participant in this program was six months, and each part-time counselor carried a caseload of about 25 youth.
  - **The Summer Youth Employment Program** provided paid summer work experiences to low-income youth ages 14 to 21. Participants in this program worked about 30 hours per week for eight weeks; CEDD was their employer of record. The program in Stockton served approximately 1,000 youth annually.

In addition to state agencies, nonprofit organizations offered employment services to transition-age youth with disabilities in selected California localities. Examples included the following:

- **The Marriott Foundation's Bridges from School to Work program** provided skills assessment; career planning; and job development, placement, and retention services to youth with disabilities ages 17 to 22 in Los Angeles, Oakland, and San Francisco.
- **Project Search** combined job-readiness training with employment in an integrated setting for at least 16 hours per week during the academic year at the minimum wage or higher for transition-age youth with developmental disabilities in 29 sites statewide, primarily around San Francisco and Los Angeles.

2. CaPROMISE services

CSCs delivered career exploration and work-based learning services to treatment group youth on a one-on-one basis as well as in group sessions. CaPROMISE offered the following job-readiness services:

- **Information about career and work-based learning,** in which CSCs described the CaPROMISE services available to youth.
- **Employment preparation services**, in which CSCs engaged youth in hands-on employment preparation activities, such as writing resumes, participating in mock job interviews, and completing job applications.
- **Career-related training and education services**, in which CSCs provided youth with training on skills needed to be successful at work, such as arriving on time and working cooperatively in teams.

In addition to job-readiness services, CaPROMISE offered services to promote work experiences in integrated community settings. CSCs helped youth obtain the following types of work experiences:

- Short-term **paid work experiences** in which youths' wages could be paid by their schools, their employers, or both
- Short-term **unpaid work experiences**
- **Paid employment** in which the employers paid the youths' wages
- **Volunteer work**

CaPROMISE intended that all treatment group youth would receive career exploration and work-based learning services. As noted earlier, it is not possible to generate an estimate of service take-up that measures the extent to which youth received the employment-related services described above as opposed to outreach or reminders related to these services. Although we cannot construct a traditional service take-up rate, 99 percent of participating youth received program contacts associated with a career exploration and work-based learning service and, on average, each had received 49 program contacts associated with five of the seven types of career exploration and work-based learning services through the third year of program operations (Table III.6). Larger percentages of participating youth had received program contacts associated with job-readiness services than contacts associated with services to promote work experiences.

Table III.6. Receipt of career exploration and work-based learning program contacts among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service	Number or percentage
Specific type of career exploration and work-based learning program contact	
1. Received career and work-based learning program contact	98.6
Average number of program contacts	19.0
2. Received services to promote paid work experience program contact	70.1
Average number of program contacts	6.0
3. Received services to promote unpaid work experience program contact	34.6
Average number of program contacts	2.0
4. Received services to promote paid employment program contact	63.9
Average number of program contacts	4.4
5. Received services to promote volunteer work program contact	50.9
Average number of program contacts	3.3
6. Received employment preparation services program contact	95.9
Average number of program contacts	12.2
7. Received career-related training and education services program contact	90.0
Average number of program contacts	9.4
Received all of the above-listed program contacts	16.9
Received any of the above-listed program contacts[a]	98.6
Average number of program contacts	48.9
Average number of types of program contacts	5.1
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Notes: Program contacts included telephone calls, text messages, mailings, emails, in-person meetings, and the delivery of CaPROMISE services. The statistics in this table are for successful program contacts—that is, contacts for which the CSC did not indicate that the youth was unavailable. For each type of program contact, we computed the average number of program contacts based only on those participants who actually received that type of program contact.

[a] CaPROMISE intended that 100 percent of youth would receive career exploration and work-based learning services by the end of program operations.

A key goal of CaPROMISE's career exploration and work-based learning services was to help participating youth obtain work experiences. CSCs were expected to tailor their services and the resultant work experiences to the skills, interests, and goals documented in participants' PDPs and ICAPs. To identify work opportunities, they leveraged existing lists of employers from the WorkAbility I and TPP programs. They also leveraged a master list of all CaPROMISE work experience placements that CSCs recorded in the program's MIS. According to the initial program design for CaPROMISE, the local sites were to convene business advisory committees comprising local employers to assist in identifying employment opportunities for CaPROMISE youth and help program staff stay abreast of employment trends. However, as of the third year of program operations, neither of the local sites visited by Mathematica had convened such committees specifically for CaPROMISE. Instead, in those sites, CSCs who engaged with groups of local employers did so through pre-existing employer councils. This practice was acceptable to the CaPROMISE managers, given that all of the program's local sites had such councils, which had been established through the WorkAbility I or TPP programs.

CaPROMISE planned for each treatment group youth to obtain an unpaid job (volunteer work or unpaid work experience) as well as a paid job (paid employment or paid work experience). Program managers explained that the logic underlying that plan was for unpaid jobs to be stepping stones to paid jobs. However, in deploying the program's person-centered service model, they found that some youth were able to go directly into paid jobs. They therefore eliminated the requirement that youth first obtain unpaid jobs. As of August 2017, 45 percent of participating youth had obtained unpaid jobs, 56 percent had obtained paid jobs, and 68 percent had obtained jobs of any type (paid or unpaid) since enrolling in the evaluation of CaPROMISE (Table III.7). Youth obtained a total of 1,040 paid jobs (Table III.8). Among these paid jobs, the average duration was 9.1 hours per week and the average wage was $10.30 per hour.

Table III.7. Employment among CaPROMISE participants, cumulatively as of August 2017 (percentages unless otherwise indicated)

Employment experience since enrollment	Number or percentage
Had an unpaid job (volunteer work or unpaid work experience)[a]	44.6
Average number of unpaid jobs	1.3
Had a paid job (paid employment or paid work experience)[b]	56.2
Average number of paid jobs	1.5
Had any job, paid or unpaid	68.0
Average number of jobs	2.1
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Note: For each type of employment experience (unpaid job, paid job, any job), we computed the average number of jobs based only on those participants who actually had that type of employment experience.

[a] CaPROMISE initially intended that 100 percent of youth would obtain unpaid jobs but later eliminated that requirement.

[b] CaPROMISE intended that 100 percent of youth would obtain paid jobs.

Table III.8. Characteristics of paid jobs held by CaPROMISE participants, cumulatively as of August 2017 (percentages unless otherwise indicated)

Job characteristic	Number or percentage
Average hours per week	9.1
Average wages per hour	$10.30
Funding source for wages	
Employer	27.5
LEA[a]	70.4
Employer and LEA[a]	0.9
Unknown	1.2
Number of paid jobs	1,040

Source: The CaPROMISE MIS.

Note: "Paid jobs" included those falling under the program's headings of "paid employment" and "paid work experience."

[a] An LEA may have used the funds it received from CaPROMISE or funds from other sources to subsidize wages for jobs held by CaPROMISE participants.

The initial program design for CaPROMISE specified that the wages of youth with paid jobs would be paid by their employers or existing programs, such as WorkAbility I and TPP. However, CaPROMISE discovered that the availability of jobs with wages paid by employers or existing programs was limited and many of the jobs available did not align with youth's interests. To increase opportunities for work in paid jobs, CaPROMISE (operating through the LEAs that were the local sites) began to fully or partially subsidize youth's wages on some paid jobs during the second year of program operations. CSCs reported to us that once they identified a potential work opportunity for a youth, they first tried to help the youth obtain an unsubsidized job. If the employer was unwilling to pay the youth's wages, they then offered a subsidy. As of the end of the third year of program operations (August 2017), the wages for 70 percent of the paid jobs ever held by participating youth had been fully subsidized by the LEAs. An additional 1 percent of paid jobs had been partially subsidized by the LEAs. The CaPROMISE MIS did not indicate whether the LEAs used CaPROMISE funds or funds from other sources to provide those subsidies.

The CaPROMISE regional managers reported to us that CSCs encountered a number of challenges in helping youth secure paid jobs, including the following:

- In some regions of the state, the economy was still in recovery from the deep recession and youth were competing with adults for the few jobs available.
- Lack of transportation prevented some youth from traveling to job sites. Additionally, the parents of some youth were reluctant to allow them to travel because they lived in dangerous neighborhoods.
- Because of their disabilities, some youth required substantial support to be able to work.

To address these employment challenges, CaPROMISE managers and the Interwork Institute's technical assistance providers encouraged CSCs to share ideas and provide feedback and support during team meetings. Furthermore, the Interwork Institute collaborated with experts to create an "ability rating scale" designed to help CSCs and others shift their perspectives away from a focus on "deficits" and toward a focus on "abilities," which could then help foster creative thinking about employment possibilities. Despite this guidance, assistance, and tools, not all CaPROMISE staff agreed during our site visit interviews that all youth could engage in work. Some believed that the disabilities of certain youth were too severe or their support needs, such as for toileting assistance, were too great to allow them to work. CaPROMISE managers recognized the ongoing need for and value in increasing expectations of all stakeholders, including program staff, and remained committed to placing youth with all types of disabilities in work experiences.

CaPROMISE managers also addressed employment challenges by expanding the program's staff. In October 2014 (two months after program operations began), CDOR partnered with five state universities to hire student interns to provide program services to CaPROMISE participants and administrative support for program operations. In the second year of program operations, CDOR reallocated unspent program funds to the local sites so they could hire job developers and job coaches. During our second site visit in September 2016, program managers reported that the addition of the interns and new program staff had reduced CSCs' workloads and improved the quality of the program's employment services.

To further facilitate employment experiences, CDOR designated a combination of unspent program funds and supplemental funding provided by ED to hire 10 QRPs beginning in February 2016 (midway through the second year of program operations). Nine QRPs were actually on the CDOR staff as of September 2017. The QRPs served as dedicated vocational rehabilitation counselors for CaPROMISE participants, delivering CDOR's typical employment services. They reported to us that their caseloads usually consisted of 80 to 90 youth, which they found to be manageable, given the support and collaboration they received from CSCs in delivering and documenting services.

Although CSCs were able to refer CaPROMISE participants to CDOR before the agency hired the QRPs, they told us they had rarely done so. CDOR managers attributed that lack of referrals to the inexperience of the traditional counselors in serving youth as young as those in CaPROMISE; they hoped that the QRPs would provide a remedy. As of August 2017, CSCs had referred 38 percent of CaPROMISE participants to the QRPs at CDOR (Table III.9). However, the referral rate varied greatly by CaPROMISE region, ranging from 17 percent in Northern California to 63 percent in the Greater Inland Empire. CDOR managers suggested that difficulty hiring QRPs in Northern California likely contributed to the low referral rate there.

Table III.9. Referrals of CaPROMISE participants to qualified rehabilitation professionals at CDOR, by region as of August 2017

	CaPROMISE region				
Referral measure	Northern California	Greater Los Angeles	Greater Inland Empire	Southern Coastal	Total
Referred to QRP at CDOR (%)	16.8	43.2	62.8	29.2	38.4
Number of participating youth	398	352	417	363	1,530

Source: The CaPROMISE MIS.

QRP = qualified rehabilitation professional.

After a CSC referred a youth to the QRPs, a QRP conducted an intake meeting with the youth and his or her family, during which the youth completed a CDOR application. That meeting typically occurred in the youth's home or school, with the CSC in attendance to provide a warm hand-off. Because each CaPROMISE participant was receiving SSI, he or she was able to enroll in CDOR under the order of selection. Once a youth had enrolled in CDOR, the QRP developed an individualized plan for employment and delivered CDOR services.

The CDOR services available to CaPROMISE participants did not vary from those available to other clients of the agency; however, the QRPs delivered those services differently than did the traditional CDOR counselors. Unlike the traditional counselors, the QRPs (1) were equipped with laptops and smartphones to facilitate working in the field, (2) worked independently instead of in traditional CDOR teams, and (3) provided services outside of traditional business hours. The QRPs became part of the CaPROMISE service teams for the youth referred to them; they supplemented the services provided by CSCs, focusing on employment goals and removing barriers to employment. The QRPs used the PDPs and ICAPs that CSCs had developed with the youth to help inform the development of individual plans for employment, which provided structure for delivering employment services.

D. Parent training and information

The federal sponsors specified two areas in which they expected PROMISE programs to provide training and information to the families of youth participants: (1) the parents' role in supporting and advocating for their youth to help them achieve their education and employment goals; and (2) resources for improving the education and employment outcomes of the parents, and the economic self-sufficiency of the family. In this section, we describe counterfactual services in this area for families of youth with disabilities in California and the services CaPROMISE provided.

1. Counterfactual services

CDDS and ED-funded centers offered training and information to the parents of all transition-age youth in California, but parents were less likely to access it absent the referrals provided by a service coordinator like the CaPROMISE CSCs. CDDS funded 47 FRCs to provide information and training to the parents of youth with intellectual and developmental disabilities. FRC staff were often themselves the parents of children with intellectual and developmental disabilities. Some FRCs served only parents of children ages 0 to 3, whereas others also served the parents of youth ages 4 to 22. The FRCs provided information through their websites, newsletters, toll-free telephone numbers, and lending libraries. In addition, they delivered training on topics such as advocacy, disability benefits, state agencies that served people with disabilities, education and IEPs, and the transition to adulthood in both individual coaching sessions and group workshops. (From among the FRCs funded by CDDS, CDOR and the Interwork Institute selected 16 to be partners in CaPROMISE.)

Two types of ED-funded parent centers in California provided education-related information and training to parents of youth with disabilities up to age 26: (1) four Community Parent Resource Centers targeted underserved parents who had low incomes, did not speak English, or had disabilities themselves and (2) seven Parent Training and Information Centers served parents of children with disabilities without any additional categorical restrictions. Parents of youth with disabilities up to age 22 could also receive education-related information and training from 14 CDOE-funded Family Empowerment Centers. Many of the staff at all three types of parent centers were themselves the parents of children with disabilities.

2. CaPROMISE services

CSCs delivered parent training and information directly, as well as through referrals to the 16 FRCs that were partners in the program. CaPROMISE offered the following parent training and information services:

- **Information about parent training,** in which CSCs described the CaPROMISE services available to parents.
- **General referral services,** in which CSCs referred parents to community resources for assistance on issues such as housing insecurity.
- **Coaching**, in which CSCs provided information and support on topics such as parents' advocacy for their children, transition supports and resources, benefits planning, developing

high expectations for children, and strategies to help children reach their full potential. CSCs offered coaching in both individual and group sessions.

- **FRC referral services**, in which CSCs referred parents to the FRCs.

CaPROMISE intended that the parents of all treatment group youth would receive parent training and information. Three years into program operations, CaPROMISE appeared to be on its way to meeting this goal. Although we cannot assess the take-up of services, the parents of 90 percent of participating youth received program contacts associated with a parent training and information service and, on average, each had received 32 program contacts associated with three of the four types of parent training and information services through the third year of program operations (Table III.10). CSCs recorded in the program's MIS their service contacts associated with referrals to the FRCs; however, the FRCs did not maintain records of the services they provided. As of August 2017, the parents of 69 percent of participating youth had received program contacts associated with referrals to the FRCs.

Table III.10. Receipt of parent training and information program contacts among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service	Number or percentage
Specific type of parent training and information service	
1. Received information about parent training program contact	90.1
Average number of program contacts	14.4
2. Received general referral services program contact	69.8
Average number of program contacts	5.7
3. Received coaching program contact	71.7
Average number of program contacts	13.2
4. Received FRC referral services program contact	69.3
Average number of program contacts	4.0
Received all of the above-listed services	47.6
Received any of the above-listed services[a]	90.1
Average number of service contacts	32.4
Average number of types of service	3.3
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Note: For each type of service, we computed the average number of service contacts based only on those participants who actually received that type of service.

[a] CaPROMISE intended that the parents of 100 percent of youth would receive parent training and information services by the end of program operations.

The FRCs that partnered with CaPROMISE were located near the program's local sites, which facilitated the in-person provision of parent training and information. Additionally, each of those FRCs had a toll-free telephone number that parents could call for support and answers to their questions. From among the existing management staff of the partner FRCs, a leadership team was selected to oversee the operations of the 16 FRCs within CaPROMISE. That team consisted of a statewide director and four regional leads. Those individuals stayed in close communication with the CaPROMISE managers and attended the weekly CaPROMISE statewide conference calls. During our site visits, FRC staff reported that they provided the same services to CaPROMISE treatment group parents as they provided to all parents (described in the counterfactual services section above).

In addition to providing services to parents, the FRCs were a resource to CSCs for information about specific disabilities and issues pertaining to transition-age youth with disabilities. The FRC leadership team and staff told us that they helped to dispel the misperception held by some CSCs that parents were resistant to youth employment because of the parents' reliance on the youth's SSI benefits. They also trained CSCs on the importance of providing warm handoffs to other providers once CaPROMISE services ended. In the second year of program operations, CDOR began using some of the supplemental funding for CaPROMISE that it had received from ED to bolster the resources provided to the FRCs, in recognition that those organizations had made substantial contributions to the program using only modest funding.

E. Education services

The federal PROMISE program sponsors did not specify education services as a core program component, but programs were free to implement them in the context of or separate and apart from other program services. Examples include activities to expose participating youth to postsecondary education and assistance with individual transition planning in schools. In this section, we describe counterfactual education-related services for youth with disabilities in California and the services CaPROMISE provided in this area.

1. Counterfactual services

LEAs provided secondary education services to all transition-age youth with disabilities in California. In addition to special education supports for youth who were on course to graduate from high school with diplomas, LEAs provided independent living training and other transition-focused supports for youth ages 18 to 22 who were on course to exit high school with certificates of completion. These supports varied in intensity across the CaPROMISE local sites.

California also had a number of programs designed to help youth with disabilities pursue postsecondary education, including the following:

- **College to Career program.** With funding from CDOR, eight community colleges offered the three-year College to Career program to students with intellectual or developmental disabilities who had exited high school and were eligible for CDOR and CDDS services. Intended to help college students obtain competitive employment, the program offered instruction, campus supports, and pre-employment and employment services. Each college

enrolled about 20 students per year into the program through a competitive application process.

- **Wayfinders program.** California State University at Fresno provided the two-year Wayfinders program to about 30 students at a time. These students were ages 18 to 28 and had intellectual or developmental disabilities. Under this program, they attended college classes; participated in internships; and received training in employment, independent living, and self-advocacy skills. CDDS covered a portion of the program costs for those students eligible for its services. The university received a Transition and Postsecondary Programs for Students with Intellectual Disabilities grant from ED in 2015 to expand the program to serve an additional 100 students over the five-year grant.

2. CaPROMISE services

Given CaPROMISE's organizational structure, in which LEAs served as local sites, addressing youth's educational needs was a key focus of the program. As LEA staff, CSCs had access to the school records of participating youth and could collaborate with teachers and transition staff as colleagues, attend IEP meetings, and meet with participants in their schools. CaPROMISE had two primary objectives regarding education services: (1) to help youth complete high school and (2) to enhance their awareness of and (when appropriate) encourage their pursuit of postsecondary education or vocational training. CSCs provided educational services that were grounded in the needs and aspirations of the youth, as documented in their PDPs and ICAPs. Those services generally fell into the following three categories:

- **Communication with school personnel**, which entailed face-to-face, telephone, and email contact with general and special education teachers, transition staff, and other school personnel regarding the education and transition needs of participating youth.
- **Student support services**, which entailed working with participants to identify and facilitate needed education supports, such as tutoring, transportation to and from school, and financial assistance with school-related expenses.
- **Postsecondary education and training linkages**, which entailed facilitating involvement by participating youth in college fairs, college campus tours, college entrance exams, and programs for youth with disabilities on college campuses. Additional services included assistance with (1) research on postsecondary education and training programs, (2) applications to postsecondary programs, (3) applications for financial aid, and (4) accessing disability support services at postsecondary institutions.

The CaPROMISE MIS did not capture service contacts associated with education services, but our interviews with CSCs revealed that the types and intensity of education services provided varied considerably among them. CSCs had different levels of awareness of vocational training programs offered by CaPROMISE partner agencies. They also differed in their prioritization of education services within the broader set of CaPROMISE services to support youth in achieving independence after high school. Part of this variation was due to CaPROMISE's service delivery model, which stipulated that services be driven by participants rather than program priorities. The majority of CSCs whom we interviewed evoked this philosophy when describing the services provided to youth and families on their caseload. Some CSCs pursued opportunities to

provide education services with vigor, whereas others either expressed resource constraints (that is, limited time available to provide such services) or prioritized other services.

F. Other services

Some of the state PROMISE programs implemented additional service components beyond education services and those required by the federal PROMISE sponsors. In CaPROMISE, the additional service components included youth development and leadership activities, health behavior management and wellness services, access to assistive technology, and training on independent living. This section describes the counterfactual services available in California in these areas as well as the services CaPROMISE provided.

1. Counterfactual services

Several opportunities existed in California for youth with disabilities to obtain self-advocacy training and peer support, as well as access to assistive technologies for independent living. ILCs were a key source of such services. As required by federal and state law, California's 28 ILCs provided the following core services to people with disabilities: information and referrals, advocacy, training on independent living skills, peer counseling, personal assistance services, and housing resources. WIOA introduced transition as an additional core service of ILCs. Some of the ILCs also provided services related to assistive technologies, transportation, education, and employment. California's ILCs served 1,700 youth ages 14 to 24 in fiscal year 2015, although the quantity of youth programming varied substantially among them (California Department of Rehabilitation 2017).

Additional sources of these services included the following:

- **Ability Tools.** CDOR contracted with the California Foundation for Independent Living Centers, a nonprofit organization that supported the state's ILCs, to provide assistive technology services to people with disabilities. Through its Ability Tools program, the foundation offered information and training on assistive technology devices. It also helped people obtain assistive technology devices by operating 13 device lending libraries throughout the state, hosting an online marketplace for such devices, and offering low-interest loans for their purchase.
- **Youth Organizing! Disabled and Proud.** The California Foundation for Independent Living Centers also operated the Youth Organizing! Disabled and Proud program for youth ages 16 to 28 with disabilities. The program provided participants with opportunities to connect with each other, learn about issues affecting people with disabilities, and advocate for policies to help these individuals.
- **The Youth Leadership Forum.** CDOE, CDOR, CEDD, the California Foundation for Independent Living Centers, the State Independent Living Council, the California Workforce Development Board, and the State Council on Developmental Disabilities partnered to host an annual Youth Leadership Forum for high school juniors and seniors with disabilities. This five-day forum aimed to help youth develop leadership and self-advocacy skills. Youth who attended the forum also learned about employment and postsecondary education opportunities, independent living skills, and assistive technologies. About 60 youth, selected through a competitive application process, attended the forum annually.

2. CaPROMISE services

CaPROMISE offered youth participants seven key service components in addition to those discussed in Sections A–E of this chapter:

- **Self-determination skill development.** CSCs helped youth develop self-determination skills by providing training on topics such as self-advocacy and conflict resolution and offering opportunities to receive mentorship from peers and adults. As of August 2017, 82 percent of participating youth had received program contacts associated with self-determination skill development (Table III.11).
- **Youth development activities.** CSCs provided youth with development and leadership activities in conjunction with job clubs and other training opportunities. CSCs also encouraged youth to apply to attend the annual Youth Leadership Forum. CaPROMISE managers told us that, through the end of the third year of program operations, several participants had attended the forum; they did not provide specific numbers. As of August 2017, 96 percent of participating youth had received program contacts associated with youth development activities.
- **Extended and experiential learning.** CSCs developed experiential learning opportunities for youth, such as trips to colleges and employers. As of August 2017, 71 percent of participating youth had received program contacts associated with extended and experiential learning.
- **Assistive technology services.** CSCs arranged for certified vendors to conduct assistive technology evaluations for youth. When these evaluations identified needs, CSCs helped the youth identify community resources through which they could obtain the necessary assistive technologies. As of August 2017, 42 percent of participating youth had received service contacts associated with assistive technology services.
- **Health and wellness services.** CSCs referred youth and their families to MediCal to fulfill their health and wellness needs. As of August 2017, 74 percent of participating youth had received program contacts associated with health and wellness services.
- **Behavior management services.** CSCs connected youth to behavior management services available through MediCal or other sources. As of August 2017, 50 percent of participating youth had received program contacts associated with behavior management services.
- **Independent living activities.** CSCs provided independent living training directly, as well as through referrals to the ILCs participating in CaPROMISE. In January 2016 (midway through the second year of program operations), CDOR contracted with one ILC in each of the program's four regions to deliver training on independent living. CDOR expected that each of those ILCs would provide four trainings per year, with at least 120 youth and parents attending each training. As of August 2017, 88 percent of participating youth had received program contacts associated with independent living activities.

Table III.11. Receipt of other supportive services program contacts among CaPROMISE participants as of August 2017 (percentages unless otherwise indicated)

Service	Number or percentage
Specific type of other supportive services program contact	
1. Received self-determination skill development program contact	81.7
Average number of program contacts	11.0
2. Received youth development activities program contact	95.5
Average number of program contacts	13.0
3. Received extended and experiential learning program contact	70.7
Average number of program contacts	9.6
4. Received assistive technology services program contact	42.0
Average number of program contacts	4.9
5. Received health and wellness services program contact	74.4
Average number of program contacts	9.4
6. Received behavior management services program contact	50.3
Average number of program contacts	8.5
7. Received independent living activities program contact	88.0
Average number of program contacts	10.1
8. Received other services program contact	98.3
Average number of program contacts	19.2
Received all of the above-listed program contacts	31.4
Received any of the above-listed program contacts	98.3
Average number of program contacts	70.4
Average number of types of program contacts	6.1
Number of participating youth	1,530

Source: The CaPROMISE MIS.

Notes: Program contacts included telephone calls, text messages, mailings, emails, in-person meetings, and the delivery of CaPROMISE services. The statistics in this table are for successful program contacts—that is, contacts for which the CSC did not indicate that the youth was unavailable. For each type of program contact, we computed the average number of program contacts based only on those participants who actually received that type of program contact.

G. The possibility that control group members received CaPROMISE services

Adherence to a study design that maintains and maximizes a distinction between the treatment and control groups throughout program operations is critical for an evaluation to be able to detect program impacts (that is, statistically significant differences in outcomes between the treatment and control groups). The more a program inadvertently provides services to control group members, the less likely average outcomes will differ between the treatment and control groups.

CaPROMISE implemented several safeguards to minimize the likelihood that control group youth and their families would receive program services. First, all CSCs and local site managers underwent training in research ethics, which helped to ensure that they understood the rationale for and importance of having a distinct treatment group in a demonstration program such as CaPROMISE. Second, the local sites minimized the likelihood of post-enrollment contact with

control group members by locking their enrollment paperwork in cabinets and giving families only the site manager's telephone number on their group assignment notification letter; the letter provided no contact information for the CSC who recruited the youth and families. Third, the CaPROMISE MIS was structured to prohibit CSCs from recording program contacts with control group youth and their families, serving as another reminder that contact with control group members was not permitted.

Despite the safeguards, two elements of the program structure created the potential for members of the control group to receive program services: (1) the co-location of CaPROMISE local sites within schools and (2) the use of the same staff for recruitment and service provision. Because of the co-location, control group youth could have received program services if treatment group youth mentioned CaPROMISE training opportunities to their fellow students in the control group or if control group youth noticed service opportunities posted in their schools and subsequently sought to attend CaPROMISE workshops or other services. Though unlikely, it was possible that control group youth could also have received program services if CaPROMISE staff provided services (such as large group trainings) without confirming youth's research group assignment. Because CSCs had access to control group youth's contact information from recruitment outreach, such as in cell phone data, it is possible that CSCs could have continued the relationships with control group youth that they had developed during the recruitment process and that those relationships could have resulted in the provision of case management or other services. However, Mathematica's interviews with program staff did not reveal any instances of service provision to the control group. Further, when asked about the potential for delivering program services to the control group, CaPROMISE staff reported that such service delivery was unlikely because of their training on research ethics, along with firm program directives to discontinue contact with control group members following recruitment.

A program model that intends to create lasting change in the service environment can also be challenging for an experimental impact evaluation. Sustaining improvements in the service delivery environment, as expected by federal PROMISE partners, and certain components of CaPROMISE may become the program's greatest legacy if the results are more effective services for future cohorts of transition-age youth with disabilities and their families. As those outside of the treatment group begin to benefit from such enhancements, however, the impacts of the program within the context of the random assignment evaluation may diminish. Consequently, any sustainment of CaPROMISE could have problematic implications for the evaluation's five-year impact analysis and any longer-term impact analyses that SSA or other organizations might choose to undertake.

CaPROMISE managers intended to improve the service environment for all transition-age youth with disabilities by strengthening relationships among organizations that served these youth at the state and local levels. At the state level, CaPROMISE anticipated that the program's Interagency Council would increase communication and collaboration among state agencies. At the local level, CaPROMISE managers initially expected each local site to create a task force consisting of the local program partners, mirroring the state-level Interagency Council. During the first two years of program operations, however, such task forces progressed slowly. Local sites received little guidance on task force development. Some Interagency Council members facilitated introductions between the CaPROMISE local site managers and their agency's local administrators but did not oversee cultivation of the relationships. As a result, local sites varied

significantly in their development of relationships with their partners. By the third year of program operations, CaPROMISE managers had deemphasized the task forces because they believed that the formalization of local partnerships among CDOE, CDDS, CEDD, and CDOR prompted by the state's Employment First Policy had made the task forces obsolete.

CaPROMISE managers also sought to facilitate sustainment of the program by gathering and disseminating the lessons learned from it and encouraging the incorporation of selected components into ongoing service systems. CaPROMISE created a task force focused on sustainability, through which program staff sought to identify strong elements of the program model that could be folded into existing service systems. In addition, the program managers met with members of the program's Interagency Council to discuss sustainability and systems change.

Finally, systems-level changes that CaPROMISE facilitated or that occurred apart from but concurrently with it may dilute the impacts of the program if they result in enhanced services for members of the control group similar to those provided by CaPROMISE. Several initiatives that included systems-change elements and were implemented while PROMISE was operational could have implications for the program's impacts. These include WIOA, the Employment First Policy, and two federal grants, as discussed below:

- **WIOA.** WIOA required CDOR to allocate 15 percent of its funding to transition services for youth with disabilities. As of the end of data collection for the national evaluation's process analysis, it was unclear how CDOR would operationalize this requirement and whether new services would be available to control group youth younger than 18 (the traditional age of eligibility for CDOR services), other than the services already available to them through Pre-ETS and TPP.
- **Employment First Policy.** As described earlier in this chapter, California's Employment First Policy compelled CDDS to focus on competitive integrated employment for people with intellectual and developmental disabilities, while eliminating prior service models such as sheltered workshops and segregated day programs. The policy also prompted CDOE, CDDS, and CDOR to begin developing the Competitive Integrated Employment Blueprint in December 2014. Published in May 2017, the blueprint documented how the agencies would collaborate to increase competitive integrated employment opportunities (CDOE et al.). The blueprint further required collaboration at the local level, mandating that LEAs, regional centers, and CDOR districts establish Local Partnership Agreements to streamline service delivery, engage with local communities, and promote competitive integrated employment.
- **Partnerships in Employment Systems Change grant.** In 2011, DHHS awarded a five-year Partnerships in Employment Systems Change grant to the University of California at Los Angeles. The university used the grant to create the California Employment Consortium for Youth and Young Adults with Intellectual and Developmental Disabilities, a project that brought together 25 state and local agencies to improve opportunities for competitive integrated employment for transition-age youth with intellectual and developmental disabilities. To the extent that the project succeeded, it could have resulted in increased employment among members of both the treatment and control groups in the CaPROMISE evaluation.

- **Disability Innovation Fund - Transition Work-Based Learning Model Demonstration grant.** In 2016, ED awarded a five-year Disability Innovation Fund - Transition Work-Based Learning Model Demonstration grant to CDOR. CDOR used the grant to establish California Career Innovations, a program that was to provide work-based learning experiences to 800 students ages 16 to 21 with IEPs or 504 plans. To implement the program, CDOR partnered with the Interwork Institute and 10 LEAs, 7 of which had served as CaPROMISE local sites. Although CaPROMISE managers reported that no CaPROMISE treatment or control group members enrolled in the program, any improvements to the service environment may increase employment among enrollees in the CaPROMISE evaluation.

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IV. PROGRAM PARTNERSHIPS

As noted in Chapter I, a key objective of the PROMISE programs was to improve service coordination among multiple state and local agencies. The federal sponsors required recipients of PROMISE cooperative agreements to establish formal partnerships among state agencies responsible for programs that serve the target population, encouraging them to cultivate new partnerships and expand existing ones with community-based disability providers. At a minimum, these partnerships needed to include the agencies responsible for programs that provide VR, special education, workforce development, Medicaid, Temporary Assistance for Needy Families, services for those with developmental or intellectual disabilities, and mental health services. CaPROMISE established partnerships with each of these agencies, as well as the community-based organizations that provide direct services. In this chapter, we describe the quality of these partnerships and changes in communication and collaboration among the partners over time.

Data from two social network surveys of state administrators, local administrators, and frontline staff of CaPROMISE partners provided an opportunity to quantify and graphically depict their partnerships before PROMISE and how those partnerships changed as they implemented the program. The surveys were grounded in network theory, which focuses on the ties among individuals or organizational entities (Wasserman and Faust 1994). Survey data from state and local administrators (who did not provide services directly to participants) provided insight into system changes that supported service delivery and might extend beyond the end of the cooperative agreement for CaPROMISE. Survey data from frontline staff (who provided services directly to participants) illuminated the service networks that may have facilitated or impeded program implementation and operations. Changes in relationships that occurred concurrently with program implementation and operations cannot necessarily be attributed entirely to CaPROMISE, as other initiatives (such as WIOA) and environmental factors may have been driving or contributing forces.

The social network surveys asked respondents to report their involvement with seven CaPROMISE partner organizations: the lead agency for CaPROMISE (CDOR), state agency partners (CDOE, CDDS, CDSS, and CEDD), and partners contracted to deliver CaPROMISE services (FRCs and ILCs).[33,34] Staff from four CaPROMISE partners (CDOR, CDOE, CDDS, and an FRC) responded to the survey of state administrators. Respondents to the local administrator survey included the QRP managers; CaPROMISE regional managers; CaPROMISE local site managers from the two local sites that participated in the social network

[33] Because these surveys differ from typical surveys (they ask about relationships between the respondent and all other CaPROMISE partner agencies), we used network analysis computations to quantify the results. Network analysis is an approach to examine relationships among a set of actors. In the network analysis computations, we excluded the respondent's own organization. For the administrative network analysis, when more than one person from an organization responded, we used the highest value across respondents to represent the organization's response. In these instances, the analysis reflects the "best" relationship reported. We then computed the average percentage across all organizational respondents. The average percentage is reported in the tables and figures.

[34] We excluded the Interwork Institute from the network analysis because its role in CaPROMISE involved technical assistance and evaluation activities; we excluded CDHCS because it did not have local entities that CSCs or site managers could contact for referrals.

analysis; and local office administrators from CDOR, CDDS, CDSS, CEDD, FRCs, and ILCs in the same geographic locations as the two local sites (referred to as local service partners in this analysis). Respondents to the survey of frontline staff included CSCs from the two local sites and their counterparts from the local service partners. Note that the information obtained from respondents at these two local sites might not be representative of the experiences of frontline staff at the other 16 local sites, especially because the two local sites were located in the same region of the state. We captured information about the CaPROMISE networks during the following periods:

- Before CaPROMISE services began (about 6 months before enrollment in the evaluation began, which was 12 months before we conducted the first round of the survey)
- Early implementation (about 6 months after enrollment in the evaluation began, which was when we conducted the first round of the survey)
- Late implementation (about 25 months after enrollment in the evaluation began, which was when we conducted the second round of the survey)

The findings we present below indicate different network patterns for the three types of CaPROMISE staff as implementation progressed. For state administrators, levels of communication and effective working relationships among CaPROMISE partners were highest during early implementation, suggesting that they were more involved in their program during its initial development. For local administrators, communication typically increased as implementation progressed, although it varied by staff type; all had consistently positive views of their working relationships with other local partners. For frontline staff, CSCs at one local site had broad interactions with local partners, whereas CSCs at the other local site had more limited interactions, and local service partner staff reported more frequent collaboration among themselves and with CSCs as the program was implemented.

A. State administrative partnership networks

Communication and effective working relationships among CaPROMISE partners at the state administrator level about issues pertaining to youth with disabilities increased with the rollout of the program, but those increases were not sustained as the program matured. Table IV.1 shows the relationships reported by the respondents for four CaPROMISE state administrative partner organizations with the other partner organizations. The first column identifies the relationship question asked in the social network surveys, the second column indicates the intensity threshold at which we assessed the responses, and the last three columns show the share of state administrative partner organization relationships in each of the three periods that achieved the threshold intensity indicated in the second column. For example, respondents for each of four state administrative partner organizations reported on their communication before CaPROMISE services began with each of the other six partner organizations, for a total of 24 reported relationships. 14 of the 24 reports (58 percent) indicated that communication occurred at least monthly.

Survey data indicated that the state administrative partners in CaPROMISE did not have consistent preexisting relationships before the program began. As noted, most of the respondents' communication with other partners was at least monthly before the implementation

of CaPROMISE services (58 percent of partner organization relationships) (Table IV.1). However, the effectiveness of those relationships varied: whereas 88 percent of partner organization relationships were effective to at least some extent, only 21 percent were effective to a considerable extent. This variation is consistent with Interagency Council members' reports that staff at some state agencies had worked together before CaPROMISE but others had not. Survey data also indicated that, as the program rolled out, respondents for the CaPROMISE state administrative partner organizations reported more frequent communication and more effective working relationships, although these levels subsided slightly during late implementation.[35] This decline, although consistent with the program's intent to rely more on state partner organizations during early implementation, might not have been expected given other systems change efforts occurring in the state (as documented in section III.G).

Table IV.1. Communication and effective working relationships among CaPROMISE state administrative partners, by implementation period

		Share of partner organization relationships		
Relationship question	Response assessed	Before PROMISE services	Early implementation	Late implementation
How frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?	Communication at least monthly	58%	67%	54%
To what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?	Effective working relationship to a considerable extent	21%	46%	33%
	Effective working relationship to some or a considerable extent	88%	96%	71%

Notes: Respondents for four CaPROMISE administrative partners (CDOR, CDOE, CDDS, and FRCs) completed interviews in the early and late implementation periods (the early interview also covered the period before CaPROMISE services began) to describe their relationships with each of the other six CaPROMISE partner organizations.

All three respondents for the CaPROMISE state administrative partner organizations other than CDOR reported communication with CDOR (the lead agency) at least monthly during early implementation but only two of them (67 percent) did so during late implementation (Table IV.2). Communication with the state partners remained constant across the three analysis periods, whereas communication with the service partners increased from before program services began to early implementation, but then fell during late implementation. Generally, the patterns over time in state administrative partners' views of the effectiveness of their working relationships mirrored the patterns seen in the frequency of their communication.

[35] This pattern differed when we restricted the analysis to reciprocal relationships among the organizational respondents (that is, those relationships in which the respondents were in agreement), in that relationships declined substantially by late implementation. For example, pairs of organizations reported at least monthly communication with each other 50 percent of the time before PROMISE services began, 68 percent of the time during early implementation, and 33 percent of the time during late implementation.

Table IV.2. Communication at least monthly and effective working relationships among CaPROMISE state administrative partners, by implementation period

Implementation period	Share of partner organizations with which respondents reported relationship			
	All PROMISE partners (7)	CDOR (1)	PROMISE state partners (4)	PROMISE service partners (2)
Communication at least monthly				
Before PROMISE services	58%	67%	57%	57%
Early implementation	67%	100%	57%	71%
Late implementation	54%	67%	57%	43%
Effective working relationship to some or considerable extent				
Before PROMISE services	88%	67%	93%	86%
Early implementation	96%	100%	93%	100%
Late implementation	71%	67%	71%	71%

Notes: Respondents for four CaPROMISE state administrative partners (CDOR, CDOE, CDDS, and FRCs) completed interviews in the early and late implementation periods (the early interview also covered the period before PROMISE services began). They responded to the questions, "How frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?" and "To what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?" For each group of CaPROMISE partner organizations, we computed the percentage of those organizations with which each administrative partner reported communication "at least every month" and reported effective working relationships "to some or a considerable extent." Responses are shown for all CaPROMISE partners as well as by three mutually exclusive CaPROMISE partner types (CDOR—the lead agency, state administrative partners, and service partners).

As CaPROMISE matured, administrators of the state partner organizations collaborated less frequently with each other on program-specific activities. Table IV.3 shows the share of state administrative partner organization relationships in which the respondents reported working on four specific activities (service delivery, resource sharing, client referrals, and data sharing), both related to and outside of CaPROMISE during early and late implementation.[36] During early implementation, the administrators of state partner organizations collaborated within the CaPROMISE context more often on service delivery and resource sharing than on other activities. During this period, their collaboration on all activities was more frequent outside of CaPROMISE than within, particularly with respect to client referrals and data sharing. With the transition to late implementation, collaboration within CaPROMISE on all activities decreased, with service delivery remaining the activity on which collaboration most often occurred. This pattern might reflect the program's increased emphasis on the development of local partner relationships rather than state partner relationships as the program progressed. Interagency Council members reported that their role shifted to that of strategic advisors after the early stages of the program. State administrators' collaboration on these activities outside of CaPROMISE, particularly on data sharing, also decreased over time. During late implementation, state administrators typically collaborated more frequently within CaPROMISE than outside of the

[36] For survey brevity, we did not assess the extent of collaborative activities before CaPROMISE services began.

program on service delivery and client referrals, as frequently on data sharing, and less frequently on resource sharing.

Table IV.3. Activities on which CaPROMISE state administrative partners collaborated related to and outside of the program, by implementation period

Relationship question	Collaborative activity	Share of partner organization relationships	
		Early implementation	Late implementation
In the past year, and related to your work on PROMISE, with which of the following organizations has your organization conducted [activity]?	Service delivery	54%	50%
	Resource sharing	38%	17%
	Client referrals	29%	25%
	Data sharing	21%	8%
In the past year, and outside of your work on PROMISE, with which of the following organizations has your organization conducted [activity]?	Service delivery	58%	38%
	Resource sharing	42%	29%
	Client referrals	50%	17%
	Data sharing	46%	8%

Notes: Respondents for four CaPROMISE administrative partners (CDOR, CDOE, CDDS, and FRCs) completed interviews in the early and late implementation periods to describe their collaborative activities with each of the other six CaPROMISE partner organizations. We computed the percentage of those organizations with which each organizational respondent reported conducting the specified activity.

B. Local administrative partnership networks

The frequency of communication and the incidence of positive views of working relationships among CaPROMISE administrative partners at the local level tended to increase from early to late implementation at the two local sites that participated in the social network analysis, although not consistently across the four types of organizations that we surveyed. In Table IV.4, we present statistics on communication at least monthly and effective working relationships, similar to those presented in Table IV.1, for four types of local partners at the two local sites: CDOR QRP managers, CaPROMISE regional managers, CaPROMISE local site managers, and administrators of local service partners. We observe the following patterns of communication and working relationships for the four types of local administrative partners.

- The ***CDOR QRP managers*** had at least monthly communication with most of the other local CaPROMISE partners and positive views of their working relationships with all of the other local partners during the late program implementation period. These patterns are consistent with their role in CaPROMISE as liaisons between the QRPs and the local sites. We did not survey these staff during early implementation because they had not yet been hired.
- Among the four types of local CaPROMISE partners, the ***CaPROMISE regional managers*** most frequently reported communication at least monthly with the other local partners during late implementation. Their communication on at least a monthly basis with the other local partners increased from early to late implementation, as did their perceptions of the effectiveness of their working relationships. These findings are consistent with findings from the site visits about the role regional managers played in facilitating outreach to and collaboration with local partners.

- The ***CaPROMISE local site managers*** communicated at least monthly with no more than half of the other local CaPROMISE partners during either time period; their level of communication actually declined from early to late implementation. This pattern might reflect that local site managers focused on CSCs' interactions with treatment group participants rather than on their own collaborations with other service providers or that they deferred partnership development to CSCs after conducting some initial outreach and facilitating introductions. Among the four types of local CaPROMISE partners, local site managers least frequently assessed their working relationships with the other local partners as effective to a considerable extent. However, their views of those relationships became more positive as the program matured.
- The ***administrators of local service partners*** reported increases in the number of other local partners with which they communicated at least monthly and in the effectiveness of their working relationships from early implementation to late implementation. These increases are consistent with CaPROMISE's intent to strengthen relationships among organizations at the local level as shown in the program logic model (Figure I.1), though the increases may not have resulted exclusively from program activities. Indeed, the administrators of local service partners reported during site visit interviews that their involvement with other agencies had expanded because of the Competitive Integrated Employment Blueprint and WIOA.

Table IV.4. Communication and effective working relationships among CaPROMISE local administrative partners, by implementation period

Type of local administrative staff; program implementation period	Communication at least monthly	Effectiveness of working relationship	
		Effective to a considerable extent	Effective to some or a considerable extent
CDOR QRP managers			
Early implementation	NA	NA	NA
Late implementation	67%	100%	100%
CaPROMISE regional managers			
Early implementation	43%	50%	89%
Late implementation	89%	61%	100%
CaPROMISE local site managers			
Early implementation	50%	32%	79%
Late implementation	39%	43%	86%
Administrators of local service partners			
Early implementation	33%	35%	63%
Late implementation	63%	50%	91%

Notes: A total of 18 local administrative staff at two local sites completed interviews during early implementation (4 CaPROMISE regional managers, 4 CaPROMISE local site managers, and 10 administrators of local service partners) and 19 local administrative staff at the same two local sites completed interviews during late implementation (2 CDOR QRP managers, 4 CaPROMISE regional managers, 4 CaPROMISE local site managers, and 9 administrators of local service partners) to describe their relationships with each of the other six CaPROMISE partner organizations (for CDOR QRP managers and administrators of local service partners) or all seven CaPROMISE partner organizations (for CaPROMISE regional and local site managers). They responded to the questions, "How frequently did administrative staff from your organization communicate with administrative staff in the following organizations about issues pertaining to youth with disabilities and their families?" and "To what extent did your organization have an effective working relationship with each of the following organizations on issues related to youth with disabilities and their families?"

As with the state administrative partners, we assessed the collaborative activities conducted by the local administrative partners. Table IV.5 shows the share of local administrative partner organization relationships in which the respondents at the two local sites reported working on

four specific activities (service delivery, resource sharing, client referrals, and data sharing) both related to and outside of CaPROMISE during early and late implementation. The patterns of collaborative activities for each of the local administrative partners are as follows.

- The ***CDOR QRP managers*** were not very involved in collaborative activities with other partner organizations inside of CaPROMISE during the late program implementation period, likely because they were still relatively new to those positions and had not received many referrals from the local sites at the time of data collection (section III.C provides details on the addition of the QRPs). The QRP managers were exclusive to CaPROMISE and focused solely on employment; thus, they may not have needed or been expected to collaborate with partners on any of the identified activities within or outside the context of CaPROMISE.
- Compared with the administrators of other CaPROMISE local partner organizations, the ***CaPROMISE regional managers*** reported high levels of collaboration with the other partners on service delivery and resource sharing, both inside and outside of CaPROMISE and during both the early and late implementation periods. Their collaboration with the other local partners on client referrals within CaPROMISE increased markedly between the two periods, which aligns with the introduction of additional partners that could receive referrals as implementation progressed.
- ***The CaPROMISE local site managers*** worked with the other local partners during early implementation, primarily on the delivery of CaPROMISE services. By late implementation, they were collaborating with the other partners on each of the CaPROMISE-related activities to about the same extent. In general, the local site managers did not often collaborate with the other partners on activities outside of the program, perhaps reflecting their primary involvement with CaPROMISE.
- The ***administrators of local service partners*** did not often collaborate with the other CaPROMISE local partners on program-related activities. This circumstance was generally the case during both the early and late implementation periods; however, they did increase their collaboration on CaPROMISE referrals between those two periods. These administrators were substantially more likely to report collaboration with the other local partners on activities outside of the program, which might be expected given that CaPROMISE was not a focal aspect of their work and the majority of the youth they served likely were not involved in the program.

Table IV.5. Activities on which CaPROMISE local administrative partners collaborated related to and outside of the program, by implementation period

Type of local administrative staff; program implementation period	Collaborative activity			
	Service delivery	Resource sharing	Client referrals	Data sharing
Relationship question:	**In the past year, and related to your work on PROMISE, with which of the following organizations has your organization conducted [activity]?**			
CDOR QRP managers				
Early implementation	NA	NA	NA	NA
Late implementation	0%	25%	25%	0%
CaPROMISE regional managers				
Early implementation	100%	79%	21%	43%
Late implementation	79%	75%	64%	39%
CaPROMISE local site managers				
Early implementation	57%	39%	39%	32%
Late implementation	43%	43%	50%	43%
Administrators of local service partners				
Early implementation	21%	24%	10%	7%
Late implementation	19%	20%	30%	11%
Relationship question:	**In the past year, and outside of your work on PROMISE, with which of the following organizations has your organization conducted [activity]?**			
CDOR QRP managers				
Early implementation	NA	NA	NA	NA
Late implementation	8%	0%	8%	33%
CaPROMISE regional managers				
Early implementation	64%	57%	14%	21%
Late implementation	57%	54%	32%	21%
CaPROMISE local site managers				
Early implementation	29%	46%	29%	32%
Late implementation	32%	14%	25%	25%
Administrators of local service partners				
Early implementation	38%	40%	43%	12%
Late implementation	48%	30%	33%	17%

Notes: A total of 18 local administrative staff at two local sites completed interviews during early implementation (4 CaPROMISE regional managers, 4 CaPROMISE local site managers, and 10 administrators of local service partners) and 19 local administrative staff at the same two local sites completed interviews during late implementation (2 CDOR QRP managers, 4 CaPROMISE regional managers, 4 CaPROMISE local site managers, and 9 administrators of local service partners) to describe their relationships with each of the other six CaPROMISE partner organizations (for CDOR QRP managers and administrators of local service partners) or all seven CaPROMISE partner organizations (for CaPROMISE regional and local site managers). They responded to the questions listed in the table.

C. Service partnership networks

CSCs for one of the two local sites where we conducted social network surveys had relationships with their frontline counterparts at CaPROMISE partner organizations similar to or more involved than the relationships of local partner staff, whereas the relationships of CSCs for the other local site were more limited. We asked CSCs about their relationships with staff at seven partner organizations who worked directly with clients.[37] Four CSCs responded to the questions during both the early and late implementation periods; another four responded during

[37] The seven CaPROMISE partner organizations with local frontline staff were CDDS, CDOE, CDOR, CDSS, CEDD, FRCs, and ILCs.

the early period only. In addition, we surveyed frontline staff of selected partners in the two sites (10 during early implementation and 9 during late implementation), asking about their relationships with their counterparts in the same seven organizations (their own excluded).[38] As noted, these responses illustrate the networks that developed in these two sites but might not be representative of the networks that developed in the other 16 sites. In Table IV.6, we show for both the early and late implementation periods the shares of frontline partner organization relationships in which CSCs and local partner staff at the two local sites reported (1) communicating at least monthly and (2) conducting collaborative activities.[39] For example, during early implementation, the eight CSCs reported on their communication with each of seven partner organizations, for a total of 56 reported relationships. 31 of the 56 reports (55 percent) indicated that communication occurred at least monthly.

In 55 percent of their relationships during the early implementation period and 89 percent during late implementation, CSCs communicated at least monthly with frontline staff of other CaPROMISE partner organizations. This pattern reflects a sizeable increase in CSCs' communication network as CaPROMISE developed, which probably resulted at least in part from their shift in focus from recruitment during early implementation to service delivery during late implementation. The late implementation statistics, however, are somewhat biased, as one of the two CaPROMISE local sites had no CSCs on staff at the time we conducted our second survey. When we consider only the four CSCs whom we surveyed twice, they communicated at least monthly in 64 percent and 89 percent of partner relationships during the early and late implementation periods, respectively (data not shown). In comparison, local partner staff communicated at least monthly in 35 percent of CaPROMISE partner relationships during the early implementation period and 41 percent during the late period. The relatively constant level of communication by the frontline staff of CaPROMISE partner organizations stands in contrast to the substantive increase in communication by CSCs.

CSCs frequently collaborated with local service partners in CaPROMISE over the life of the program. As documented in Table IV.6, during early implementation, that collaboration most often took the form of joint trainings (66 percent of CSC relationships with partner organizations included joint trainings) and referrals of clients to the partners (64 percent of relationships). Site visit interviews also found that CSCs participated in joint trainings with local service partners. As previously noted, for example, FRC staff reported that they delivered training to CSCs on specific disabilities and issues pertaining to transition-age youth with disabilities. Three other collaborative activities were present in roughly one-third or more of CSC relationships: (1) referral of clients to partner organizations; (2) discussion of clients' needs, goals, and services; and (3) sharing of client data. During late implementation, CSCs continued to collaborate frequently with their service partners in joint trainings and substantially increased their referrals of clients to the partners; however, their collaboration on other measured activities had virtually ended.

[38] We did not ask the frontline staff of the CaPROMISE partner organizations about their relationships with CSCs.

[39] We did not assess frontline staff relationships before CaPROMISE services began because CSCs had not yet begun working for the program.

The frontline staff of the CaPROMISE partner organizations collaborated with their counterparts at the other partner organizations more frequently during late implementation than early implementation across all of the measured activities (Table IV.6). During early implementation, collaboration on each of the activities occurred in roughly one-third to one-half of the partner relationships. As the program matured, collaboration on joint training (56 percent of partner relationships) and referrals to partner organizations (69 percent of partner relationships) substantially increased, whereas the frequency of collaboration on the other measured activities remained essentially unchanged. These patterns are consistent with the program's intent to strengthen relationships among local organizations and the shift in program priorities from recruitment to service delivery.

Table IV.6. Communication and collaborative activities among CSCs and frontline staff of CaPROMISE partners, by implementation period

Relationship question	Communication frequency/ collaborative activity	Share of partner organization relationships	
		Early implementation	Late implementation
CSCs			
How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?	Communication at least monthly	55%	89%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Conduct joint training	66%	64%
	Refer clients to partner organization	64%	86%
	Discuss clients' needs, goals, and services	43%	21%
	Share client data	36%	0%
	Meet for transition planning	36%	11%
	Receive referrals from partner organization	11%	0%
Local service partners			
How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?	Communication at least monthly	35%	41%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Conduct joint training	32%	56%
	Refer clients to partner organization	47%	69%
	Discuss clients' needs, goals, and services	40%	48%
	Share client data	25%	33%
	Meet for transition planning	28%	32%
	Receive referrals from partner organization	43%	44%

Note: A total of 8 CSCs and 10 frontline staff of CaPROMISE partner organizations at two local sites completed interviews during early implementation; 4 CSCs and 9 partner staff at the same two local sites completed them during late implementation. They reported on their communication frequency and collaborative activities with their counterparts at seven CaPROMISE partner organizations, excluding their own. The partner staff did not report on their communication and collaboration with CSCs.

The statistics shown in Table IV.6 provide summary information about relationships of CSCs and frontline staff of CaPROMISE partner organizations at the two local sites where we conducted social network surveys with their counterparts at seven partner organizations but do

not show the variation in those relationships across individual staff members. Figure IV.1 uses graphical representations of relationships at the individual staff level (sociograms) to address this limitation of the summary statistics. The sociograms depict at least monthly communication (shown as lines) by individual CSCs and frontline staff of CaPROMISE partner organizations at the two local sites (shown as red circles on the left of each figure) with their counterparts at the partner organizations (shown as blue squares on the right of each figure) during early and late implementation of the program (in panels a and b, respectively). Each red circle represents a survey respondent. Each blue square represents the collective of frontline staff associated with a partner organization. Four patterns emerge from the sociograms:

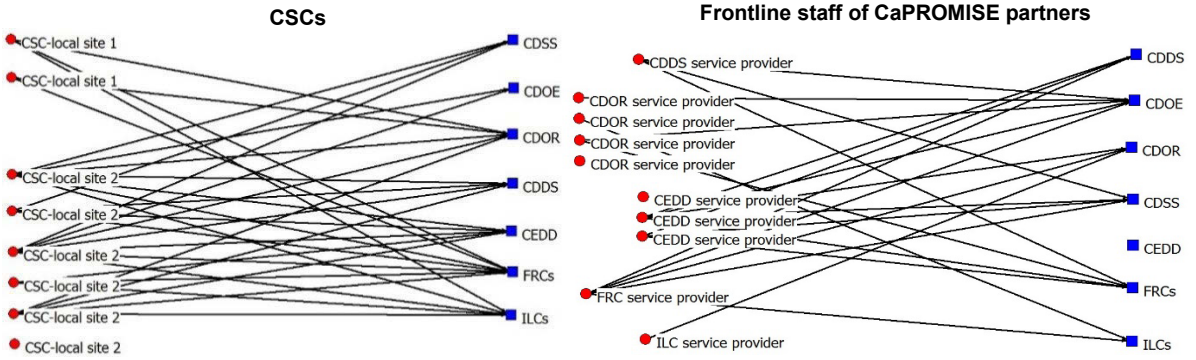
1. During early program implementation, the two CSCs at one of the two local sites (Local Site 1) communicated at least monthly with frontline staff at only CDOR and one or both of the contracted service providers (the ILCs and the FRCs); they did not communicate frequently with frontline staff at any of the other partner organizations (Figure IV.1a). Conversely, five of six CSCs at the other local site (Local Site 2) communicated at least monthly with frontline staff at CDOR, the two CaPROMISE contracted service providers, and at least one other partner organization. The pattern of communication in Local Site 2 might reflect CaPROMISE's expectation for CSCs to connect youth and families to a wide range of community resources. As mentioned earlier, at the time of the social network survey during late implementation, the two CSC positions at Local Site 1 were both vacant due to recent staff attrition. Given this attrition, the pattern of communication at Local Site 1 during early implementation may not be representative of other local sites.
2. The communication patterns of CSCs during the late implementation period were similar to those described above during early implementation, with one exception (Figure IV.b). Because of staff attrition, there were no CSCs at Local Site 1 during late implementation to complete the survey (or provide services to participants).
3. Most of the frontline staff of the CaPROMISE partner organizations communicated at least monthly with their counterparts at one to five organizations during early program implementation (Figure IV.1a). However, two frontline staff (one each from CDOR and CEDD) had no such communication. The organizations that were the most frequent recipients of this communication were CDDS, CDOE, CDOR, CDSS, and the FRCs. CEDD and the ILCs were less frequent recipients of communication at least monthly.
4. One ILC frontline staff member communicated at least monthly with multiple partner organizations, whereas the other had no such communication, perhaps because the ILCs had only recently contracted with CaPROMISE at the time of data collection (see section III.F for details on the addition of the ILCs). The variance in communication could also reflect differences in the composition of each staff member's caseload; the former may have had clients with more needs (necessitating more collaboration with other entities) than the latter.

In sum, the relationship patterns among service partners at the two local sites were mixed. The frequency of some collaborative activities (particularly joint training and client referrals to other partner organizations) increased from early to late implementation, as did CSCs' communication with other frontline staff. The communication of frontline staff of the CaPROMISE partner organizations, however, did not change appreciably, and the frequency of other collaborative activities remained the same or decreased. These mixed findings may reflect

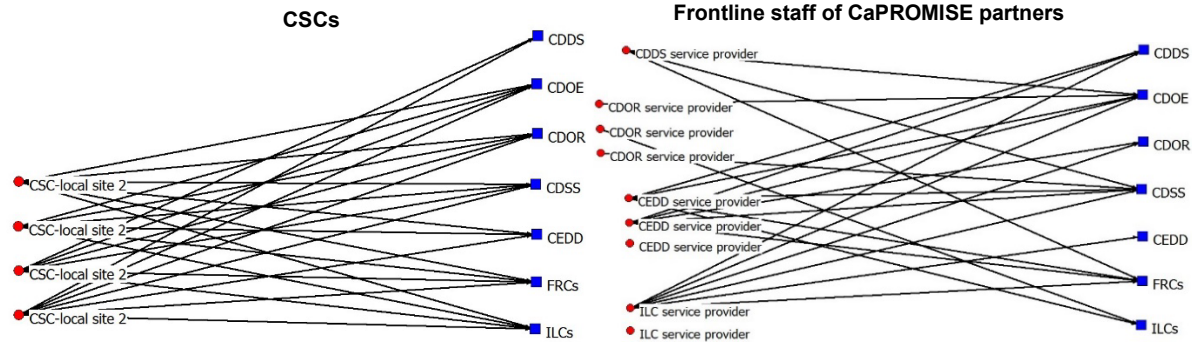
variation in partnership development across local sites. As noted in section III.G, program managers intended for each local site to assemble or engage in an existing task force consisting of the local partners, but progress was uneven during the period of data collection.

Figure IV.1. Communication at least monthly by CSCs and frontline staff of CaPROMISE partners with CaPROMISE partners, by implementation period

a. Early implementation



b. Late implementation



Note: A total of 8 CSCs and 10 frontline staff of CaPROMISE partner organizations at two local sites completed interviews during early implementation; 4 CSCs and 9 frontline staff of CaPROMISE partner organizations at the same two local sites completed them during late implementation. The figures show responses of "at least every month" to the question, "How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?" Red circles represent individual CSCs and frontline staff of CaPROMISE partner organizations who responded to the survey; blue squares represent CaPROMISE partner organizations. Respondents did not report on communication with staff from their own organization.

V. LESSONS AND IMPLICATIONS FOR THE IMPACT ANALYSIS

In the absence of findings from the evaluation's ongoing impact analysis, it is premature to assess whether CaPROMISE was successful in reducing SSI payments and improving education and employment outcomes among transition-age youth with disabilities. Nonetheless, the process analysis revealed several lessons on the benefits and challenges of the program's approach to engaging youth with disabilities, delivering services to them and their families, and facilitating partnerships to improve service coordination. It also identified important considerations about how administrators and staff implemented the program in practice that may have implications for its ability to generate impacts.

A. Lessons about engaging youth with disabilities and their families

Engaging youth and families in diverse communities requires cultural sensitivity. CaPROMISE hired local staff who mirrored the cultures and languages of the communities where they sought to recruit and provide services. CSCs reported that for many families, it was the first time someone from the school system had engaged with them in their own language. Appreciation of cultural sensitivities helped CSCs establish rapport with youth and their families as well as anticipate culturally specific concerns about employment and services.

Basing a program in LEAs establishes credibility during recruitment and provides access to LEA resources during service delivery. CaPROMISE staff believed that the decision to base the program in LEAs was critical to their success in implementing the program. It meant that they were LEA staff, which lent them and the program legitimacy in the eyes of parents of the youth they were recruiting. The LEAs provided in-kind resources, such as access to district records (which helped CSCs locate youth), access to school buildings (where CSCs could meet with youth and families), and vehicles (for transportation support). CSCs also collaborated with other school staff as colleagues to help support youth's education and transition goals.

Using the same staff to recruit and provide services imposes competing demands on staff time and program resources. CSCs reported that the recruitment of youth into the evaluation of CaPROMISE was time intensive. Faced with competing demands and time constraints, they worked long days to both conduct recruitment and deliver services. During the first 20 months of program operations, these competing demands likely impeded the ability of CSCs to provide services, as they generally prioritized recruitment over service delivery. Indeed, though the program expected all youth would receive program contact within 10 days of enrollment, MIS data indicate that 28 percent met this target (though the percentage may be understated due to incomplete data entry). Although youth and parents who attended Mathematica's first focus groups expressed hope for the opportunities that CaPROMISE could offer, they also expressed frustration about the lack of program follow-up after having been notified of their assignment to the treatment group.

Programs should be aware of systemic barriers to ongoing engagement in employment and other program activities. Many families struggled with housing instability and other immediate needs that made it difficult for them to engage with CaPROMISE. Families experiencing housing instability moved frequently, making it difficult for CaPROMISE to stay in contact with them. Even when families were engaged in the program, a lack of access to

transportation and poor local economic conditions could prevent them from obtaining and maintaining employment. Awareness of these barriers among CaPROMISE staff deepened as the program matured. The program addressed them, when possible, by allocating additional resources and through staff training.

B. Lessons about delivering program services and facilitating partnerships to improve service coordination

Flexibility to modify an implementation plan can help a program respond to unanticipated developments. CaPROMISE managers made significant modifications to the program's structure in response to developments they had not anticipated when designing it. To expand staff capacity and enhance staff skills, they (1) created an internship program, (2) allowed the local sites (the LEAs) to hire job coaches and job developers, (3) contracted with ILCs to deliver training on independent living skills, (4) hired QRPs to deliver employment services, and (5) hired a mentor in each of the program's regions to provide customized, one-on-one technical assistance. To expand employment opportunities, they authorized the use of program funds to pay the wages of youth in paid work experiences when their employers were unable or unwilling to do so. The flexibility to make these and other modifications helped the program better meet the needs of participating youth and their families.

Programs seeking to promote cross-agency collaboration at the local level should establish clear expectations for such collaboration and monitor progress. Directives regarding cross-agency collaboration can be specified in formal contracts; when they are not, program managers and agency administrators should encourage program staff and local service providers to develop processes for supporting one another's efforts. Site visit interviews and the social network analysis suggest that the establishment of effective relationships among the core CaPROMISE partners at the local level progressed slowly. Although some Interagency Council members introduced their agency's local administrators to the program's local site managers, they did not track or facilitate the ongoing development of relationships. And, though CaPROMISE managers provided guidance on partnership development to local sites, there was no clear process for monitoring progress. As a result, the local sites varied significantly in their development of relationships with their partners, potentially resulting in lost opportunities in services and work experiences for some youth and their families.

Program sites employing more staff are better able to cushion the effects of staff attrition. CaPROMISE established local sites that varied in size based on the number of age-eligible SSI youth in those areas, which informed the specification of enrollment targets. Applying a standard staff-to-client ratio of 1:26 for service provision resulted in sites with between one and 10 CSCs. Each time a site experienced staff attrition, cases were temporarily reallocated among the remaining CSCs until new staff could be hired and obtain SSA suitability determinations, which in some cases took a long time. This process was far more burdensome for the remaining staff in sites with fewer CSCs than in those with more.

Specialized service providers may complement generalists in meeting the needs of youth with disabilities and their families. CaPROMISE initially followed a generalist service model, in which CSCs provided almost all services directly. Over time, however, CaPROMISE hired job coaches, job developers, and QRPs to deliver employment services; contracted with

ILCs to deliver independent living training; and increased the budgets of the FRCs to deliver parent training and information. The addition of these specialized service providers eased the burden on CSCs, thus allowing them to concentrate on case management, benefits counseling, and education services.

C. Considerations for interpreting findings in the impact analysis

The key interventions that the impact analysis will assess are intensive family-centered case management and paid and unpaid work experiences for youth. The services provided by CaPROMISE were distinctive in that other programs in the state rarely served youth as young as those in CaPROMISE and rarely focused on the family unit as a whole. Also, whereas some other programs provided employment services to youth with disabilities, none also provided the high levels of case management and individualized support offered by CaPROMISE. Although services and work opportunities were available in the existing environment for some youth in the evaluation's control group, take-up may have been low without facilitation through intensive case management and individualized support.

CaPROMISE satisfied conditions that maximized the likelihood the evaluation could detect impacts. Recruitment, enrollment, and service delivery in CaPROMISE were structured so as to minimize the risk that control group youth would inadvertently receive services from the program. Also, data from the CaPROMISE MIS show that as of August 2017, a large share (93 percent) of treatment group youth actually had participated in the program, and most of them had received program contacts associated with key services as well as at least one work experience. When considered along with evidence suggesting that control group youth had only limited access to alternative sources of intensive case management and employment services, these findings suggest a marked difference in the service experiences of treatment and control group youth.

The inability to distinguish communication from service delivery in the MIS may make it difficult to interpret impact estimates. CaPROMISE's MIS did not distinguish between program contacts in which communication about a service occurred and those in which services were delivered, which prevented us from calculating traditional service take-up rates. The lack of a distinction between communication and service delivery could make it difficult to interpret impact estimates. For example, if the impact analysis were to yield statistically significant estimates of CaPROMISE's impacts on targeted outcomes, the MIS data would not identify which services may have contributed to those impacts. Conversely, if the impact estimates were to be statistically insignificant (not significantly different from zero), we would not be certain whether the lack of impacts was due to services not being delivered or a flawed program model (that is, a model incapable of producing the desired impacts). In addition, the lack of a distinction between communication and service delivery could limit the ability of other entities to replicate the CaPROMISE service model because they would not have a full picture of the services provided to treatment group youth and their families. Though we could not calculate traditional service take-up rates for the CaPROMISE process analysis, the impact analysis for the national evaluation will compute rates of service receipt (from both PROMISE and non-PROMISE providers) using data from the 18-month youth and parent surveys.

Treatment group youth who disengaged from CaPROMISE might dilute the estimated impacts of the program. Of the 93 percent of youth who participated to some extent in CaPROMISE, 6 percent had disengaged from the program by the third year of program operations. CaPROMISE ceased all efforts to contact, re-engage, or provide services to these youth. We are including them in the impact analysis, however, as that analysis focuses on the impacts of the program on those youth whom it intended to treat (that is, all treatment group members). The presence of disengaged treatment group youth in that analysis might diminish the magnitude of the estimated impacts of CaPROMISE. Because the disengagement rate was low as of the end of the process analysis, the diminution in impact estimates for the 18-month impact analysis is likely small. The concern could be greater for the 5-year impact analysis if the disengagement rate continues to grow during the last years of program operations.

REFERENCES

California Department of Education, California Department of Rehabilitation, and California Department of Developmental Services. "California Competitive Integrated Employment Blueprint." May 2017. Available at https://www.chhs.ca.gov/wp-content/uploads/2017/06/CIE/California-Competitive-Integrated-Employment-Blueprint.docx. Accessed May 23, 2018.

California Department of Rehabilitation. "Independent Living Center Youth Programs Report & Resource Directory 2016–2017" February 2017. Available at http://www.dor.ca.gov/ILS/docs/Independent-Living-Center-Youth-Programs-Report-and-Resource-Directory-16-17.docx. Accessed May 28, 2018.

Fraker, Thomas, Gina Livermore, Jacqueline Kauff, and Todd Honeycutt. "Promoting Readiness of Minors in Supplemental Security Income (PROMISE) National Evaluation Data Collection Plan." Washington, DC: Mathematica Policy Research, January 2014.

Fraker, Thomas, and AnnaMaria McCutcheon. "A Plan for Recruitment and Enrollment, Random Assignment, and Technical Assistance on the PROMISE Evaluation." Washington, DC: Mathematica Policy Research, December 2013.

Mamun, Arif, Ankita Patnaik, Michael Levere, Gina Livermore, Todd Honeycutt, Jacqueline Kauff, Karen Katz, AnnaMaria McCutcheon, Joseph Mastrianni, Brittney Gionfriddo. "Promoting Readiness of Minors in SSI (PROMISE) Evaluation: Interim Services and Impact Report." Washington, DC: Mathematica Policy Research, forthcoming.

Martin, Patricia P. "Why Researchers Now Rely on Surveys for Race Data on OASDI and SSI Programs: A Comparison of Four Major Surveys." *Research and Statistics Note*, no. 2016-1, Social Security Administration, 2016.

U.S. Department of Education. "Applications for New Awards; Promoting the Readiness of Minors in Supplemental Security Income (PROMISE)." *Federal Register*, vol. 78, no. 98, May 21, 2013, pp. 29733–29748. Available at https://federalregister.gov/a/2013-12083. Accessed January 7, 2018.

U.S. Department of Labor. "WIOA Overview." Available at https://www.doleta.gov/WIOA/Overview.cfm. Accessed July 20, 2018.

Wasserman, S., and K. Faust. *Social Network Analysis: Methods and Applications*. Cambridge, UK: Cambridge University Press, 1994.

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