



REPORT

Promoting Readiness of Minors in Supplemental Security Income (PROMISE): New York State PROMISE Process Analysis Report

November 16, 2018

AnnaMaria McCutcheon
Karen Katz
Rebekah Selekman
Todd Honeycutt
Jacqueline Kauff
Joseph Mastrianni
Adele Rizzuto

Submitted to:

Social Security Administration
Office of Research, Demonstration, and Employment Support
6401 Security Blvd. 4303 Annex Bldg.
Baltimore, MD 21235

Project Officer: Jeffrey Hemmeter
Contract Number: SS00-13-60044

Submitted by:

Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Director: Gina Livermore
Reference Number: 40304.57B

This page has been left blank for double-sided copying.

ACKNOWLEDGMENTS

The process analysis for New York State Promoting Readiness of Minors in Supplemental Security Income (NYS PROMISE) was conducted by Mathematica Policy Research as part of the PROMISE national evaluation, under a contract with the Social Security Administration (SSA). Many people at both SSA and Mathematica helped provide the data and conduct the analyses presented in this report. At SSA, Jeffrey Hemmeter, Jackson Costa, and Molly Costanzo facilitated data access, monitored and supported all project work, and provided thoughtful feedback on early drafts of the report. At Mathematica, Thomas Fraker directed the evaluation until 2017 and provided guidance on the design and execution of the process analysis. He and Michael Ponza reviewed the report for quality and provided invaluable feedback. Nicholas Redel prepared administrative data for analysis. Christopher Rodger reviewed all programming code. Mathematica also subcontracted with BCT Partners, a research and consulting firm that helped design and execute the focus groups with PROMISE youth and their parents and guardians. Tonya Woodland at BCT Partners led this effort.

This report would not have been possible without the cooperation and support we received from the directors, managers, and staff of NYS PROMISE and its partner organizations. These individuals graciously shared their time, experiences, and expertise in responding to telephone and in-person interviews and supporting the focus groups with PROMISE participants. Other NYS PROMISE staff worked diligently with us to provide extracts of data from the program's management information system. Staff at the U.S. Department of Education supported NYS PROMISE in these endeavors and in managing and implementing the cooperative agreement in general. The authors would like to thank all of these individuals for their important contributions to this report and for their useful feedback on an early draft.

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.

This page has been left blank for double-sided copying.

CONTENTS

ACRONYMS AND ABBREVIATIONS.....ix

EXECUTIVE SUMMARYxi

I. INTRODUCTION..... 1

 A. Research objectives, data sources, and methods for the process analysis 1

 B. Overview of NYS PROMISE..... 4

 C. Roadmap to the report..... 8

II. ENROLLMENT AND PARTICIPATION IN NYS PROMISE 9

 A. Outreach and recruitment..... 9

 B. Enrollment and random assignment..... 12

 C. Participation in NYS PROMISE 17

III. SERVICES FOR YOUTH WITH DISABILITIES AND THEIR FAMILIES 21

 A. Case management 23

 1. Counterfactual services 23

 2. NYS PROMISE services 24

 B. Benefits counseling and financial education services 32

 1. Counterfactual services 32

 2. NYS PROMISE services 33

 C. Career exploration and work-based learning experiences 35

 1. Counterfactual services 35

 2. NYS PROMISE services 37

 D. Parent training and information 43

 1. Counterfactual services 43

 2. NYS PROMISE services 43

 E. Education services 44

 1. Counterfactual services 44

 2. NYS PROMISE services 46

 F. The possibility that control group members received NYS PROMISE services 46

IV. PROGRAM PARTNERSHIPS 51

 A. Administrative partnership networks 54

 B. Service partnership networks 57

V. LESSONS AND IMPLICATIONS FOR THE IMPACT ANALYSIS..... 61

 A. Lessons about engaging youth with disabilities and their families 61

 B. Lessons about delivering program services and facilitating partnerships to improve
 service coordination..... 62

 C. Considerations for interpreting findings in the impact analysis 63

REFERENCES..... 67

APPENDIX A SUPPLEMENTARY ANALYSES OF PROGRAM SERVICE DATAA.1

APPENDIX B DESCRIPTION OF NYS PROMISE ACTIVITIESB.1

TABLES

I.1	NYS PROMISE RDSs, parent centers, and service providers, by region, as of October 2017	6
II.1	NYS PROMISE recruitment efforts over time	10
II.3	Summary of final recruitment results for NYS PROMISE	13
II.4	Rate of enrollment in the NYS PROMISE evaluation	13
II.5	Characteristics of youth eligible for NYS PROMISE, by evaluation enrollment status (percentages unless otherwise indicated).....	15
II.6	Characteristics of randomly assigned NYS PROMISE treatment and control group members	16
II.7	Efforts to engage treatment group youth as participants in NYS PROMISE as of October 2017	18
II.8	NYS PROMISE participant characteristics at enrollment	18
III.1	NYS PROMISE service providers, by region	22
III.2	NYS PROMISE case managers and family coaches: Number and average caseloads, by RDS, as of October 2017	25
III.3	Case management contacts among participating NYS PROMISE youth and parents or guardians as of October 2017.....	28
III.4	Take-up of NYS PROMISE parent coaching and information services as of October 2017 (percentages unless otherwise indicated).....	31
III.5	Referral to and take-up of benefits counseling and financial literacy services among families of NYS PROMISE participants as of October 2017.....	34
III.6	Referral to and take-up of career exploration and work-based learning experiences among NYS PROMISE participants as of October 2017	39
III.7	Take-up of parent training among NYS PROMISE participants as of October 2017 (percentages unless otherwise indicated).....	44
III.8	Referral to and take-up of education services among NYS PROMISE participants as of October 2017	46
IV.1	NYS PROMISE partner organizations listed in the network survey instruments and included in the analysis	53
IV.2	Communication and effective working relationships among NYS PROMISE partners in the Capital Region, by implementation period	55
IV.3	Communication and effective working relationships among NYS PROMISE partners in the Capital Region, by partner type and implementation period.....	56
IV.4	Activities on which Capital Region partners in NYS PROMISE collaborated related to and outside of the program, by implementation period.....	57

IV.5 Activities among NYS PROMISE front-line staff and NYS PROMISE partners, by region and implementation period..... 58

A.1 Efforts to engage treatment group youth as participants in NYS PROMISE as of October 2017, by regionA.3

B.1 NYS PROMISE activity definitionsB.3

FIGURES

I.1 NYS PROMISE logic model 7

ACRONYMS AND ABBREVIATIONS

ACCES-VR	Adult Career and Continuing Education Services-Vocational Rehabilitation
AJC	American Job Center
BWI	Benefits, work incentives, and asset development planning and assistance
CBWA	Community-based workplace assessments
CPP	Career planning and preparation
CS	Coaching supports
CUTE	Community unpaid training experience
D75	District 75
DHHS	U.S. Department of Health and Human Services
DOL	U.S. Department of Labor
ED	U.S. Department of Education
FLT	Financial literacy training
IEP	Individualized education program
JD+PWE	Job Development and Paid Work Experience
LEA	Local education agency
MIS	Management information system
NYESS	New York Employment Service System
NYSCB	New York State Commission for the Blind
OMH	Office of Mental Health
OPWDD	Office for People with Developmental Disabilities
Pre-ETS	Pre-employment transition services
PROMISE	Promoting Readiness of Minors in Supplemental Security Income
RAS	Random assignment system
RDS	Research demonstration site
RFMH	Research Foundation for Mental Hygiene
RTA	Recruitment Tracking Application
SCWE	Sponsored community work experience
SEd	Supported education
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security number

VR	Vocational rehabilitation
WIOA	Workforce Innovation and Opportunity Act
WIPA	Work Incentives Planning and Assistance

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 New York State PROMISE program, known as NYS PROMISE. The findings are based on data collected through October 2017 via site visits to NYS PROMISE, 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.

NYS PROMISE operated in three regions of the state: the Capital Region, Western New York, and New York City. The New York State Office of Mental Health (OMH) was the lead agency for the program and the recipient of the cooperative agreement with ED. The Research Foundation for Mental Hygiene (RFMH) applied for the cooperative agreement on behalf of OMH and led the day-to-day implementation of the program.¹ RFMH shared the program leadership responsibilities with Cornell University’s K. Lisa Yang and Hock E. Tan Institute on Employment and Disability (henceforth Cornell), which additionally provided training and technical assistance to the program’s staff, conducted a formative evaluation of the program, and designed and implemented program quality improvement processes. Three types of organizations served NYS PROMISE youth and their families through contracts with either RFMH or Cornell: (1) research demonstration sites (RDSs) delivered case management to youth; (2) parent centers delivered family coaching and training to parents and guardians; and (3) local service providers delivered employment and education services, benefits counseling, and financial literacy training to youth and parents and guardians. Although it was not originally part of the program model, midway through the program’s operational period RFMH hired community case managers to deliver case management to youth in New York City and community employment specialists to provide them with employment services.

In the following sections, we summarize key findings about how NYS PROMISE engaged with youth, the services the program provided to them and their families in the first three years of program operations, and the collaborations the program fostered to support its efforts. We also

¹ RFMH is a not-for-profit, quasi-state organization that supports the research activities of the Department of Mental Hygiene’s three agencies: OMH, the Office for People with Developmental Disabilities (OPWDD), and the Office of Alcoholism and Substance Abuse Services.

highlight information about the experiences of control group youth that could have implications for the evaluation's impact analysis.

Engaging with youth with disabilities

NYS PROMISE enrolled 2,090 youth in the evaluation of the program, 1,057 of whom were assigned to the treatment group. The program's initial recruitment strategy was to invite youth and their parents or guardians to events at which they could learn about the program and enroll in the evaluation. In response to low attendance at the recruitment events and low enrollment in the evaluation, NYS PROMISE revised its recruitment strategy by targeting a broader group of youth in New York City for recruitment and supplementing the recruitment events with one-on-one meetings. These changes helped the program achieve and surpass its enrollment goal of 2,000 youth. Three years into program operations, NYS PROMISE had engaged 90 percent of treatment group youth as participants in the program by virtue of their having had either a case management meeting with a case manager or family coach or an intake meeting with a service provider.

Services provided to treatment group youth and their families

NYS PROMISE provided intensive case management services to treatment group youth and their parents or guardians. The program's case managers and family coaches were supposed to hold quarterly meetings with youth and with their parents and guardians. With youth, they actually held an average of 3.4 case management meetings per participant in total through the third year of program operations, or roughly one-quarter to one-half of the expected number of meetings. Difficulty in contacting families and limited staff capacity contributed to the fewer-than-expected number of meetings. Delays and lapses in data entry also may have resulted in underreporting of meetings, service referrals, and service completions.

NYS PROMISE provided benefits, work incentives, and asset development planning and assistance (BWI) and financial literacy training (FLT) to parents and guardians. The parents and guardians of about one-fifth of participating youth were referred to BWI and just over half as many were referred to FLT through October 2017. Among those referred to these services, the program classified just 5 percent and 14 percent, respectively, as having completed them. The program staff reported that parents and guardians were not comfortable discussing their personal income and benefits in group settings; they preferred to receive the information through informal consultations with program staff rather than structured group trainings. They also preferred the individualized information that could best be conveyed through one-on-one consultations.

The program's case managers referred treatment group youth to one or more of six different types of career exploration and work-based learning experience services. By October 2017, the case managers had most frequently referred participants to pre-employment services (such as assessments and career planning and preparation activities); referrals to unpaid and paid work experiences occurred much less frequently and were substantially below the benchmarks the program had set for such referrals. For example, NYS PROMISE had intended that 71 percent of treatment group youth would have a paid work experience by the program's fifth year of operation. However, three years into program operations, just 15 percent of participating youth had been referred to this service and only 35 percent of those referred were classified as having completed the service. The program was therefore in a position of needing to dramatically

accelerate the pace of referrals to paid work experiences and increase the capacity of providers to deliver them in the remaining two years of operations to meet its benchmark for youth engagement in this critical service.

NYS PROMISE referred the parents and guardians of treatment group youth to community resources and provided coaching and information sharing on topics such as benefits and entitlements, education, employment, finances, health care, housing, and transition planning. The program also provided four core trainings on the topics of transition planning, effective advocacy, self-determination and family action planning, and rights and work incentives. The take-up of coaching and information sharing was high; the parents and guardians of 95 percent of participating youth received that service. In contrast, the parents and guardians of only 5 percent of participating youth engaged in the full set of four structured trainings; the take-up rate for any one of those trainings was 30 percent.

Program partnerships

A central objective of the federal partners in the national PROMISE initiative was the strengthening of partnerships among state and regional organizations in serving youth with disabilities and their families. Data from two social network surveys of administrators and frontline staff of the regional partners in NYS PROMISE afforded us an opportunity to describe their communication and working relationships with each other and with partner organizations at the state level, before the program was implemented and as implementation proceeded over time, from early to late in the implementation period. The findings indicate that the frequency of communication and the extent of working relationships at the administrative level among the partners in the Capital Region (the only region for which we received enough survey responses from administrators to support the analysis) increased throughout implementation. The findings from our analysis of the network survey data for frontline staff indicate that communication and collaboration among direct-service staff across the partner organizations within the regions varied—they were generally lower in the Capital Region, higher in Western New York, and intermediate in New York City. The strength of the service networks increased somewhat between early and late program implementation in the Capital Region but remained stable in the other two regions. In general, the survey data for frontline staff showed that the service networks were less than robust in all of the regions and time periods.

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

The intensive, family-focused case management and individualized employment services that NYS PROMISE planned to provide to youth at earlier ages than was otherwise typical constituted the primary intended distinctions 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 of lower intensity. Examples of such programs included local education agency (LEA) services, the Medicaid service coordination program, and Medicaid waivers. Because NYS PROMISE leveraged existing programs and providers for most of its services, control group youth, in principle, had access to many of the same services to which the intervention staff referred treatment group youth. For example, PROMISE staff referred treatment group youth to the Summer Youth Employment Program (which provided low-income youth with and without disabilities with summer paid work experiences) and the

state vocational rehabilitation (VR) agency. Control group youth also could have applied for these services; however, it is likely that few of them received case management to promote their awareness of those services and assist them in applying for them. Although control group youth might have received benefits counseling through SSA's Work Incentives Planning and Assistance projects or minimal financial literacy training in high school, they would not have had access to the comprehensive services that NYS PROMISE offered in these areas. However, by October 2017, substantially fewer participating youth had received employment services, benefits counseling, and financial literacy training services from NYS PROMISE than the program had intended.

NYS PROMISE assigned all control group youth to case managers and all control group parents and guardians to family coaches. The program intended that case managers and family coaches would record information on control group members' educational and employment outcomes and make referrals to community resources. The findings from the process analysis suggests that this practice (an integral part of the program design) could prove problematic for the ability of the evaluation's impact analysis to detect program impacts. Two pieces of evidence from the process analysis imply that control group youth may have received more services than they would have in the absence of the program. First, some NYS PROMISE case managers and family coaches told us they had difficulty in dealing with treatment and control group members differently; they provided control group members with more intense case management than the program had intended and made more referrals to community resources than the youth and parents or guardians would have received in the program's absence. Second, relationships among organizations serving youth with disabilities may have been formed or strengthened through their involvement in NYS PROMISE, given its focus on systems change. If those improvements in relationships persisted over time, they may have enhanced the service environment for all youth with disabilities in the participating regions. In addition to these two issues pertaining to the program's design, external factors, such as the implementation of the Workforce Innovation and Opportunity Act (WIOA) and the New York State Employment First Initiative, may affect the services available to control group youth during the five-year follow-up period for the impact analysis.

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 New York State PROMISE program, known as NYS PROMISE.

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 NYS PROMISE, 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 NYS PROMISE program director approximately one month after program implementation. We then conducted visits to NYS PROMISE sites 6 and 24 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, and observations of program activities. We also conducted focus groups with treatment group youth and their parents or guardians 12 and 24 months after program implementation. The focus groups conducted 12 months after program implementation included 11 families (11 youth and 13 parents and guardians); the groups conducted 24 months after program implementation included 10 families (10 youth and 10 parents and guardians). Finally, we conducted telephone interviews with a subset of respondents from the site visits 36 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 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 NYS PROMISE organizations and partners during the site visits (6 and 24 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 NYS PROMISE. 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 NYS PROMISE 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 or guardian 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 NYS PROMISE 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. NYS PROMISE used two web-based systems—the Recruitment Tracking Application (RTA) and the New York Employment Service System (NYESS)—to track recruitment efforts and service delivery, respectively. The RTA was a new system developed specifically for NYS PROMISE. NYESS was an existing system developed under a Medicaid Infrastructure Grant that served as the access point for all employment-related services and supports in New York State.⁴ NYESS administrators developed a new PROMISE service section expressly for NYS PROMISE. Each program service was associated with one or more activities in NYESS, which we describe in Appendix B. Program staff recorded the services and activities to which they referred youth and the dates that youth completed activities.

Program managers trained staff on the process for and importance of data entry at the beginning of the program and at multiple points midway through the program when the formative evaluation suggested a need for additional training. They also provided staff with feedback from their periodic reviews of the completeness of the data entered and offered ongoing technical assistance as staff brought issues to their attention. Despite this training, staff reported that they found the data entry associated with service delivery challenging because of the large volume of data that needed to be entered and the complexity of the MIS structure. Program

⁴ NYESS was used by the New York State Office of Mental Health, the New York State Department of Labor, the New York State Office of Alcoholism and Substance Abuse Services, the New York State Office for People with Developmental Disabilities, the New York State Commission for the Blind, the New York State Office for the Aging, and Adult Career and Continuing Education Services-Vocational Rehabilitation (New York State Employment Services System).

managers were aware that staff struggled with data entry and acknowledged that MIS data were incomplete. Because of this, we likely underreport referrals to and completion of NYS PROMISE services and activities.

Mathematica analyzed data on program services entered through October 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 October 2017, the earliest enrollees had been in the program for three years, but the latest enrollees had been in the program for only 18 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 NYS PROMISE program managers. Mathematica participated in monthly calls, during which program managers updated ED and SSA on program 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 NYS PROMISE

NYS PROMISE operated in three regions of the state: the Capital Region, Western New York, and New York City. The New York State Office of Mental Health (OMH) was the lead agency for NYS PROMISE and the recipient of the cooperative agreement with ED. OMH is an agency within the New York State Department of Mental Hygiene that operates psychiatric centers and regulates, certifies, and oversees psychiatric programs. OMH's primary roles on NYS PROMISE were to develop and maintain the new PROMISE-specific component of NYESS and provide fiscal oversight of the program. Representatives from OMH also served on a NYS PROMISE steering committee, which supported and worked collaboratively with the program. Other state agencies with representatives on the steering committee were as follows:

- New York State Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), which administers the state's non-blind vocational rehabilitation (VR) program
- New York State Department of Health, which administers the state's Medicaid program
- New York State Department of Labor, which administers the Workforce Innovation and Opportunity Act (WIOA)⁵

⁵ 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). 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 local education agencies (LEAs)—began planning for and implementing practices to address WIOA requirements. By the end of data collection for the NYS PROMISE process analysis, state and local agencies were still building capacity to provide the new services the legislation required.

- New York State Developmental Disability Planning Council, which promotes policies that support people with developmental disabilities
- New York State Education Department, which oversees education, including special education, in the state
- New York State Office of Children and Family Services, which administers the state’s child welfare and juvenile justice programs, and houses the New York State Commission for the Blind (NYSCB, the state’s VR agency for the blind)
- New York State Office for People with Developmental Disabilities, which provides services to people with developmental disabilities
- New York State Office for Temporary and Disability Assistance, which administers Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, and the State Supplement Program

The Research Foundation for Mental Hygiene (RFMH) applied for the cooperative agreement on behalf of OMH and led the day-to-day implementation of the program.⁶ RFMH shared the program leadership responsibilities with Cornell University’s K. Lisa Yang and Hock E. Tan Institute on Employment and Disability (henceforth Cornell), which also provided training and technical assistance to program staff, conducted a formative evaluation of the program, and designed and implemented program quality improvement processes. Three types of organizations served NYS PROMISE families through contracts with either RFMH or Cornell: (1) research demonstration sites (RDSs) provided case management to youth; (2) parent centers provided case management and training to parents; and (3) service providers delivered employment and education services, benefits counseling, and financial literacy training to youth and parents. Cornell issued contracts to the RDSs and parent centers, with the value of each contract determined by the number of youth and families the organization was expected to recruit and serve. RFMH issued contracts to the service providers; those contracts were initially structured to provide only outcomes-based payments—that is, payments tied to the achievement of specified outcomes, such as the completion of a vocational assessment or the placement of a youth in an internship or job. RFMH determined the value of each contract based on the number of youth and families it expected the provider to serve. Although not originally part of the program model, RFMH hired two types of staff to work exclusively in New York City: (1) community case managers to provide case management and (2) community employment specialists to provide employment services to youth. Table I.1 shows the RDSs, parent centers, and service providers associated with each region, and the counties in each region where the program operated, which were determined by the boundaries of the local education agencies (LEAs) that served as RDSs.

⁶ RFMH is a not-for-profit, quasi-state organization that supports the research activities of the Department of Mental Hygiene’s three agencies: OMH, the Office for People with Developmental Disabilities (OPWDD), and the Office of Alcoholism and Substance Abuse Services (Research Foundation for Mental Hygiene).

Table I.1. NYS PROMISE RDSs, parent centers, and service providers, by region, as of October 2017

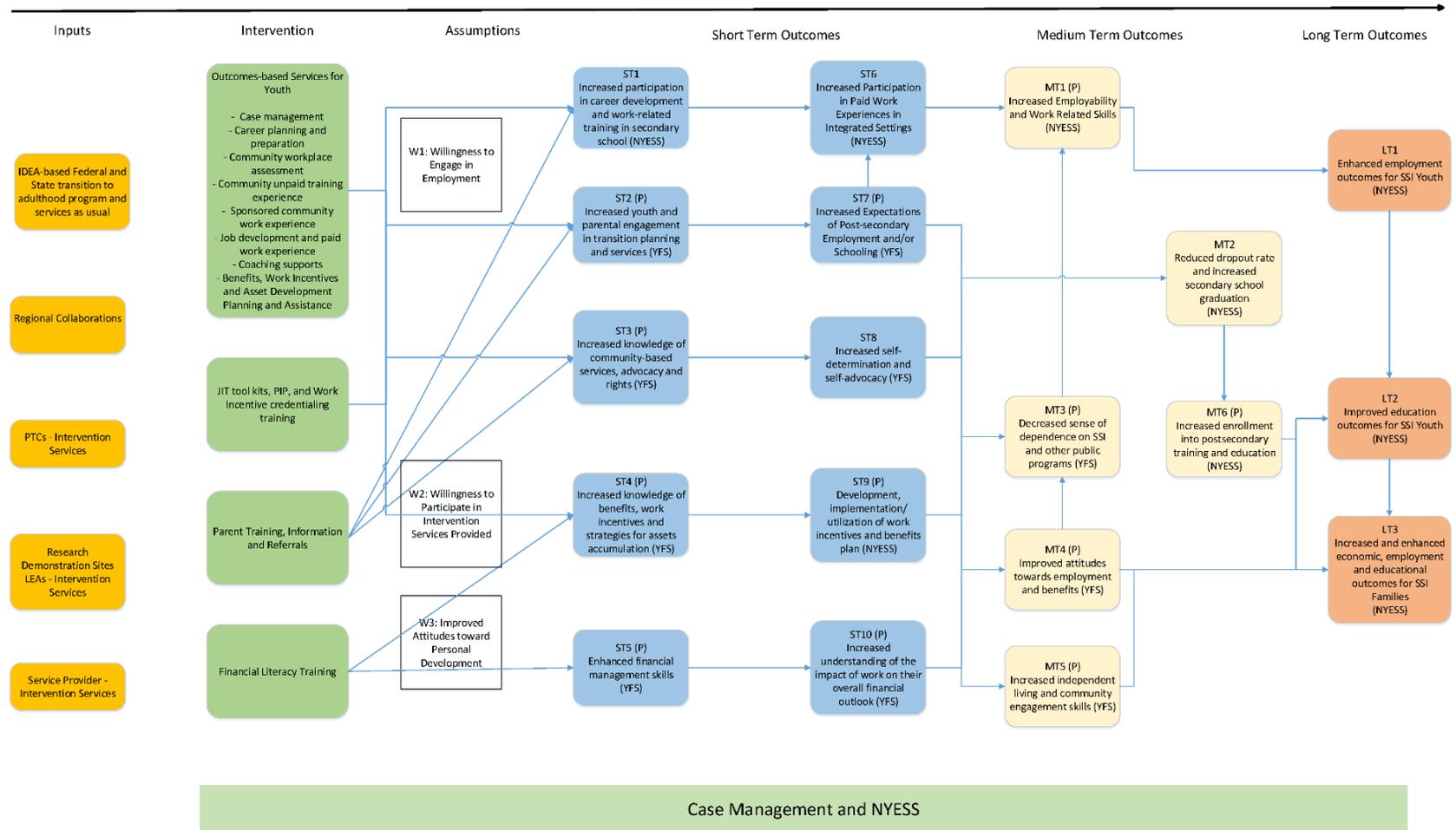
NYS PROMISE region	County	RDS	Parent center	Service provider
Capital Region	Albany County	City School District of Albany	Parent Network of the Capital Region	Arc of Rensselaer County
	Schenectady County	Schenectady School District		Northeast Associates in Rehabilitation
	Albany County (Cohoes School District)	Riverview Transition Partnership ^a		Northeast Career Planning Wildwood Programs
Western New York	Niagara County	Niagara Falls City School District	Parent Network of Western New York	Aspire of Western New York
	Erie County	Buffalo Public Schools		Baker Victory Services Community Services for the Developmentally Disabled Heritage Centers Western New York Independent Living Center
New York City	New York County	New York City Department of Education District 75 (D75) schools New York City Department of Education community schools (community case managers)	INCLUDEnyc	ADAPT Community Network
	Kings County			AHRC
	Queens County			Bronx Independent Living Services
	Bronx County			Community employment specialists ^b
	Richmond County			Goodwill MHA of NYC

^a Riverview Transition Partnership is a consortium of the Cohoes, Troy, and Lansingburgh LEAs.

^b Community employment specialists were employed by RFMH with training and support from the Marriott Foundation's Bridges from School to Work initiative.

To build the capacity of the existing service system and increase the sustainability of the intervention, NYS PROMISE chose RDSs, parent centers, and service providers from among organizations already serving youth with disabilities. All NYS PROMISE intervention services were delivered by the contracted organizations and paid for with program funds. The NYS PROMISE logic model (Figure I.1) illustrates that the program was designed to increase, in the short term, youth and families' participation in employment services and their employment-related skills, knowledge, and expectations. These short-term outcomes were expected to lead in turn to long-term improvements in employment, education, and economic outcomes for youth and families.

Figure I.1. NYS PROMISE logic model
PROMISE: Operational Logic Model



Source: NYS PROMISE.

C. Roadmap to the report

The rest of this report presents findings from the process analysis of NYS PROMISE. It documents program operations at roughly midway through the five-year PROMISE cooperative agreement period. 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 NYS PROMISE'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 NYS PROMISE facilitated. Chapter V presents lessons learned from the process analysis of NYS PROMISE (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.

II. ENROLLMENT AND PARTICIPATION IN NYS PROMISE

Recruitment and enrollment of youth into the evaluation of NYS PROMISE were collaborative efforts by Cornell, the RDSs, and the parent centers. Although SSA authorized and encouraged all of the PROMISE programs to begin recruitment and enrollment as early as April 2014, NYS PROMISE did not begin those activities until October 2014 because of a lengthy planning process and difficulty in contracting with some of the RDSs. In this chapter, we describe the recruitment and enrollment process and summarize the results of NYS PROMISE's efforts based on data from the PROMISE RAS, SSA lists of PROMISE-eligible youth, and the MIS that the program used to track its 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

NYS PROMISE conducted direct outreach to youth on SSA lists of PROMISE-eligible youth to recruit them into the evaluation. The program began outreach to eligible youth by mailing each an initial letter describing the program and its evaluation.⁷ For the Capital Region and Western New York, Cornell filtered each SSA list by ZIP code to include only those who lived within the boundaries of an RDS. For New York City, Cornell transmitted each SSA list to District 75 (D75) of the New York City Department of Education, which was the RDS.⁸ D75 compared the list with its own data to identify eligible youth who were attending the 15 of its 69 schools that it had selected to participate in NYS PROMISE. In total 20,290 youth appeared on the SSA lists, which SSA provided quarterly to NYS PROMISE; however, the program attempted to recruit only about 66 percent (13,393) of them because of its decision to restrict recruitment to youth who lived within the boundaries of an RDS or attended a D75 school that was participating in NYS PROMISE (Table II.1).

⁷ In the Capital Region and Western New York, Cornell was responsible for mailing the initial letters. In New York City, the RDS mailed the initial letters on Cornell's behalf; the envelopes included a separate letter from the vice chancellor of the New York City Department of Education.

⁸ D75 is not geographically defined; rather, it serves youth throughout the city who have autism spectrum disorders, significant cognitive delays, emotional disturbances, sensory impairments, or multiple disabilities (New York City Department of Education).

Table II.1. NYS PROMISE recruitment efforts over time

Recruitment effort	Calendar quarter since program's start of recruitment							Total
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	
Number of youth								
Newly eligible on the SSA lists	13,117	1,220	1,664	1,341	1,381	1,254	313	20,290
Targeted for recruitment	169	584	2,258	6,440	3,181	761	0	13,393
Number of								
Initial letters mailed to youth	165	548	2,206	5,104	2,962	1,664	0	12,649
Follow-up letters mailed to youth	13	168	623	2,659	14,347	8,487	0	26,297
Telephone calls made to youth	107	318	1,658	8,546	22,383	9,146	15	42,173
Emails sent to youth	1	0	38	24	65	17	4	149
In-person visits made to youth	2	3	23	81	174	298	9	590
Recruitment events	28	49	166	359	444	304	9	1,359

Sources: The NYS PROMISE 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 or guardians not at home for in-person attempts) by quarter. All quarters correspond to calendar quarters starting October 1, 2014 and ending April 30, 2016. Quarter 1 includes a small number of efforts that occurred in the last few days of September 2014.

About two weeks after the initial letters were mailed, either the RDS (in New York City) or the parent center (in the Capital Region and Western New York) mailed follow-up letters inviting the youth and their families to attend recruitment events. Attending a recruitment event was originally the only way that families could enroll in the evaluation. The events provided additional information about NYS PROMISE and were usually held at schools and facilitated by case managers (the program's key point of contact with youth) and family coaches (the program's key point of contact with parents and guardians). Staff showed a video about the program, delivered a PowerPoint presentation, and distributed recruitment packets containing English and Spanish versions of a trifold brochure, an information sheet, answers to frequently asked questions, an explanation of the services and incentives available to youth in the evaluation's treatment and control groups, a description of NYESS, a copy of the PowerPoint presentation, and the evaluation enrollment form. Families could fill out an interest form⁹ or the enrollment form at the event, or they could take the recruitment materials home with them, complete the enrollment form, and mail it back to Cornell.

In response to low attendance at the recruitment events and low enrollment in the evaluation, NYS PROMISE revised its recruitment strategy in April 2015. The revisions, which staff described during our first site visit, included the following:

- **Simplified materials and handwritten notes.** The parent centers revised some of the materials in the recruitment packets to simplify them. In addition, they designed notes (to be handwritten by staff) that would accompany letters mailed to families before and after

⁹ Youth and their parents or guardians could complete the interest form if they wanted to receive more information about NYS PROMISE but were not ready to enroll in the evaluation. The form collected contact information for the youth and their parents or guardians so the program could stay in touch with them.

recruitment events. They also sent postcards for recruitment events and mailed magnets that included case manager contact information.

- **One-on-one meetings.** Case managers and family coaches began offering families the option of a one-on-one recruitment meeting at a youth's school, a public location such as a library, or the family's home. The staff member walked the family through a laminated copy of the PowerPoint presentation and provided the same packet of recruitment materials.
- **Telephone calls.** Case managers and family coaches called families after sending invitation and reminder letters to personally encourage them to attend recruitment events or one-on-one meetings.
- **Drop-in days at RDS schools.** Case managers and family coaches scheduled drop-in days, when they visited a school for several hours so that families could stop by and ask questions about the program or enroll in the evaluation.

Several months later, in June 2015, the managers of NYS PROMISE recognized that further changes to the recruitment strategy were needed to address the continued low enrollment in the evaluation. The managers began distributing updates on the program's enrollment progress to encourage staff to intensify their efforts. The managers also decided that the program would recruit all age-eligible New York City youth on the SSA lists, rather than restricting the effort just to those youth who were attending select D75 schools. To implement this change, RFMH hired six community case managers not connected to specific schools to recruit youth attending community schools (that is, schools not in D75). RFMH also hired a centralized telephone recruiter who prioritized eligible youth in New York City community schools but also called eligible youth in the Capital Region and Western New York to supplement the efforts of the RDS case managers and family coaches in those regions.

MIS data presented in Table II.1 show the positive impact of the changes to the recruitment strategy: the letters, telephone calls, and in-person visits dramatically increased in the third (April through June 2015) and fourth (July through September 2015) calendar quarters following the start of recruitment. The MIS data also suggest that these changes were critical to the program's ultimate success in meeting its federally mandated enrollment target of 2,000 youth. Youth who enrolled in the evaluation were significantly more likely than those who did not enroll to have been contacted by telephone or in person (Table II.2). On average, it took six actual or attempted contacts, including initial mailings, to enroll a youth in the evaluation.

Table II.2. NYS PROMISE 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	94.4	88.7	95.5	-6.9	0.000***
Youth sent a follow-up mailing	67.9	58.4	69.6	-11.2	0.000***
Average number of follow-up mailings per youth sent mailing	2.9	2.2	3.0	-0.8	0.000***
Youth contacted by telephone	78.8	90.1	76.7	13.4	0.000***
Average number of telephone calls per youth called	4.0	4.2	3.9	0.3	0.000***
Youth contacted by email	1.0	2.1	0.8	1.3	0.000***
Average number of emails per youth emailed	1.1	1.0	1.1	-0.1	0.033**
Youth contacted in person	3.8	17.0	1.3	15.6	0.000***
Average number of in-person contacts per youth contacted	1.2	1.1	1.2	-0.0	0.311
Number of contacts (including initial mailing):					0.000***
1 contact	16.0	7.2	17.6	-10.4	
2–5 contacts	33.2	39.9	32.0	7.8	
6–10 contacts	35.6	41.2	34.5	6.7	
11 or more contacts	15.2	11.7	15.8	-4.2	
Average number of contacts (including initial mailing) per youth	6.1	6.2	6.1	0.1	0.168
Average time between initial mailing and first contact (days) ^a	53.1	62.5	50.9	11.6	0.000***
Average time between initial mailing and enrollment (days) ^a	NA	134.0	NA	NA	NA
Number	13,393	2,090	11,303	NA	NA

Sources: The NYS PROMISE 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 or guardians not at home for in-person attempts). For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various 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 The average time between the initial mailing and first contact excludes individuals who received the mailing after the first contact. The average time between the initial mailing and enrollment excludes individuals who received the mailing after enrolling. Individuals may have received the initial mailing after the first contact or after enrolling if they proactively contacted NYS PROMISE before receiving an initial mailing or if the program started other recruitment efforts before sending an initial mailing.

NA = not applicable.

B. Enrollment and random assignment

Enrollment in the PROMISE evaluation and random assignment occurred through the PROMISE RAS. Case managers, family coaches, or the families themselves sent the completed enrollment forms to Cornell for entry into the RAS and study group assignment. Cornell then sent study group notification letters to treatment and control group youth. NYS PROMISE

enrolled 2,090 youth—10 percent of all eligible youth and 16 percent of all eligible youth whom the program attempted to recruit (Table II.3). As shown in Table II.4, the pace of enrollment was slow through the third quarter of enrollment (April through June 2015)—the quarter in which the program radically changed its recruitment strategy. After that, the program expanded its outreach to a broader group of youth in New York City, the region containing the largest number of eligible youth. The benefits of those revisions are reflected in substantially higher enrollment numbers starting in the fourth quarter of the recruitment period (July through September 2015).

Table II.3. Summary of final recruitment results for NYS PROMISE

Recruitment result	Number or percentage
Number of eligible youth on the SSA lists	20,290
Number of eligible youth recruited	13,393
Number of youth enrolled in evaluation	2,090
Percentage of eligible youth enrolled in evaluation	10.3
Percentage of recruited youth enrolled in evaluation	15.6

Sources: The NYS PROMISE MIS and PROMISE RAS.

Table II.4. Rate of enrollment in the NYS PROMISE evaluation

Quarter	Number of youth enrolled	Cumulative number of youth enrolled	Percentage of enrollment target achieved
Oct–Dec 2014	25	25	1.3
Jan–Mar 2015	95	120	6.0
Apr–Jun 2015	187	307	15.4
Jul–Sep 2015	481	788	39.4
Oct–Dec 2015	689	1,477	73.9
Jan–Mar 2016	576	2,053	102.7
Apr 2016	37	2,090	104.5

Source: The PROMISE RAS.

On all but one of the characteristics we measured, the enrollees in the evaluation of NYS PROMISE differed from PROMISE-eligible non-enrollees (Table II.5). Enrollees were one-third of a year younger at the end of the recruitment period and half a year younger at the time of SSI eligibility determination than non-enrollees. Compared with other PROMISE-eligible youth, enrollees more often had intellectual or developmental disabilities, perhaps reflecting the early restriction of recruitment in New York City to youth who attended D75 schools. More spoke English, and their racial and ethnic composition differed (most notably, a lower proportion of Hispanic enrollees), although differences in racial and ethnic composition are hard to interpret, given the substantial proportion of youth for whom this information was unknown.¹⁰ Given the

¹⁰ 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

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 NYS PROMISE.

Data from the RAS on study group assignment indicate that random assignment worked as intended for NYS PROMISE. Of the 2,090 youth NYS PROMISE enrolled in the evaluation, 1,967 were classified as research cases and the remaining 123 as nonresearch cases because they were siblings of previously enrolled youth.¹¹ Among the research cases, 986 youth were assigned to the treatment group and 981 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), 1,057 youth were assigned to the treatment group.

Data on the characteristics of treatment and control group youth 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. One significant difference existed between the two groups: control group members were about 0.4 years older at their most recent SSI eligibility determination than treatment group members (5.8 years compared to 5.4). Assuming that all characteristics are independent, we would expect about one of the nine characteristics tested 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. 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.

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.

¹¹ 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, but NYS PROMISE did not exercise this option for any youth. For information on wild cards, see Fraker and McCutcheon (2013).

Table II.5. Characteristics of youth eligible for NYS PROMISE, 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)	15.7	15.4	15.8	-0.4	0.000***
Male	67.5	68.5	67.4	1.1	0.305
Race/ethnicity					0.000***
White (non-Hispanic)	2.2	1.6	2.3	-0.6	
Black (non-Hispanic)	12.0	12.7	11.9	0.8	
Hispanic	12.3	8.2	12.7	-4.5	
Asian	0.5	1.1	0.5	0.6	
American Indian/AK/HI/Pacific Islander	0.1	0.1	0.1	-0.0	
Other/unknown	72.9	76.3	72.5	3.8	
Spoken language					0.000***
English	81.6	85.3	81.2	4.1	
Spanish	15.7	11.9	16.1	-4.3	
Other	1.0	1.1	1.0	0.0	
Missing	1.7	1.8	1.7	0.2	
Primary disabling condition					0.000***
Intellectual or developmental disability	49.4	58.2	48.4	9.8	
Other mental impairment	31.3	25.7	31.9	-6.2	
Physical disability	14.1	11.4	14.4	-3.0	
Speech, hearing, or visual impairment	1.6	1.2	1.6	-0.4	
Other	3.7	3.4	3.7	-0.3	
Average age at most recent SSI eligibility determination (years)	6.1	5.6	6.2	0.6	0.000***
Number of youth	20,290	2,090	18,200	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. For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various 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.

Table II.6. Characteristics of randomly assigned NYS PROMISE 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)	14.9	14.9	14.9	0.0	0.372
Male	68.3	68.8	67.9	0.9	0.678
Race/ethnicity					0.823
White (non-Hispanic)	1.6	1.3	1.8	-0.5	
Black (non-Hispanic)	12.7	12.7	12.7	-0.1	
Hispanic	8.3	8.7	8.0	0.8	
Asian	0.9	0.9	0.9	0.0	
American Indian/AK/HI/Pacific Islander	0.1	0.1	0.0	0.1	
Other/unknown	76.4	76.3	76.6	-0.3	
Spoken language					0.502
English	85.2	85.1	85.2	-0.1	
Spanish	11.9	12.5	11.3	1.2	
Other	1.0	0.8	1.2	-0.4	
Missing	1.9	1.6	2.2	-0.6	
Primary disabling condition					0.703
Intellectual or developmental disability	57.9	57.7	58.1	-0.4	
Other mental impairment	25.7	26.2	25.3	0.9	
Physical disability	11.6	11.7	11.5	0.1	
Speech, hearing, or visual impairment	1.3	0.9	1.6	-0.7	
Other	3.5	3.6	3.5	0.1	
Average age at most recent SSI eligibility determination (years)	5.6	5.4	5.8	-0.4	0.044**
Parent or guardian					
Relationship to youth					0.710
Parent or step-parent	92.2	92.4	92.0	0.4	
Grandparent	4.5	4.5	4.6	-0.1	
Brother or sister	0.5	0.6	0.3	0.3	
Aunt or uncle	0.8	0.7	0.9	-0.2	
Other	2.0	1.7	2.2	-0.5	
Missing	0.1	0.1	0.0	0.1	
Average age at enrollment (years)	43.6	43.5	43.6	-0.2	0.692
Male	7.9	8.7	7.1	1.6	0.193
Number of youth	1,967	986	981	NA	NA

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

Notes: 123 enrolled cases are excluded from this table because they did not go through random assignment. For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various 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 NYS PROMISE

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 NYS PROMISE program managers, Mathematica considered a treatment group youth to be a participant in NYS PROMISE if he or she had a case management meeting with a case manager or family coach or an intake meeting with a service provider.

NYS PROMISE intended that a case management meeting would be a youth's first program activity and expected that such meetings would occur within two weeks of enrollment in the evaluation. The MIS data indicate that it took an average of about seven months (220 days) after evaluation enrollment for case managers to hold the initial case management meeting with a youth (Table II.7). Program staff confirmed in our interviews that case managers largely failed to meet the two week benchmark, which they attributed to the difficulty in contacting families and limited staff capacity (discussed further in Chapter III). But program managers also believed that incomplete recording of the case management meetings in the MIS caused the average time to the first meeting calculated based on that data to be somewhat longer than it likely was in actuality. Service providers conducted an intake meeting with a youth after a case manager had met with the youth and referred him or her to a service. When case managers did not record their first interaction with the youth, an intake meeting may have been the first activity recorded in the MIS.¹² On average, it took about nine months (273 days) after evaluation enrollment for staff to hold the initial intake meeting with a youth. The Western New York region took the shortest amount of time to engage treatment group youth as participants, holding the initial case management meeting less than four months after evaluation enrollment, on average (Appendix Table A.1) and the initial intake meeting at about five and a half months after evaluation enrollment.

Of the 1,057 youth assigned to the treatment group (including both research and nonresearch cases), 90 percent (953 youth) were classified as participants based on their completion of a case management or intake meeting (Table II.7). About 84 percent had a case management meeting, and 64 percent had an intake meeting. Generally, the characteristics of participating and nonparticipating treatment group youth were similar (Table II.8). The parents or guardians of participating youth were about a year and a half older and more likely to be male.

¹² For 164 youth, the first program activity recorded in the MIS was an intake meeting with a service provider rather than a case management meeting. For 62 youth, the program recorded an intake meeting and no case management meeting.

Table II.7. Efforts to engage treatment group youth as participants in NYS PROMISE as of October 2017

	Number or percentage
Case management meeting	
Percentage of youth who had a meeting	84.3
Average number of days from evaluation enrollment to initial meeting	220.0
Median number of days from evaluation enrollment to initial meeting	168.5
Intake meeting with service provider	
Percentage of youth who had a meeting	64.3
Average number of days from evaluation enrollment to initial meeting	272.8
Median number of days from evaluation enrollment to initial meeting	239.0
Case management or intake meeting with service provider	
Percentage of youth who had either meeting	90.2
Average number of days from evaluation enrollment to initial meeting	194.7
Median number of days from evaluation enrollment to initial meeting	139.0
Number of youth	1,057

Sources: The NYS PROMISE MIS and PROMISE RAS.

Table II.8. NYS PROMISE 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)	15.3	15.3	15.3	0.0	0.934
Enrollment timing					0.722
Months 1 - 6	5.6	5.8	3.8	2.0	
Months 7 - 12	31.7	32.0	28.8	3.2	
Months 13 - 18	60.7	60.2	65.4	-5.2	
Month 19	2.0	2.0	1.9	0.1	
Male	68.5	67.9	74.0	-6.1	0.200
Race/ethnicity					0.219
White	8.7	8.9	6.7	2.2	
Black or African American	45.5	45.8	43.3	2.5	
Hispanic or Latino	35.5	35.5	35.6	-0.1	
Asian	1.6	1.8	0.0	1.8	
Alaskan or American Indian	0.3	0.3	0.0	0.3	
Hawaiian or Pacific Islander	0.0	0.0	0.0	0.0	
Other	2.8	2.5	5.8	-3.3	
Missing	5.6	5.2	8.7	-3.5	
Spoken language					0.401
English	85.2	85.4	83.7	1.7	
Spanish	12.4	12.1	15.4	-3.3	
Other	2.4	2.5	1.0	1.5	

TABLE II.8 (CONTINUED)

Characteristic	Assigned to treatment group	Participated in PROMISE services (A)	Did not participate in PROMISE services (B)	Difference (A - B)	<i>p</i> -value of difference
Average age at most recent SSI eligibility determination (years)	5.9	5.9	5.7	0.2	0.621
Primary disabling condition					0.547
Intellectual or developmental disability	58.0	57.9	58.7	-0.8	
Other mental impairment	26.3	25.9	29.8	-3.9	
Physical disability	11.4	11.8	7.7	4.1	
Speech, hearing, or visual impairment	0.9	1.0	0.0	1.0	
Other	3.4	3.4	3.8	-0.4	
NYS PROMISE region					0.794
Capital Region	14.7	14.5	16.3	-1.8	
New York City	66.0	66.0	66.3	-0.3	
Western New York	19.3	19.5	17.3	2.2	
Enrolling parent or guardian					
Relationship to youth					0.929
Parent or step-parent	92.5	92.3	94.2	-1.9	
Grandparent	4.3	4.4	2.9	1.5	
Brother or sister	0.6	0.5	1.0	-0.5	
Aunt or uncle	0.9	0.8	1.0	-0.2	
Other	1.7	1.8	1.0	0.8	
Missing	0.1	0.1	0.0	0.1	
Average age at enrollment (years)	43.9	44.1	42.5	1.6	0.066*
Male	8.8	9.4	2.9	6.5	0.025**
Number of youth	1,057	953	104	NA	NA

Sources: Italics signify data elements from the NYS PROMISE MIS. Data elements not in italics are from the PROMISE RAS or SSA lists of PROMISE-eligible youth.

Notes: Participation in PROMISE services was defined as having an initial substantive interaction with PROMISE. (In NYS PROMISE, an initial substantive interaction was defined as having completed a case management or intake meeting with a service provider.) For a continuous or dichotomous variable, the *p*-value represents a *t*-test. For a polychotomous variable, a single *p*-value is presented that represents a chi-square test for the entire distribution of the variable across the various categories. Numbers in the Difference column may differ from the values calculated as A - B due to rounding. Enrollment in the evaluation of NYS PROMISE began in October 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.

This page has been left blank for double-sided copying.

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 inputs identified in the logic model (presented in Figure I.1) may or may not result in the anticipated 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 inputs 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 NYS PROMISE 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 E focuses on a core PROMISE service component. The last section discusses the potential for control group members to receive NYS PROMISE services.

The national evaluation's process analysis relied on NYS PROMISE 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 NYS PROMISE 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 90 percent of treatment group families who had a case management or an intake meeting with a service provider). The statistics reflect service utilization from enrollment start through the third year of program operations (October 2014 through October 2017).

With the exception of case management (described in Section III.A.2), career exploration and work-based learning experiences in New York City (described in Section III.C.2), and parent training and information (described in Section III.D.2), all NYS PROMISE services were delivered by service providers contracted by the program. As of October 2017, the program had 15 active service providers, with most delivering multiple types of services (Table III.1). Because of its goal to foster systems change, NYS PROMISE originally intended to use only existing local agencies as service providers. However, to increase service capacity in New York City, in April 2016 the program began hiring community employment specialists, staff who could provide the same employment services as the local agencies. Initially, each community employment specialist provided the full range of the program's employment services, but the roles of some of them became more specialized over time. Of the 12 community employment specialists in place in October 2017, 8 continued to provide the full range of employment services, 2 exclusively provided services focused on work experiences, and 2 (called habilitation specialists) provided daily living supports.

Table III.1. NYS PROMISE service providers, by region

Service provider	Type of service								
	CBWA	CPP	CS	CUTE	SCWE	JDV+PWE	BWI	FLT	SEd
Capital Region									
ARC of Rensselaer	X	X	X	X	X	X	X	X	X
Northeast Associates in Rehabilitation	X		X	X	X	X			
Northeast Career Planning	X	X	X	X	X	X			X
Wildwood Programs	X		X	X		X	X	X	
New York City									
AHRC	X	X	X	X	X	X		X	
ADAPT Community Network	X	X	X	X	X	X			
Bronx Independent Living Center							X	X	X
Community employment specialists ^a	X	X	X	X	X	X			X
Goodwill							X		
MHA of NYC	X	X	X		X	X			X
Western New York									
Aspire WNY	X	X	X	X	X	X			X
Baker Victory	X		X	X		X			X
Community Services for the Developmentally Disabled	X	X	X	X	X	X			
Heritage Centers	X		X	X	X	X	X		
Western New York Independent Living Center		X					X	X	

Source: NYS PROMISE provider menus.

^a The community employment specialists were employed by RFMH with training and support from the Marriott Foundation’s Bridges from School to Work initiative.

CBWA = Community-based workplace assessment, CPP = Career planning and preparation, CS = Coaching supports, CUTE = Community unpaid training experience, SCWE = Sponsored community work experience, JDV+PWE = Job development and paid work experience, BWI = Benefits, work incentives, and asset development planning and assistance, FLT = Financial literacy training, SEd = Supported education.

As described in Chapter I, each NYS PROMISE service was associated with one or more activities in the MIS.¹³ Because the program believed that youth's needs would vary, it did not prescribe the number or sequence of services and activities that youth and families should receive. Case managers used their discretion in determining to which services and activities they would refer youth and families, and when they had completed a given service or activity. Youth and families could complete the same service or activity multiple times if necessary. Program managers reported that staff struggled to enter complete data into the MIS, which staff confirmed in our interviews. Because of these struggles, the data likely underreport referrals to and completion of services and activities.

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 New York State and the services NYS PROMISE provided in this area.

1. Counterfactual services

In New York State, case management of varying intensities for youth with disabilities was available through LEAs, the Office of People with Developmental Disabilities (OPWDD) Medicaid service coordination program, and Medicaid 1915(c) home- and community-based waivers:

- Transition staff employed by the LEAs provided limited support that focused on facilitating the entry of youth into adult services. Given this focus, the transition staff did not engage youth until they began high school and often waited until youth were approaching the end of high school before engaging them. The availability of these staff varied by LEA. Of the three regions of the state where NYS PROMISE operated, New York City had the highest availability of transition staff and Western New York had the lowest. In New York City, most D75 high schools employed a full-time transition coordinator. In the Capital Region, the City School District of Albany had two full-time transition coordinators and the Schenectady School District had one. In Western New York, Buffalo Public Schools lacked any dedicated transition staff. Instead, special education teachers coordinated transition services in addition to performing their other duties. However, even in New York City, caseloads for transition staff were high—up to 70 youth per transition coordinator.
- The OPWDD Medicaid service coordination program was available to people of any age who had a developmental disability; were enrolled in Medicaid; did not live in an institution; and needed ongoing, comprehensive service coordination. Medicaid service coordinators developed individualized service plans to help youth select and attain goals,

¹³ We refer to the activities in this chapter by their NYS PROMISE names. We provide descriptions of each NYS PROMISE service activity in Appendix B.

made referrals to service providers, and monitored the delivery of services. They had caseloads of no more than 40 clients and were required to meet in person with each individual at least three times a year. Several of the service coordinators with whom we spoke during our site visits told us that a significant share of youth with developmental disabilities was participating in Medicaid service coordination. As part of a broader overhaul of its Medicaid program, New York State replaced the service coordination program with care coordination provided by health homes on July 1, 2018.¹⁴

- New York State had six Medicaid 1915(c) home- and community-based waivers for children (administered by the Department of Health, the Office of Children and Family Services, OMH, and OPWDD), and additional waivers for adults. The administering agencies typically maintained waiting lists because the demand for waiver services outstripped the supply. To qualify for the services, youth were required to be eligible for Medicaid and have medical needs that put them at risk of living in an institution in the absence of the waiver services. All of the waivers entitled youth to receive care coordination. Other services available under at least some waivers included assistive technology, prevocational training, and supported employment. As part of the same Medicaid overhaul referenced previously, New York State was planning changes to its waiver program that were expected to make waiver services more available to youth with disabilities. Its plan was to transition the six children's 1915(c) waivers into a single children's 1115 demonstration waiver on January 1, 2019. Services previously available under a subset of 1915(c) waivers would be available to all children through the 1115 waiver. Furthermore, New York State planned to lower the eligibility criteria for the waiver beginning in July 2019 so that youth would qualify for the waiver if they needed the services it could provide to maintain or improve their functioning even if they were not at risk of living in an institution.

2. NYS PROMISE services

The case management services that NYS PROMISE offered were more intensive than those offered through the LEAs, the OPWDD Medicaid service coordination program, or the 1915(c) waivers. Furthermore, NYS PROMISE services targeted the entire family instead of just the youth. The program had a dual approach to case management: case managers associated with the RDSs provided case management to youth, whereas family coaches employed by the parent centers provided these services to parents and guardians. In half of the RDSs, the LEAs employed the case managers. In the remaining RDSs, the following variety of employment arrangements for case managers existed:

- In the Riverview Transition Partnership (a consortium of the Cohoes, Troy, and Lansingburgh LEAs), a community-based organization that also served as a NYS PROMISE service provider employed the case manager because none of the LEAs in the consortium was large enough to support its own case manager.

¹⁴ The Affordable Care Act of 2010 allowed states to establish health homes to coordinate care for Medicaid recipients who have chronic conditions (Centers for Medicare and Medicaid Services 2018). Health homes are intended to integrate primary, acute, behavioral health, and long term services and supports.

- In Buffalo, the LEA was reluctant to hire NYS PROMISE case managers because of political issues unrelated to NYS PROMISE and concern about committing resources upfront to employees fully dedicated to the program. Instead, the Western New York parent center hired the case managers.
- In New York City, D75 employed case managers for program youth who attended its schools. Community case managers hired by RFMH served students who attended community schools.

The number of case managers and family coaches and their caseloads varied by RDS (Table III.2). Except in D75, most of these staff worked exclusively for NYS PROMISE. Due to hiring constraints, D75 selected existing employees—primarily transition coordinators—to serve as NYS PROMISE case managers in addition to performing their regular full-time duties. As designed, Cornell was to supervise the case managers and family coaches, and RFMH was to supervise the service providers. In practice, however, Cornell and RFMH collaborated to supervise all program staff. In addition, RFMH identified a single manager in each region to provide technical assistance to program staff on logistical and procedural matters, such as on the use of the MIS.

Table III.2. NYS PROMISE case managers and family coaches: Number and average caseloads, by RDS, as of October 2017

RDS	Case managers		Family coaches	
	Number	Average caseload	Number	Average caseload
City School District of Albany (Capital Region)	1	40	1 ^a	40
Schenectady School District (Capital Region)	1.5	41	1	82
Riverview Transition Partnership (Capital Region)	1	33	1 ^a	33
Niagara Falls City School District (Western New York)	1 ^b	30	1 ^b	30
Buffalo Public Schools (Western New York)	4	44	2	87
New York City D75 schools	15	17	5 ^c	52
New York City community schools	8	55	5 ^c	88

Source: NYS PROMISE organizational chart and interviews with NYS PROMISE staff.

^a One person is the family coach in both the City School District of Albany and the Riverview Transition Partnership.

^b One person is both the case manager and the family coach in the Niagara Falls City School District.

^c The same family coaches serve both the New York City D75 and community schools.

All NYS PROMISE case managers and family coaches received training before they began delivering program services. The initial training topics included information on the design and implementation of NYS PROMISE, guidance on conducting recruitment and outreach, and instructions on using the MIS. In addition, RFMH worked with the case managers and family coaches to identify their ongoing training and technical assistance needs, and communicated

those needs to Cornell. Cornell provided training and technical assistance through six main avenues:

1. A **“brunch-time learning community”** consisted of ongoing webinars on topics such as retention and engagement, case management and service delivery, and continuous quality improvement.
2. **Biannual learning communities** brought together all NYS PROMISE staff and featured presentations about the program’s progress and workshops on case management and service delivery. These two-day events offered an opportunity to address common issues and challenges, and to provide program staff with in-person technical assistance.
3. A **“Community of Practice” 12-part webinar series** for case managers and family coaches covered topics such as understanding SSA benefits and work incentives, cultivating self-determination, and navigating the juvenile justice system. Attendance by case managers and family coaches was mandatory.
4. A **case management field guide** for case managers and family coaches provided detailed guidance on case management practices. Cornell updated the guide throughout program implementation.
5. **Weekly email blasts and monthly newsletters** were distributed to program staff to share project information, announcements, reminders, and resources.
6. A **dedicated case management technical assistance provider** hired in December 2016 delivered training to case managers and family coaches on advanced case management topics, such as addressing mental and behavioral health issues, trauma-informed care, and motivational interviewing.¹⁵

NYS PROMISE provided many of the trainings through an online technical assistance center. This approach allowed new staff to access the trainings as they were hired and existing staff to access them even if they had been unable to attend the live webinars. Program staff were also encouraged to take advantage of training opportunities outside of NYS PROMISE; however, our discussions with selected staff revealed that this outside training rarely occurred. They believed the training they had received through NYS PROMISE had prepared them well to fulfill their roles in the program, described below.

In addition to providing case management training, NYS PROMISE encouraged case managers and family coaches to obtain benefits counseling certification through Cornell. During telephone interviews in October 2017, program managers told us that about a quarter of those staff had completed the training.

Communication and tracking. Case managers were expected to meet with treatment group youth on a quarterly basis. Initially, family coaches were expected to meet with treatment group parents and guardians semiannually, but by the time of our second site visit in October 2016,

¹⁵ Trauma-informed care is a model of behavioral health counseling that emphasizes the importance of recognizing the prevalence of trauma and its impact on the lives of people being served by practitioners (Substance Abuse and Mental Health Services Administration 2014). Motivational interviewing is a counseling style designed to help the client change by empowering the client to become self-motivational (Center for Substance Abuse Treatment 1999).

NYS PROMISE had increased this expectation to quarterly meetings. Although not required, the case managers and family coaches attempted to hold these meetings in person. Those staff reported to us that they usually held the meetings in the families' homes and at the youth's schools, although they also met with them at the staff members' offices and public locations such as libraries. At all case management meetings, the case managers and family coaches were expected to complete tracking forms that Cornell had developed. The youth forms captured information on school attendance, special education services, the frequency and content of individualized education program (IEP) meetings and plans, progress toward meeting educational milestones, participation in SSA or other work incentives, and receipt of employment supports.^{16, 17} The parent forms captured information on employment status, education, household composition, income, and receipt of state and federal benefits.

Between quarterly meetings, case managers and family coaches aimed to contact treatment group families at least once a month to follow up on referrals they had made or information they had provided, although it was not a program requirement. Those staff told us that such contacts frequently occurred via text message and telephone. The case managers and family coaches entered information about their contacts with families into the MIS, where it was monitored by RFMH and Cornell.

The case managers and family coaches with whom we spoke during our site visits were of the opinion that achievement of the program's benchmark of meeting quarterly with youth and parents was challenging, although they said that they met with most families at least somewhat regularly. During our October 2017 telephone interviews, they told us that they maintained relatively consistent contact with 60 to 90 percent of the families on their caseloads. According to the MIS data, participating youth had had an average of 3.4 case management meetings (Table III.3). Those youth had been enrolled in the evaluation for between 18 and 36 months as of October 2017, and so should have had at least 6 and as many as 12 meetings if case managers had achieved the quarterly meeting benchmark. The case managers also struggled to achieve the informal goal of monthly contact; the MIS data showed that participating youth had received an average of 17.8 successful contacts instead of the expected 18 to 36, and almost one-third of the participants had received 10 or fewer contacts. Program managers we interviewed believed that the low number of meetings was due in part to underreporting of meetings in the MIS by case managers and family coaches.

Referrals to NYS PROMISE services. The primary role of the case managers was to help treatment group youth meet their employment and education goals by referring them to NYS

¹⁶ An IEP specifies the goals a student with disabilities intends to accomplish during the school year, based on his or her identified strengths and needs.

¹⁷ Cornell developed four youth tracking forms. Youth Tracking Form A (YTFA)—which asked about enrollment in school, reasons for dropping out if applicable, receipt of special education services, existence of IEP and/or 504 plans, and receipt of free or reduced-price lunch—was intended to be completed at the first case management meeting and annually thereafter. Youth Tracking Form B (YTFB) and Youth Tracking Form B2 (YTFB2)—which asked about development of IEP and/or 504 plans, IEP/504 plan coordinated activities, school attendance, exams, diplomas and credentials, and postsecondary transition activities—were intended to be completed at all case management meetings. Youth Tracking Form C (YTFC)—which asked about receipt of SSA incentives and participation in Ticket to Work—was intended to be completed at all case management meetings.

PROMISE service providers for employment services; benefits, work incentives, and asset development planning and assistance (BWI); financial literacy training (FLT); and supported education (SEd). The family coaches referred parents and guardians to NYS PROMISE service providers for BWI and FLT. After making referrals, the case managers and family coaches were responsible for reviewing the providers' reports on services delivered to ensure that the providers had met all criteria for outcomes-based payments.

Table III.3. Case management contacts among participating NYS PROMISE youth and parents or guardians as of October 2017 (percentages unless otherwise specified)

Case management contacts	Number or percentage
Case management meetings ^a	
Average number of meetings per youth that actually occurred	3.4
Average number of meetings per youth that were scheduled but did not occur (youth did not attend)	1.9
Average number of rescheduled meetings per youth	0.9
Successful contacts	
Average number of successful contacts per youth	17.8
Percentage distribution of the number of successful contacts per youth	
0 contacts	0.4
1–10 contacts	31.4
11–25 contacts	47.8
26 or more contacts	20.4
Referrals for services	
Received a referral for services	91.0
Average number of days from enrollment in the evaluation to first referral for services	163.3
Median number of days from enrollment in the evaluation to first referral for services	97.0
Number of participating youth	953

Source: The NYS PROMISE MIS.

^a NYS PROMISE intended to hold quarterly case management meetings. As of October 2017, youth had been enrolled in the evaluation for between 18 and 36 months and therefore should have had at least 6 and as many as 12 meetings if case managers had achieved the quarterly meeting benchmark for all participating youth.

NYS PROMISE aimed to deliver services in a person-centered manner. Consistent with that objective, the program established benchmarks for specific types of services (discussed in the other sections of this chapter) and reported to ED on the services actually delivered relative to those benchmarks but did not prescribe a sequence or number of services, leaving such decisions to the discretion of the case managers and family coaches. Although program managers told us that they communicated service benchmarks and the importance of paid employment to those staff throughout program implementation, the staff reported that they were unaware of the service benchmarks when we spoke with them during our June 2015 and October 2016 site visits. They told us that they chose which services to refer participants to and when to do so based on their assessments of the participants' needs. However, during our October 2017 telephone interviews with case managers and family coaches, they reported that program managers had begun heavily emphasizing the importance of referring all youth to services, especially paid work experiences. On average, participating youth or their parents or guardians received their first referral for services five and a half months (163 days) after enrolling in the

evaluation (the median time between enrollment and first referral was three months) (Table III.3).¹⁸

The difficult circumstances of many families participating in NYS PROMISE, along with several structural limitations of the program, contributed to the delay in service referrals as well as the generally low rates of contact by the program with participants. These challenges included the following:

- **Families' complex needs and unstable living situations.** During site visits and telephone interviews, case managers and family coaches cited a lack of responsiveness among families as a major barrier to their ongoing engagement with the program. Families cycled in and out of touch with the program as they dealt with crises in their lives. Changing telephone numbers, transportation barriers, and scheduling conflicts also made it difficult for the program staff to contact and meet with the families. Even when families were engaged, the complexity of their living situations could make it difficult for them to focus on NYS PROMISE services. Some case managers and family coaches told us that they tried to address families' immediate needs, such as for food and housing, before making service referrals. Their emphasis on tailoring services to families' unique needs, combined with their reported early lack of awareness of the program's service benchmarks, meant that they did not feel urgency to refer families to services.
- **Competing demands on case managers and family coaches.** During our interviews with the case managers and family coaches, they reported difficulty in balancing evaluation recruitment activities with the delivery of services to enrolled youth and their families. Because NYS PROMISE initially struggled with recruitment, the case managers and family coaches were directed to devote considerable time to that effort. Even after recruitment ended, they still struggled to manage the heavy demands on their time. Although some of them told us their caseloads were manageable due to the irregular responsiveness of the enrolled families, others said their caseloads were large, making it difficult for them to maintain the frequency of meetings and level of services they thought would be best for the families. These issues were particularly salient in D75, which was the only RDS in which case managers had to fulfill their PROMISE responsibilities while continuing to work on their original full-time jobs.
- **Lack of access to school resources in New York City.** Unlike case managers in other RDSs, the community case managers in New York City operated independently of the LEA. As a result, they could not gain entry to the community (non-D75) schools to meet with youth, take advantage of schools' updated contact information for families, or obtain copies of the IEPs of the youth. To address these issues, NYS PROMISE provided funding to the New York City Department of Education to create a position for an individual who would

¹⁸ As reported in Chapter II, the MIS data indicate that the average time to the first case management meeting was 220 days, which is shorter than the average time to the first service referral. In principle, referrals for services should have occurred after the first case management meeting. We suspect that the MIS data indicate a shorter average time to the first referral for services than to the first case management meeting because of missing data on case management meetings. As noted in Chapter II, 226 participating youth (24 percent) were either missing a case management meeting or had an intake meeting with a service provider that occurred before the first recorded case management meeting (which in principle should not have been possible under the NYS PROMISE service model).

assist the community case managers in gaining access to school resources. The department filled this position in April 2016, 10 months after NYS PROMISE started recruiting students attending community schools. Program managers reported that because youth in New York City attended over 400 schools, the person who filled the position struggled to improve community case managers' access to school resources.

- **Delays in engaging families as participants.** Early delays in holding the first case management meetings with enrolled youth and their families (discussed in Chapter II) contributed to later challenges in engaging them in services. Our focus group discussions in September 2015 and October 2016 revealed that long waits for the initial meetings frustrated the youth and families, and jeopardized their relationships with their case managers and family coaches. Many of the participants in those discussions could not name their case manager or family coach; indeed, some of them reported that the focus groups were their first interaction with NYS PROMISE since their enrollment in the evaluation. Program managers posited that some focus group participants may have received NYS PROMISE services without realizing it because of difficulty distinguishing between school and program staff.

NYS PROMISE implemented two notable strategies to improve the engagement of enrolled youth and parents with the program. First, it provided case managers and family coaches with additional instruction on methods to promote engagement through the program's five training avenues. Most of the case managers and family coaches with whom we spoke during our site visits and telephone interviews told us that this instruction had been helpful. Second, the program introduced an "engagement campaign" in April 2017. This campaign featured (1) letters mailed to families that highlighted participant success stories and provided contact information for case managers and family coaches; and (2) a series of special events designed to appeal to families, such as barbeques and giveaways of school supplies. The case managers and family coaches expressed mixed feelings about these events during the October 2017 telephone interviews. All of them agreed that the events had good turnouts and were fun for families; however, some thought that the events primarily attracted families currently engaged with the program and did not succeed in reengaging disconnected families. Some also expressed concern that the events did not convey much information about NYS PROMISE's education and employment goals.

General support. In addition to referring treatment group youth to NYS PROMISE services, the case managers were expected to provide them with general support, either directly or by referring them to existing resources in the community. Common types of general support early in the program included addressing basic needs such as food and housing; working with LEAs to ensure access by youth to necessary educational supports; and helping youth apply for services offered by state agencies—especially OPWDD, OMH, and ACCES-VR. Case managers continued to provide these types of support later in the program and also added new ones. For example, as youth aged, the case managers devoted more time to helping them navigate the SSI age-18 redetermination process. In fall 2015, the program started promoting the "just-in-time toolkit," a publicly-available website developed by Cornell. The website featured modules on topics such as transition planning, work-based learning, and SSA benefits, and downloadable brochures on topics such as Medicaid and work, reporting earnings to SSA, and achieving self-sufficiency. The program encouraged case managers to discuss this website with youth or even work through the modules with them.

Family coaches offered many of the same general supports as case managers, including making referrals to community resources, addressing basic needs, and helping parents and guardians navigate the LEAs and state agencies through which they or their children accessed services. Nearly all participating youth (95 percent) had parents or guardians who received information or coaching from the family coaches (Table III.4); family coaches provided information on benefits and entitlements, education, employment, finances, health care, housing, and transition planning.

Table III.4. Take-up of NYS PROMISE parent coaching and information services as of October 2017 (percentages unless otherwise indicated)

Receipt of NYS PROMISE coaching services or program information by a parent or guardian	Number or percentage
At least one coaching service or receipt of information ^a	95.1
Average number of coaching services or receipts of information ^b	21.0
Average number of unique coaching services or receipts of information	10.4
Number of participating youth	953

Source: The NYS PROMISE MIS.

^a NYS PROMISE intended that 71 percent of treatment group family members would have been referred for additional community services and supports or received information from the program by the end of Program Year 5.

^b The number of activities completed includes those completed more than once.

Coordination of youth and parent services. Although case managers primarily served youth and family coaches primarily served parents and guardians, their roles overlapped. The overlap arose in part because many issues, such as housing problems and food insecurity, affected entire families rather than individuals. The case managers and family coaches negotiated divisions of labor among themselves. In the Niagara Falls RDS, there was complete overlap between the two roles because one person served as both the case manager and the family coach. In the Albany and Riverview Transition Partnership RDSs, the case managers and family coaches tended to meet together with youth and families, and closely coordinate their provision of services. In the other RDSs, the case managers and family coaches met separately with youth and families and served them with varying degrees of coordination.

Relationships among case managers, family coaches, and NYS PROMISE service providers were generally strong in the Capital Region and Western New York, but weak in New York City. Interviews with program staff suggested three factors contributing to the weakness of the relationships in New York City:

1. **Strained relationships between community case managers and family coaches reduced their coordination.** These two groups of key program staff often disagreed over the best ways to serve families. For instance, community case managers tended to meet with youth and families in public locations, which family coaches believed compromised families' privacy. Family coaches tended to schedule events at schools, which community case managers believed were too distant from families' homes and thus compromised their engagement. Different approaches led to distrust and dissatisfaction. The community case managers and family coaches reported that because relationships between the two groups were strained, they tended to operate independently, with little to no coordination. During

the telephone interviews we conducted in October 2017, the community case managers reported that their relationships and communication with the family coaches had improved, although they still tended to operate independently. The community case managers attributed this improvement to the hiring of new family coaches.

2. **The D75 case management model and target population were barriers to the formation of relationships with the parent center and PROMISE service providers.** The D75 case managers did not work exclusively on NYS PROMISE, which they told us limited their availability to interact with the parent center (and the associated family coaches) and the PROMISE service providers. The family coaches, service provider staff, and community employment specialists told us that they had less contact with the D75 case managers than with the community case managers employed by RFMH. The service provider staff and community employment specialists also reported during our second site visit and telephone interviews with them that they had received fewer referrals from the D75 case managers than from the community case managers. Because all of the youth enrollees in the evaluation in D75 had severe disabilities, the case managers encountered more barriers to service delivery than did those in the other RDSs, where the enrollees tended to have more moderate disabilities. Among those barriers were the doubts of the case managers, as well as those of the parents, about whether the D75 youth could benefit from the program's services.
3. **Understaffing at the New York City parent center and PROMISE service providers impeded collaboration.** Although capacity issues existed in all three regions, they were particularly pronounced in New York City according to program managers and frontline staff. Both the D75 case managers and community case managers at RFMH reported that family coaches at the parent center were often unavailable to attend meetings with families scheduled by the case manager. In a similar vein, some case managers and family coaches expressed frustration that service providers often lacked the capacity to begin serving youth immediately upon receiving referrals. Instead, it could take weeks or months for services to start.

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 New York State and the services NYS PROMISE provided.

1. Counterfactual services

Benefits counseling. Benefits counseling for youth age 14 or older receiving SSI was available through New York State's five Work Incentives Planning and Assistance (WIPA) projects. Of the regions where NYS PROMISE operated, New York City had three WIPA projects and the Capital Region and Western New York each had one. Benefits counseling for individuals with disabilities was also available from a variety of other sources, including

Independent Living Centers, ACCES-VR, NYSCB, American Job Centers (AJCs), and SSA's Ticket to Work program, although many of these sources either did not serve individuals under age 18 or did so rarely. Other programs that served individuals with disabilities in New York State also provided benefits counseling as a complement to their core services, but NYS PROMISE staff expressed the opinion during our October 2017 telephone interviews that such counseling was likely of low intensity.

Financial education. Most New York State youth received at least minimal financial literacy education in high school; the state required all high school students to receive half a school year of economics, which included a personal finance component, to graduate. In 2014, the New York State Legislature passed legislation (subsequently signed into law by the governor) that required providers under the Summer Youth Employment Program to deliver financial literacy training to participants starting no later than 2016.¹⁹ Many low-income youth, including those on SSI, participated in this program and subsequently received the financial literacy training. A number of community organizations, particularly in New York City, also offered financial literacy training and information, some of which was targeted to low-income youth. However, these offerings were not widely available, did not explicitly include content relevant to individuals with disabilities, and were not well advertised or well known.

2. NYS PROMISE services

Benefits counseling. Case managers and family coaches referred treatment group youth and family members to BWI services to help them make informed choices about accessing public assistance programs and financial work incentives. Unlike the benefits counseling available in the counterfactual environment, NYS PROMISE's BWI services focused on the entire family instead of a specific individual. Two NYS PROMISE service providers in the Capital Region, one in New York City, and three in Western New York delivered BWI services. The staff who delivered these services were required to be certified work incentives counselors.

As specified by NYS PROMISE, BWI services had to include a general benefits overview, at least one comprehensive benefits analysis, and the development of a work incentives plan. BWI services could also include the development of an asset accumulation plan and ongoing benefits coaching. The program's six providers of BWI services delivered these activities in person at both group and individual sessions. As of October 2017, the NYS PROMISE case managers and family coaches had referred 19 percent of participating families to BWI services (Table III.5). However, only 5 percent of the referred families actually completed the services. Those who did so completed, on average, about two of the five available activities. Interviews with program staff suggested that the low rate of participation in BWI services was a product of many of the same factors that depressed participation in other PROMISE services, such as families' complex needs and competing demands on program staff (discussed earlier in this chapter). In addition, case managers, family coaches, and service provider staff told us they

¹⁹ The New York State Office of Temporary and Disability Assistance funded the Summer Youth Employment Program, which offered subsidized summer work experiences for low-income youth ages 14–20. The program is discussed further in Section C of this chapter.

thought that families avoided BWI because they were not comfortable discussing their income and benefits, especially in a group setting.

Financial education. NYS PROMISE case managers and family coaches referred treatment group youth and family members to FLT to foster greater economic self-sufficiency and asset development. Two NYS PROMISE service providers in the Capital Region, two in New York City, and two in Western New York delivered FLT. Four of those organizations also delivered the program's BWI services. FLT consisted of six activities: education in (1) banking, (2) budgeting, (3) consumer credit, (4) financial planning, (5) financial record keeping, and (6) development of an asset accumulation plan. The staff of the FLT service providers delivered these activities in person to youth and their family members. As of October 2017, the case managers and family coaches had referred the families of 12 percent of participating youth to FLT; of those referred, 14 percent were classified as having completed the service (Table III.5). Among the latter, families completed an average of approximately five of the six FLT activities. Case managers, family coaches, and service provider staff attributed the low referral and completion rates to lack of interest in the formal training among the families of participating youth. Some of the families may have sought out financial information through informal consultations with program staff, as reflected in the take-up of parent coaching and information-sharing services, described in Section D of this chapter.

Table III.5. Referral to and take-up of benefits counseling and financial literacy services among families of NYS PROMISE participants as of October 2017 (percentages unless otherwise specified)

	Number or percentage
Benefits, work incentives, and asset development planning and assistance (BWI)	
Family was referred to BWI	19.3
Among families referred to BWI:	
Completed at least one of the five BWI activities	37.0
Classified as having completed BWI	5.4
Among families classified as having completed BWI:	
Average number of BWI activities completed ^a	2.4
Average number of unique BWI activities completed	2.1
Financial literacy training (FLT)	
Family was referred to FLT	11.6
Among the families referred to FLT:	
Completed at least one of the six FLT activities	15.3
Classified as having completed FLT	14.4
Among families classified as having completed FLT:	
Average number of FLT activities completed ^a	12.2
Average number of unique FLT activities completed	4.9
Number of participating youth	953

Source: The NYS PROMISE MIS.

^a The number of activities completed includes those completed more than once.

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 New York State and the services NYS PROMISE provided in this area.

1. Counterfactual services

New York State had numerous employment services for youth with disabilities; LEAs were the largest source of these services. All youth in the state with and without disabilities could participate in career and technical education programs, which featured both coursework and work experiences. Youth who wished to demonstrate their mastery of career and technical skills could obtain a Career Development and Occupational Studies credential either by (1) completing a career plan, an employability profile, and 216 hours of career and technical education coursework, including at least 54 hours of work-based learning; or (2) satisfying the requirements of a nationally recognized work-readiness credential.

All of the LEAs that served as NYS PROMISE RDSs offered additional employment services to youth with disabilities as part of their standard (non-PROMISE) services, including vocational assessments, pre-employment training, and unpaid and paid work experiences. The services typically began at age 16 and were delivered either by school staff or through contracts with community organizations. Examples of these additional services included the following:

- Project SEARCH was an international program that offered job-readiness training and employment in integrated settings for youth with intellectual and developmental disabilities in their last year of high school. Project SEARCH was available in New York City through a collaboration among D75, ACCES-VR, OPWDD, and two hospitals. Youth in this program spent their final school year at one of the participating hospitals, where they received career-focused instruction in topics such as resume writing and interviewing, and performed unpaid internships alongside hospital staff.
- The Training Opportunities Program was an initiative of the New York City Department of Education that offered paid work experiences of up to 150 hours to high school students with IEPs.
- The Student Work Experience Program was offered to youth ages 18 to 21 who received special education services from the Schenectady School District through a contract with a community organization. Youth in the program performed unpaid work for two hours a day for four days a week during the school year. Over the course of the year, they rotated through different work experiences either in school or the community.
- The Buffalo Public Schools' Occupational Training Center was a school for youth ages 18 to 21 with severe intellectual or developmental disabilities. The school's mission was to help those youth develop the skills they needed to live in the community. It provided them with independent living skills training and community work experiences.

ACCES-VR was another important source of employment services for youth with disabilities in New York State. Individuals under age 25 comprised about half of this agency's caseload (New York State Rehabilitation Council 2017). In response to WIOA, ACCES-VR created a statewide transition and youth services team in 2014, and assigned a senior transition and youth services counselor to each of the agency's district offices to oversee outreach and services to youth. It also introduced Youth Employment Services, which were tailored to the needs of transition-age youth with disabilities and included community-based work assessments, work readiness training, job development, subsidized work experiences, and job coaching. ACCES-VR began working with youth two years before they left high school—typically at age 19 because youth with disabilities tend to remain in school until age 21. ACCES-VR counselors usually served both youth and adults, and had caseloads of about 150 people each. Each ACCES-VR district office appointed counselors to act as liaisons to high schools in the district. The counselors helped identify students who were likely to be eligible for VR services and coordinated the referral and application processes. Once youth were determined eligible and formally enrolled in VR services, the counselors worked with them to develop individual plans for employment and offered them Youth Employment Services. Enrolled youth could also receive any of ACCES-VR's adult services, such as supported employment and assistive technology.

Other state agencies that offered employment services for youth with disabilities included:

- Ninety AJCs (with oversight from 33 workforce investment boards across the state, funded by the New York State Department of Labor) provided employment services such as employment plan development, job training, job search assistance, and career counseling. They could serve youth as young as age 16 but typically did not serve youth who were still in school. WIOA extended eligibility for AJC youth services from age 21 to age 24 for out-of-school youth and increased the percentage of funding the AJCs had to spend on these youth. These new requirements may have had the collateral effect of reducing the availability of AJC services for younger youth. A few AJCs employed disability resource coordinators funded through a Disability Employment Initiative grant from DOL to tailor the centers' services to people with disabilities. Of the counties where NYS PROMISE operated, Albany, Schenectady, Rensselaer, and Niagara counties had AJCs with disability resource coordinators.
- NYSCB's transition program served visually impaired youth ages 14–24. The eight counselors in this program had caseloads of about 100 youth each. The services available to transition-age youth included independent living skills training, adaptive equipment, and subsidized summer work experiences. NYSCB developed an individual plan for employment for participating youth two years before their anticipated exit from high school; at the same time, it began offering them adult services, such as job placement, vocational training, independent living skills training, and adaptive equipment for use on the job.
- Two OPWDD employment programs were available to high school-age youth with developmental disabilities: Pathway to Employment and the Employment Training Program. The former helped people with limited or no previous work experience obtain job readiness skills and develop a plan for achieving competitive, integrated employment at or above the minimum wage. The latter developed community-based jobs for participants, provided them with intensive job coaching, and paid their wages during training periods of up to 18 months

(after which the employers were expected to hire the participants). OPWDD offered other employment programs to people enrolled in its home- and community-based services waivers. Most of those programs were not available to youth until they exited high school, but there were some exceptions.

- The Summer Youth Employment Program (funded by the New York State Office of Temporary and Disability Assistance) offered subsidized summer work experiences to low-income youth ages 14–20. In the NYS PROMISE regions, Albany, Schenectady, Buffalo, and New York City supplemented this program with local funding, enabling the expansion of eligibility to youth regardless of income (Albany and Buffalo) and to youth up to age 21 (Schenectady and Buffalo) or age 24 (New York City). Youth in the program typically worked 20 or 25 hours per week for five or six weeks and received the minimum wage. Most localities held lotteries for positions in the program because the number of applications typically exceeded the number of positions. Although the program was not specifically targeted to youth with disabilities, many LEAs encouraged their students with disabilities to apply and provided those accepted with job coaching and other supports.

2. NYS PROMISE services

Employment services offered. NYS PROMISE offered the following six employment services to treatment group youth. They were modeled on analogous services available through ACCES-VR.

1. **Community-based workplace assessment (CBWA)** was an assessment of a youth's strengths, capabilities, needs, skills, and experiences, consisting of five activities: a 360 assessment, discovery/engagement, life/social skills observation, work or community site development, and work skills observation. The NYS PROMISE case managers with whom we spoke during our site visits told us that they typically referred youth to CBWA as their first employment service. Indeed, the MIS data indicate that CBWA was the most common service to which case managers referred youth. Through October 2017, 66 percent of participating youth had been referred to this service, and 28 percent of those referred were classified as having completed the service (Table III.6). Among the latter, youth completed an average of approximately four of the five CBWA activities.
2. **Career planning and preparation (CPP)** was a set of 13 activities intended to prepare youth for employment: activities of daily living, advocacy skill development, business tours, community mobility training, disability self-awareness, discovery/engagement, health management, identification of motivators, job interview practice, resume writing, screening assessment, work and social conduct, and work-related daily living skills. The CPP service staff delivered these activities to youth on an individual basis or in small groups. During our site visits, the NYS PROMISE case managers reported that CPP was typically the next service referral they made for participants after they completed CBWA, although they occasionally made CPP the initial referral for youth with work experience. Through October 2017, the case managers had referred 37 percent of participating youth to CPP—the second highest referral rate for any employment service, trailing only that for CBWA (Table III.6). NYS PROMISE classified 29 percent of those who had been referred to this service as having completed it. Among the latter, youth completed an average of 7 of the 13 CPP activities.

3. **Community unpaid training experience (CUTE)** was a service that culminated with an unpaid work experience. The service featured six activities: community mobility training, interview support, monitoring the work experience, screening assessment, site development of the work experience, and work skill observation. In the performance measures NYS PROMISE submitted to ED, the program set a target for 52 percent of treatment group youth to have engaged in CUTE by the end of the program. Through October 2017, NYS PROMISE had referred 8 percent of participating youth to this service, and classified 39 percent of those referred as having completed the service (Table III.6). Among the latter, youth completed an average of three of the six CUTE activities.
4. **Sponsored community work experience (SCWE)** was a subsidized paid work experience. NYS PROMISE paid the wages of youth who participated in this service for up to 160 days, after which the employers were expected to hire the youth. Monitoring of the youth's work experience was the only staff activity associated with this service. In the performance measures NYS PROMISE submitted to ED, the program set a target for 52 percent of treatment group youth to have engaged in SCWE by the end of the program. Through October 2017, NYS PROMISE had referred 7 percent of participating youth to this service, and classified 22 percent of those referred as having completed the service (Table III.6).
5. **Job development and paid work experience (JDV+PWE)** was an unsubsidized paid work experience. Job development and worksite monitoring at 5, 30, and 60 days after job placement constituted the four activities associated with this service. In the performance measures NYS PROMISE submitted to ED, the program set a target for 71 percent of treatment group youth to have engaged in JDV+PWE by the end of the program. Through October 2017, NYS PROMISE had referred 15 percent of participating youth to this service, and classified 35 percent of those referred as having completed the service (Table III.6). Among the latter, youth completed an average of two of the four JDV+PWE activities.
6. **Coaching supports (CS)** was a service designed to provide job coaching support to youth participating in CUTE, SCWE, and JD+PWE. There were 10 activities offered under this service: community mobility training, job coaching, life/social skills training, meeting with employer, meeting with team/family, monitoring, work and social conduct, work performance behavior intervention, work-related daily living skills, and site development. Through October 2017, case managers had referred 13 percent of participating youth to this service, and classified 29 percent of those referred as having completed the service (Table III.6). Among the latter, youth completed an average of 5 of the 10 CS activities.

ACCES-VR was yet another source of employment services for treatment group youth. NYS PROMISE intended to refer all treatment group youth to ACCES-VR when they had two years of high school remaining or when the program ended, whichever came first. The case managers with whom we spoke in October 2017 told us that they had not yet referred many youth to ACCES-VR because most youth had more than two years of high school remaining or were receiving the services they needed from NYS PROMISE.

Table III.6. Referral to and take-up of career exploration and work-based learning experiences among NYS PROMISE participants as of October 2017 (percentages unless otherwise indicated)

	Number or percentage
Community-based workplace assessment (CBWA)	
Youth was referred to this service	65.5
Among youth referred to this service:	
Completed at least one of the five activities in this service	78.7
Classified as having completed this service	28.0
Among youth classified as having completed this service:	
Average number of activities completed ^a	14.9
Average number of unique activities completed	4.2
Career planning and preparation (CPP)	
Youth was referred to this service	36.8
Among youth referred to this service:	
Completed at least one of the 13 activities in this service ^a	75.8
Classified as having completed this service	28.5
Among youth classified as having completed this service:	
Average number of activities completed ^a	25.0
Average number of unique activities completed	7.0
Community unpaid training experience (CUTE)	
Youth was referred to this service	7.9
Among youth referred to this service:	
Completed at least one of the six activities in this service	70.7
Classified as having completed this service	38.7
Among youth classified as having completed this service:	
Average number of activities completed ^a	7.5
Average number of unique activities completed	3.0
Sponsored community work experience (SCWE)^{b, c}	
Youth was referred to this service	7.2
Among youth referred to this service:	
Classified as having completed this service	21.7
Among youth classified as having completed this service:	
Average number of activities completed ^a	6.1
Job development and paid work experience (JDV+PWE)^d	
Youth was referred to this service	14.5
Among youth referred to this service:	
Completed at least one of four activities in this service	79.7
Classified as having completed this service	34.8
Among youth classified as having completed this service:	
Average number of activities completed ^a	6.9
Average number of unique activities completed	2.1

TABLE III.6 (CONTINUED)

	Number or percentage
Coaching supports	
Youth was referred to this service	13.2
Among youth referred to this service:	
Completed at least one of 10 activities in this service	60.3
Classified as having completed this service	29.4
Among youth classified as having completed this service:	
Average number of activities completed	30.0
Average number of unique activities completed	5.3
Number of participating youth	953

Source: The NYS PROMISE MIS.

^a The number of activities completed includes those completed more than once.

^b NYS PROMISE intended that 52 percent of treatment group youth would have participated in this service at or above the minimum wage by the end of the program.

^c Only one unique activity was associated with sponsored community work experience.

^d NYS PROMISE intended that 71 percent of treatment group youth would have had a paid work experience at or above the minimum wage by the end of the program.

Low take-up of employment services. As noted previously, NYS PROMISE sought to tailor services to youth's needs and therefore did not prescribe either the sequence of services youth should follow or the number of services they should receive. As the program progressed, however, its managers came to realize that the participating youth were receiving fewer employment services than expected. Furthermore, when youth did receive employment services, they tended to be those related to career exploration (CBWA and CPP) instead of those providing actual work experience (CUTE, SCWE, and JDV+PWE).

In addition to the referral barriers discussed earlier in this chapter, program and provider staff noted the limited capacity among the NYS PROMISE service providers as a reason for the low take-up of employment services. Many of the service providers, especially those in New York City, were slow to hire staff to serve NYS PROMISE youth. During our site visits and telephone interviews, the managers of NYS PROMISE and the administrators of service provider organizations agreed that, because referrals had been scarce during the program's recruitment period (through April 2016), the service providers had been reluctant to hire staff because of their fear that new staff would have no work. This reluctance was exacerbated by the program's outcomes-based payment model, which made the service providers concerned that they would not have the funds to pay new staff if sufficient referrals did not materialize. Inadequate staffing levels remained a problem even as referrals increased. The service providers were wary of committing staff to NYS PROMISE because of the unpredictable flow of referrals and delays in receiving payments for services provided and outcomes achieved. Also, the staff they did commit were often working on other programs, such as OWPDD and ACCES-VR, which left them with less time to serve NYS PROMISE youth. Finally, OPWDD significantly reduced its reimbursement rates for service providers just as NYS PROMISE began, resulting in major staffing cutbacks; this development meant that the service providers began their partnerships with thin staffing levels for this and other programs.

Turnover among service provider staff and organizations compounded the capacity problems. NYS PROMISE case managers and family coaches reported during our site visits and

telephone interviews that the departures of service provider staff disrupted the provision of services because of the time it took to find replacements. When providers found replacements, participating youth often had to repeat intake and assessment activities with the new staff members, thus interrupting the delivery of services to them. In addition, five service providers (one in the Capital Region, three in Western New York, and one in New York City) exited NYS PROMISE over the course of program operations, mainly because of insufficient referrals from the program or the providers' staffing limitations. An additional service provider in New York City stopped serving participating youth in certain boroughs of the city because of its staffing limitations. The case managers and family coaches told us that when service providers exited the program or scaled back their involvement, it often took a long time for participating youth to be reassigned to different providers. The loss of service providers also resulted in increased pressure on those who remained.

The slow pace of service delivery was detrimental to the engagement of youth and families with NYS PROMISE. The case managers and family coaches repeatedly told us of youth and families being disappointed because they were not receiving services. Many of those program staff members said that the most difficult aspect of their jobs was preserving positive relationships with participants who were frustrated by the slow pace of services. As for the participants themselves, only one of the 21 families (youth and parents or guardians) that participated in our focus groups had received any services from the program other than case management. Many of them expressed a loss of faith in the program because of their perception that it had not delivered on its promises. Among the youth focus group participants, only the one who mentioned having received program services said she would recommend NYS PROMISE to a friend.

Efforts to improve the take-up of employment services. The managers of NYS PROMISE implemented a variety of approaches to increase the take-up of the program's employment services:

- **Changing the payment structure for service providers.** RFMH made two adjustments to the payment structure for service providers based on providers' complaints that the provision of outcomes-based payments after the completion of services was financially burdensome and constituted a barrier to service delivery. The first adjustment, in spring 2016, allowed the service providers to invoice for intake meetings as a distinct service. The second adjustment, in fall 2016, provided for an upfront payment to each service provider that was worth 25 percent of the organization's total contract value. RFMH then deducted 50 percent from each provider's subsequent invoices for services until the upfront payment was fully offset. Despite these adjustments, the service providers told us during our October 2017 telephone interviews that they were continuing to experience financial challenges that compromised their ability to hire staff to serve NYS PROMISE participants. This problem was especially acute in New York City.
- **Altering the model for SCWE to make it easier for service providers to administer.** SCWE provided youth participants in NYS PROMISE with opportunities for paid work experiences subsidized by the program. However, this employment service could be difficult for the service providers to administer. To pay the youth's wages, some providers had to add the youth to their payrolls, which could be challenging for their human resources

departments. NYS PROMISE altered its model for this service to ameliorate this problem by (1) arranging for an existing NYS PROMISE service provider in the Capital Region and another in Western New York to handle payroll functions for all youth in those regions who were participating in SCWE (including those served by other providers), and (2) adding a new service provider in New York City to handle payroll functions exclusively.

- **Hiring community employment specialists in New York City.** Having concluded that the service providers in New York City could not increase their capacity sufficiently to meet the needs of NYS PROMISE, RFMH began hiring community employment specialists in April 2016. The community case managers and D75 case manager with whom we spoke in October 2017 told us that they had shifted 80 to 100 percent of their caseloads from service providers to community employment specialists. Some of the case managers reported that the addition of the community employment specialists had significantly improved service delivery. However, others reported that service delivery had improved only marginally because there were not enough community employment specialists to serve their entire caseloads, and high turnover among the specialists had delayed the provision of services.
- **Contracting with the Bridges from School to Work initiative to train and support the community employment specialists.** In May 2017, RFMH contracted with the Marriott Foundation's Bridges from School to Work (Bridges) initiative to train and support the community employment specialists. Because Bridges had experience implementing an employment program for youth with disabilities, RFMH believed it had the ability to intensify NYS PROMISE's employment services.²⁰ Although the program had benchmarks for the percentage of youth expected to complete each service, the service provider staff with whom we spoke during our site visits were not aware of them. When Bridges joined NYS PROMISE, it introduced and promoted an expectation that each community employment specialist would place at least two youth per month in volunteer, internship, or paid employment positions. Although our October 2017 telephone interviews with program staff and analysis of MIS data occurred too soon after Bridges' involvement began to allow an assessment of its success, program managers held that Bridges had increased youth service take-up and employment.
- **Allowing community case managers in New York City to deliver CPP and SED.** In response to lengthy waits for service providers to act on referrals in New York City, the managers of NYS PROMISE decided in September 2017 to allow community case managers to deliver CPP and SED directly to the youth on their caseloads (discussed further in Section E of this chapter). One month later, when we conducted our telephone interviews and received an extract of the program's MIS data, it was too early to assess whether this change corresponded with an uptick in the receipt of these employment services.
- **Delivering employment services through group workshops in New York City.** In October 2017, NYS PROMISE launched group workshops for treatment group youth and their families in New York City that met weekly for five consecutive weeks. As designed, each weekly session was to feature community employment specialists delivering CPP to

²⁰ Operating in 10 American cities, Bridges developed competitive job placements for youth ages 17 to 22 with disabilities and provided employment assessments and work-readiness training to prepare youth for their placements (Bridges from School to Work).

youth and family coaches delivering training to parents (discussed further in Section D of this chapter). The program's community case managers were also expected to attend these workshops in a supporting role. NYS PROMISE had just held the first session of the first workshop when we conducted our telephone interviews and received the program's MIS data, so we could not assess the outcomes of this service delivery model. Community case managers reported that 18 families attended the first session.

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' or guardians' 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 or guardians 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 New York State and the services NYS PROMISE provided.

1. Counterfactual services

Three types of federally or state-funded parent centers in New York State provided education-related information and training to parents and guardians of children with disabilities: (1) New York State Special Education Parent Centers, (2) Parent Training and Information Centers, and (3) Community Parent Resource Centers. The first two types served all parents and guardians of children with disabilities, whereas the third type targeted underserved parents and guardians who had low incomes, did not speak English, or had disabilities themselves. Each NYS PROMISE region was served by at least one New York State Special Education Parent Center and at least one Parent Training and Information Center; New York City and Western New York also had Community Parent Resource Centers. All of the NYS PROMISE parent centers also served as at least one type of federally or state-funded parent center. The PROMISE services were unique, however, in that they focused on topics other than education and addressed the needs of parents and guardians as well as youth.

2. NYS PROMISE services

NYS PROMISE offered four core trainings to treatment group parents and guardians on the topics of transition planning, effective advocacy, self-determination and family action planning, and rights and work incentives. Initially, family coaches delivered these trainings to groups of parents and guardians at the parent centers or public locations such as libraries. However, the family coaches reported during our site visits that attendance at the trainings was low despite the provision of incentives such as meals, transportation vouchers, and gift cards. According to the family coaches, parents did not like the group format because they were uncomfortable discussing sensitive topics in a group setting; also, they preferred receiving more personalized information. To accommodate these preferences, some of the family coaches began to deliver the trainings in one-on-one meetings with parents and guardians, which provided privacy and allowed the family coaches to tailor the information to each family's specific needs. During our October 2017 telephone interviews, managers of NYS PROMISE told us they planned to expand the availability of the parent trainings in November 2017 by making the one-on-one format for the training an official component of the program model and posting the training materials online

for parents to review on their own. As of October 2017, the parents or guardians of 30 percent of participating youth had attended at least one of the four core trainings in either an individual or group setting (Table III.7). The parents or guardians of 5 percent of participating youth had attended all four core trainings. Among those who attended any of these trainings, the average number of trainings attended was about two. The training on rights and work incentives had the highest take-up rate, at 17 percent.

Although parent training services existed in the counterfactual environment, those offered by NYS PROMISE differed in the population they reached, the content they covered, and their intensity. All of the NYS PROMISE parent centers also served as federally or state-funded parent centers. Parent center staff reported that the parents and guardians of NYS PROMISE youth were poorer than those who typically sought the organizations' assistance. Also, the broad range of topics that the organizations addressed with NYS PROMISE parents and guardians represented a change from their usual exclusive focus on helping parents and guardians manage their children's education. Finally, parent centers could offer more intense and personalized services, such as the one-on-one training sessions, to NYS PROMISE parents and guardians who needed them than to their typical clients..

Table III.7. Take-up of parent training among NYS PROMISE participants as of October 2017 (percentages unless otherwise indicated)

	Number or percentage
Of the four parent trainings, a parent or guardian attended:	
At least one of the trainings	29.5
Transition planning	12.8
Effective advocacy	11.5
Self-determination and family action planning	5.0
Rights and work incentives	16.5
All four of the trainings	5.0
Among youth whose parent or guardian attended at least one of the trainings:	
Average number of trainings attended ^a	2.3
Number of participating youth	953

Source: The NYS PROMISE MIS.

^a The number of trainings attended includes those attended more than once.

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 New York State and the services NYS PROMISE provided in this area.

1. Counterfactual services

LEAs provided most of the education services available to all transition-age youth with disabilities in New York. At age 12, students with disabilities began the career planning process by completing an assessment that gathered information about their skills and interests as they

pertained to both in-school and out-of-school activities. They updated this assessment annually thereafter. Starting at age 15, the IEPs for students with disabilities were required to describe their transition goals and the transition services they needed. During the final year of high school, students with IEPs or 504 plans received an exit summary that documented their academic achievements and functional performance, described their postsecondary goals, and recommended adult services and supports to help them achieve their goals. Although state law required LEAs to provide these services, NYS PROMISE managers told us that the quality varied widely.

In New York City, D75 provided students with disabilities with extensive additional services, such as adaptive equipment; counseling; vision and hearing supports; and speech, occupational, and physical therapy. In other areas of New York State, Boards of Cooperative Educational Services provided similar services to supplement those provided by the LEAs.²¹ In fall 2017, the New York City Department of Education created two Transition and College Access Centers—one in the Bronx and one in Brooklyn. It planned to open centers in the remaining boroughs in 2018 and 2019. The centers were intended to increase access to postsecondary education and employment for students with disabilities by providing information and referrals to students, families, and school staff; engage with local businesses to create work-based learning opportunities; administer transition assessments; and conduct workshops and professional development activities.

New York State also had a number of programs intended to help youth with disabilities pursue postsecondary education, although youth's access to these programs depended on their knowledge of them and their ability to navigate the application processes for limited numbers of slots. Such offerings included the following:

- **Think College New York.** This statewide initiative of the Institute for Innovative Transition at the University of Rochester disseminated information to promote access to postsecondary education for youth with intellectual disabilities.
- **Melissa Riggio Higher Education Program.** A community organization in New York City offered this program to youth age 22 or older with intellectual disabilities through a contract with OPWDD. Eligible youth could take two to three courses per semester for four years at any of four participating City University of New York colleges. They also could participate in internships on and off campus.
- **D75 Inclusion Program.** In this D75 program, youth ages 17 to 21 could take one course per semester for three years at Queens College of the City University of New York while still in high school. They also could participate in work experiences on and off campus.
- **The College Campus Based Transition Program.** A joint effort of Buffalo Public Schools, Buffalo State College, and a community organization, this program allowed youth under age 21 with intellectual disabilities who had completed secondary school to audit college classes and participate in internships.

²¹ Boards of Cooperative Educational Services were organizations created by the New York State Legislature to offer shared services to regional groups of LEAs so that each of them did not have to create its own services (Boards of Cooperative Educational Services of New York State).

- **Young Adult Life Transitions.** A community organization offered this program to youth ages 18 to 23 with intellectual disabilities who were enrolled in a Medicaid home- and community-based waiver. Those youth could audit college classes and participate in internships at six colleges in Erie and Niagara counties.

2. NYS PROMISE services

Even though most of the RDSs were LEAs, the design for NYS PROMISE did not include specific services related to secondary education. The program’s managers explained during our interviews that they regarded secondary education as the responsibility of the LEAs and did not want to dictate how they should deliver education services to youth. Instead, NYS PROMISE offered SEd, a service that focused on postsecondary education. Two NYS PROMISE service providers in the Capital Region, two in New York City, and three in Western New York delivered 18 different SEd activities, as did the community employment specialists hired by RFMH in New York City. Treatment group youth referred for SEd were assigned individual coaches who provided assistance with a variety of activities pertaining to the transition to postsecondary education: course selection, scheduling, and registration; campus navigation; study habits, organization, and time management; and other related activities and skills. The SEd coaches also supported treatment group youth by providing them with educational assessments and counseling on topics such as advocacy for accommodations, communication skills, financial planning (information on loans and scholarships), and goal setting.

As of October 2017, the take-up of SEd was low because most youth were still attending secondary school and had not yet begun to consider postsecondary education. NYS PROMISE had referred only 3 percent of participating treatment group youth to SEd, and classified just 19 percent of those referred as having completed the service (Table III.8). Among the latter, youth completed an average of 11 of the 18 SEd activities.

Table III.8. Referral to and take-up of education services among NYS PROMISE participants as of October 2017 (percentages unless otherwise indicated)

	Number or percentage
Youth was referred to supported education (SEd) service	2.8
Among youth referred to SEd:	
Completed at least one of the 18 SEd activities	77.8
Classified as having completed SEd	18.5
Among youth classified as having completed SEd:	
Average number of SEd activities completed ^a	28.0
Average number of unique SEd activities completed	11.3
<hr/>	
Number of participating youth	953

Source: The NYS PROMISE MIS.

^aThe number SEd activities completed includes those completed more than once.

F. The possibility that control group members received NYS PROMISE 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.

By design, and as outlined in its application to ED for a PROMISE cooperative agreement, NYS PROMISE assigned all control group youth to case managers and all control group parents and guardians to family coaches. Initially, the case managers were expected to meet with control group youth on a quarterly basis; the family coaches were expected to meet with control group parents and guardians on a semiannual basis. Those meetings could occur either in person or by telephone. The purpose of the meetings was to record information on control group members' educational and employment outcomes by completing youth and parent or guardian tracking forms and make referrals to community resources. The managers of NYS PROMISE regarded such meetings and referrals as standard LEA practices rather than enhancements made because of PROMISE. Three aspects of these procedures for control group members may have implications for the evaluation's ability to detect program impacts:

1. The extent to which LEAs typically made referrals for youth with disabilities before the implementation of NYS PROMISE is unclear (that is, it is unclear whether the referrals the program's case managers made for control group youth did in fact represent standard LEA practice, or rather, enhanced what those youth would have received in the absence of NYS PROMISE). Regardless of whether LEAs typically made such referrals for youth, it is unlikely they made them for parents and guardians, so family coaches' referrals for control group parents and guardians can be viewed as an enhancement of counterfactual services attributable to NYS PROMISE.
2. Although NYS PROMISE trained its case managers and family coaches to limit their interactions with control group members to the quarterly or semiannual meetings, the intensity of case management provided to members of the control group varied by program staff. Some case managers and family coaches told us during site visit interviews that they followed up with control group youth, families, and community organization staff after making referrals and provided additional support to control group youth and families, such as attending IEP meetings and court hearings with them.
3. The case managers and family coaches who served control group members were almost always the same ones who served treatment group members. As a result, most case managers and all family coaches had caseloads that included both treatment and control group members. Some of them told us about their discomfort with serving treatment and control group members differently.

NYS PROMISE made two adjustments to its control group procedures roughly midway through the five-year operational period. First, in April 2016, the program reassigned all English-speaking control group youth in New York City who were attending community schools (that is, not D75 schools) to the RFMH employee who previously had been the program's centralized telephone recruiter. Second, in December 2016, Cornell analyzed MIS data and identified a substantial number of control group members who were receiving intensive case management from NYS PROMISE case managers and family coaches. In response, RFMH and Cornell developed a guide explaining the intended distinction between the services program staff could

offer to treatment group members and those they could offer to control group members. RFMH and Cornell also announced new policies that reduced the required frequency of meetings case managers should have with control group youth from quarterly to semiannually and precluded program staff from attending IEP meetings for control group youth and inviting control group members to program events. However, during our October 2017 telephone interviews with case managers and family coaches, several of those individuals reported that their interactions with control group members had not changed markedly following the announcement of the revised policies; they were continuing to have contact with youth and parents in the control group.

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 NYS PROMISE 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 NYS PROMISE 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.

As of October 2017, the managers of NYS PROMISE had no specific plans for sustaining discrete aspects of the program beyond the end of the cooperative agreement with ED. However, the program was designed to be a systems-change initiative, intending to build the capacity of and foster connections among LEAs, parent centers, and service providers to improve the service environment for transition-age youth with disabilities. To the extent that NYS PROMISE accomplished this goal, it could decrease the service differential between the treatment and control groups, thereby reducing the evaluation's ability to detect program impacts.

Finally, systems-level changes that NYS PROMISE 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 NYS PROMISE. 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, an initiative sponsored by the governor, grants from HHS and ED, and changes in high school graduation policies.

WIOA. WIOA required that VR agencies offer an expanded set of transition services for youth with disabilities and spend 15 percent of their funding on providing those services. ACCES-VR operationalized this requirement by creating the following pre-employment transition services (Pre-ETS):

- Job exploration counseling
- Postsecondary counseling
- Self-advocacy
- Work-based coaching supports

- Work-based learning development
- Work-based learning experience
- Work readiness (soft skills training)

ACCES-VR included Pre-ETS in its August 2017 request for proposals for VR service provider contracts; it anticipated that the winners of those contracts would begin delivering services on January 1, 2019. Given this timing, Pre-ETS will not affect the program's 18-month impacts but could affect its five-year impacts. Many treatment group members will likely access Pre-ETS because NYS PROMISE intended to enroll all of them in ACCES-VR. The extent to which control group members will access Pre-ETS will depend on the success of ACCES-VR's efforts to establish stronger relationships with high schools and whether the NYS PROMISE case managers referred control group members to ACCES-VR.

The New York State Employment First Commission. On September 17, 2014, the governor of New York issued an executive order establishing the Employment First Commission and appointing the directors of state agencies that serve people with disabilities as members. The commission's goals were to increase the employment rate of people with disabilities by 5 percent, decrease the poverty rate of people with disabilities by 5 percent, and engage 100 businesses in adopting policies and practices that support the integrated employment of people with disabilities. Its efforts to achieve these goals may strengthen the service environment for members of the control group for the NYS PROMISE evaluation. The commission actually leveraged NYS PROMISE in its efforts to target transition-age youth with disabilities. In the first quarter of 2016, the program's steering committee agreed to serve as the subcommittee on youth transition for the commission. This agreement facilitated incorporating lessons from the implementation of the program into the commission's efforts regarding postsecondary education and youth employment. The close relationship between NYS PROMISE and the Employment First Commission increased the likelihood that the program's policies and practices indirectly affected the service environment for all youth with disabilities in the state.

Partnerships in Employment Systems Change grant. In 2011, HHS awarded a five-year Partnerships in Employment Systems Change grant to the Institute for Innovative Transition at the University of Rochester. The Institute partnered with the New York State Department of Education Office of Special Education, ACCES-VR, the New York State Developmental Disabilities Planning Council, and New York State's three University Centers for Excellence in Developmental Disabilities to try to improve opportunities for competitive integrated employment for transition-aged youth with intellectual and developmental disabilities. To the extent that the grant is successful, it could increase employment among members of both the treatment and control groups in the NYS PROMISE evaluation.

Transition and Postsecondary Programs for Students with Intellectual Disabilities grant. In 2015, ED awarded a five-year Transition and Postsecondary Programs for Students with Intellectual Disabilities grant to the Institute for Innovative Transition at the University of Rochester. The Institute partnered with the New York City Department of Education and the City University of New York to implement five model demonstration projects intended to increase access to postsecondary education for youth with intellectual disabilities. To the extent that the projects are successful, they could increase take-up of postsecondary

education by members of both the treatment and control groups in the NYS PROMISE evaluation.

State changes in high school graduation policies. New York State offers two types of high school diplomas for students with disabilities: a Regents diploma and a local diploma. Students earn Regents diplomas by obtaining qualifying scores on Regents exams in five subjects. Before 2016, students earned local diplomas by scoring slightly lower scores on the Regents exams than those required for Regents diplomas. In 2016, the New York State Board of Regents made it easier for students with disabilities to earn local diplomas by allowing them to obtain that credential by achieving the threshold scores on Regents exams in two subjects and demonstrating proficiency in the other three subjects through their coursework. In 2017, the Board of Regents further liberalized the requirements for students with disabilities to obtain local diplomas by eliminating altogether the requirement for threshold scores on the Regents exams and instead allowing those students to demonstrate proficiency in all five subjects through their coursework. These changes will likely increase the number of students with IEPs who graduate with local diplomas, including both treatment and control group youth. This development may in turn lead to higher rates of participation in postsecondary education and employment by those graduates, given their possession of this important credential. Indeed, in 2016, an additional 418 students statewide received local diplomas because of the change in requirements that the Board of Regents made that year (Taylor 2017).

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. NYS PROMISE established partnerships with each of these agencies, as well as the community-based organizations that provide direct services in each of the program's three regions. 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 administrators and frontline staff of NYS PROMISE partners provided an opportunity to quantify 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 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 NYS PROMISE. 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 PROMISE, 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 the NYS PROMISE leadership (OMH and RFMH together, as well as Cornell), 10 state agencies, and the NYS PROMISE partners in each of the program's three regions.^{22, 23} The list of partners included in the survey instruments reflected the evaluation team's understanding of the agencies and organizations that were involved in NYS PROMISE when the first survey was conducted in June 2015 in conjunction with our initial site visit. Table IV.1 identifies the partners listed on the

²² Because these surveys differ from typical surveys (they ask about relationships between the respondent and all other NYS PROMISE 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.

²³ The 10 state agencies include the 9 members of the steering committee except for OMH (which is combined with RFMH in the network analysis under the heading of "program leadership"), plus the Commission for the Blind and the Employment Services System.

survey instruments as well as the organizations with staff who responded to the two surveys. We captured information about the NYS PROMISE networks during the following periods:

- Before NYS PROMISE 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 24 months after enrollment in the evaluation began, which was when we conducted the second round of the survey)

Our analysis of administrative networks is based on survey responses provided by administrators at seven NYS PROMISE partner organizations in the Capital Region only; we did not receive sufficient responses from the program administrators in New York City or Western New York to include them in the analysis. The surveys asked the administrators in the Capital Region about their interactions with their counterparts in the other two regions, but they reported almost none, so we limited the analysis to their interactions with the state agencies and the other partner organizations in their own region. We attempted to survey at least one administrator from each of the nine Capital Region partner organizations we visited in June 2015.

Our analysis of service networks is based on survey responses provided by frontline staff of the RDSs, parent centers, and service providers in the program's three regions, along with the RFMH community case managers in New York City. The analysis focuses on their involvement with the frontline staff of NYS PROMISE partner organizations in their respective regions and local frontline staff of the 10 state agencies, with the exception of the New York State Developmental Disabilities Planning Council, which had no local frontline staff.

The findings we present below indicate that the connections among administrative staff in the Capital Region increased throughout implementation, whereas the networks of frontline staff varied significantly by region but were stable over time. The percentage of Capital Region administrators reporting that they communicated at least monthly and had effective working relationships with partner organizations generally increased over time as the program was implemented—an increase concentrated among the regional partners rather than NYS PROMISE state agencies. By the late implementation period, Capital Region administrators collaborated more frequently on service delivery than other types of collaborative activities. The relationships that NYS PROMISE frontline staff in all three regions had with local frontline staff at regional partner organizations and state agencies were largely steady within the regions throughout program implementation, but varied across them.

Table IV.1. NYS PROMISE partner organizations listed in the network survey instruments and included in the analysis

Partner organizations listed in the survey instruments	Respondents included in the analysis	
	Administrative staff	Frontline staff
NYS PROMISE leadership (2)		
OMH/RFMH		✓
Cornell University		
New York State agencies (10)		
Commission for the Blind		
Department of Health		
Department of Labor		
Developmental Disabilities Planning Council ^a		
Education Department		
Employment Services System		
Office for People with Developmental Disabilities		
Office of Adult Career and Continuing Education Services-VR		
Office of Children and Family Services		
Office of Temporary and Disability Assistance		
Capital Region partners (9)		
Research demonstration sites:		
City School District of Albany	✓	✓
Schenectady City School District	✓	✓
Riverview Transition Partnership		
Parent center: Parent Network of the Capital Region	✓	✓
Service providers:		
Northeast Associates in Rehabilitation	✓	✓
Northeast Career Planning		
The Arc of Rensselaer County	✓	✓
Schenectady ARC	✓	✓
Wildwood Programs	✓	✓
New York City partners (7)		
Research demonstration site: NYC DOE/D75		✓
Parent center: INCLUDEnyc		✓
Service providers		
AHRC NYC		
Bronx Independent Living Services		
Goodwill Industries		
MHA-NYC		✓
United Cerebral Palsy of NYC		
Western New York partners (11)		
Research demonstration sites		
Buffalo Public Schools		
Niagara Falls City School District		✓
Parent center: parent center of Western NY		✓
Service providers		
Aspire of Western NY		✓
Baker Victory Services		✓
Community Services for the Developmentally Disabled		
Heritage Centers		
Learning Disabilities Association of Western NY		
Neighborhood Legal Services		
People, Inc.		
Western NY Independent Living		

Note: RFMH community case managers were not listed as partners but they responded to the surveys and were included in the analysis.

^a The Developmental Disabilities Planning Council was excluded from the service network analysis due to lack of local frontline staff.

A. Administrative partnership networks

Among the administrators of NYS PROMISE partner organizations in the Capital Region, communication and effective working relationships on issues pertaining to youth with disabilities increased as the program initially rolled out. Such increases continued to occur as the program matured. Table IV.2 shows the relationships reported by the administrative respondents for NYS PROMISE partner organizations in the Capital Region with 20 other PROMISE partner organizations: 8 regional partners, 10 state agency partners, and 2 program leadership partners. 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 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 5 regional partner organizations reported on their communication before PROMISE services began with each of the other 20 partner organizations, for a total of 100 reported relationships. Thirty-five of the 100 reports (35 percent) indicated that communication occurred at least monthly.

The NYS PROMISE partners in the Capital Region had few relationships with each other and with other partners in the program before services began. The administrative respondents reported that they had communicated at least monthly with only 35 percent of the other partners. The effectiveness of those relationships was somewhat positive, whether measured as effective “to a considerable extent” (the highest response option, representing 27 percent of partner organization relationships) or “to some or a considerable extent” (50 percent of partner organization relationships). Because NYS PROMISE had selected organizations that were already serving youth with disabilities, most of them had some connections with the other partners before program services began but few had connections with all of the other partners; also, as we have just noted, substantial fractions of those relationships were sporadic or lacking in effectiveness.

Data from the social network surveys of administrative staff in the Capital Region indicate that as NYS PROMISE matured, the frequency of communication and effectiveness of working relationships among the partner organizations increased, although not dramatically. The share of partner organization relationships characterized by communication on at least a monthly basis increased from 35 percent before program services began to 46 percent during early implementation and 49 percent during late implementation. The share of relationships characterized as somewhat or considerably effective increased from about 50 percent before program services began and during early implementation to 70 percent during late implementation. However, when we focus on the share of relationships that were characterized by the administrators as being considerably effective, we find that the share of relationships so characterized was virtually unchanged across the three periods; it remained within the narrow range of 26 to 29 percent (Table IV.2). During our site visits, we learned that the program’s intention was to develop relationships across different types of partners in NYS PROMISE (for example, an RDS with the parent center) rather than within partner types (for example, among the service providers in a region). Our finding of modest increases in the frequency of communication and effectiveness of relationships among the program partners in the Capital Region is consistent with that intention.

Table IV.2. Communication and effective working relationships among NYS PROMISE partners in the Capital Region, by implementation period

Relationship question	Response assessed	Share of partner organization relationships		
		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	35%	46%	49%
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	27%	26%	29%
	Effective working relationship to some or a considerable extent	50%	54%	70%

Notes: The number of NYS PROMISE partner organizations in the Capital Region for which respondents answered questions regarding communication and working relationships with other partner organizations was 5 pertaining to the period before program services began, 7 pertaining to early implementation, and 6 pertaining to late implementation. The respondents described their relationships with each of the other 8 intra-regional partners in NYS PROMISE, the 10 state agency partners, and the 2 program leadership partners. More than one person from RFMH and Cornell responded regarding all periods, and more than one person from the Arc of Rensselaer County responded regarding the period before PROMISE services began and early implementation; however, in each instance, we used the highest value reported to represent the organization's response. Thus, it was as if there was one respondent for each organization.

Communication and working relationships among NYS PROMISE partner organizations, as reported by administrators of the partners in the Capital Region, varied over time somewhat differently by partner type. Specifically, communication on at least a monthly basis by the regional partners increased with respect to the NYS PROMISE leadership (OMH/RFMH and Cornell) and the other partner organizations in the region. Before program services began, just 40 percent of the regional partners communicated at least monthly with the program leadership; that share had increased to 92 percent by late in the program's implementation (Table IV.3). Likewise, communication on at least a monthly basis by the Capital Region partners increased consistently over time with respect to each of the three partner types in the region (the RDSs, the parent center, and the service providers). In contrast, there was no increase over time in the share of NYS PROMISE partner state agencies with which the Capital Region partners communicated on at least a monthly basis. That share remained in the range of 25 percent to 34 percent. This finding is not surprising because the main role of the state agencies in the program was to provide senior representatives to serve on its steering committee, which did not entail direct contact with the regional partners. We found a similar pattern with respect to the effectiveness of working relationships among the Capital Region partners and the other NYS PROMISE partner organizations. The share of NYS PROMISE partner organizations with which the administrators of the Capital Region partners reported having effective working relationships to some extent or

to a considerable extent increased over time with respect to the NYS PROMISE leadership and the other partners in the Capital Region, but not with respect to the partner state agencies.

Table IV.3. Communication at least monthly and effective working relationships among NYS PROMISE partners in the Capital Region, by implementation period

Implementation period	Share of partner organizations with which respondents reported relationship					
	All PROMISE partners (21)	Program leadership (2)	State agencies (10)	Capital Region partners (9)		
				RDSs (3)	Parent center (1)	Service providers (5)
Communication at least monthly						
Before PROMISE services	35%	40%	28%	23%	50%	52%
Early implementation	46%	71%	34%	47%	67%	58%
Late implementation	49%	92%	25%	56%	100%	70%
Effective working relationship to some or considerable extent						
Before PROMISE services	50%	60%	58%	15%	50%	48%
Early implementation	54%	79%	41%	47%	83%	68%
Late implementation	70%	92%	60%	69%	100%	78%

Notes: The number of NYS PROMISE partner organizations in the Capital Region for which respondents answered questions regarding communication and working relationships with other partner organizations was 5 pertaining to the period before services began, 7 pertaining to early implementation, and 6 pertaining to late implementation. The respondents described their relationships with each of the other 8 intra-regional partners in NYS PROMISE, the 10 state agency partners, and the 2 program leadership partners. 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 NYS PROMISE partner organizations, we computed the percentage of those organizations with which each administrative partner reported communication “at least every month” or effective working relationships “to some or a considerable extent.” More than one person from RFMH and Cornell responded regarding all periods, and more than one person from the Arc of Rensselaer County responded regarding the period before PROMISE services began and early implementation; however, in each instance, we used the highest value reported to represent the organization’s response. Thus, it was as if there was one respondent for each organization.

As NYS PROMISE matured, the partner organizations in the Capital Region collaborated more frequently with each other on program-specific activities related to service delivery, but less frequently or about the same amount on program-specific activities related to resource sharing, data sharing, and client referrals (Table IV.4). During early implementation, collaboration in the context of NYS PROMISE most often occurred through the sharing of resources and data; by late implementation, the focus of program-specific collaboration had shifted to service delivery.²⁴ This finding is consistent with what we learned from speaking with administrators of the partner organizations during our site visits—they told us that their organizations were serving more program participants as implementation progressed.

²⁴ For survey brevity, we did not assess the extent of collaborative activities before PROMISE services began.

Collaboration on all of these activities outside of NYS PROMISE declined from early program implementation to late implementation—most dramatically with respect to resource sharing. With just one exception, throughout the implementation of NYS PROMISE, the Capital Region partner organizations collaborated more frequently on program activities than on activities outside of the program; the exception occurred during early implementation, when the frequency of resource sharing among the organizations was about the same on activities both within and outside of the program.

Table IV.4. Activities on which Capital Region partners in NYS PROMISE 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]?	Resource sharing	32%	15%
	Data sharing	31%	24%
	Client referrals	24%	23%
	Service delivery	22%	38%
In the past year, and outside of your work on PROMISE, with which of the following organizations has your organization conducted [activity]?	Resource sharing	33%	11%
	Data sharing	17%	12%
	Client referrals	17%	11%
	Service delivery	20%	18%

Notes: The number of NYS PROMISE partner organizations in the Capital Region for which respondents answered questions regarding collaboration with the other partner organizations in the region was 7 pertaining to early implementation and 6 pertaining to late implementation. We computed the percentage of the other partner organizations in the region with which each organizational respondent reported conducting the specified activity. More than one person from the Arc of Rensselaer County responded regarding early implementation; however, we used the highest value reported to represent that organization's response. Thus, it was as if there was one respondent for that organization.

B. Service partnership networks

The relationships that individual frontline staff of NYS PROMISE had with their counterparts at partner organizations in their own region and state agency partners were largely stable over time but varied across the regions. The number of service-providing regional partners differed across the regions: 9 in the Capital Region, 7 in New York City, and 11 in Western New York. Combined with the 9 state agency partners providing services,²⁵ the number of partner organizations with frontline staff who were providing services ranged from 16 to 20 across the three regions. 23 frontline staff members responded to the network survey questions about early implementation and 21 about late implementation; 20 of the respondents provided information about both periods. In Table IV.5, we show the shares of relationships with partner organizations that were characterized by communication at least monthly or conducting collaborative activities

²⁵ Recall that one of the 10 state agency partners, the Developmental Disabilities Planning Council, had no frontline staff who provided services and therefore was excluded from the service network analysis.

during early or late implementation. For example, during early implementation, 7 Capital Region staff members reported on their communication with each of 9 state partner organizations and the other 8 regional partner organizations, for a total of 119 reported relationships. 25 of the 119 reports (21 percent) indicated that communication occurred at least monthly.

Table IV.5. Activities among NYS PROMISE frontline staff and NYS PROMISE partners, by region and implementation period

Relationship question	Response assessed/ collaborative activity	Share of partner organization relationships					
		Capital Region		New York City		Western New York	
		Early implemen- tation	Late implemen- tation	Early implemen- tation	Late implemen- tation	Early implemen- tation	Late implemen- tation
How frequently did you communicate with frontline staff (who work directly with clients) in the following organizations about client issues?	Communication at least monthly	21%	27%	37%	40%	45%	44%
Related to your work with youth or adults with disabilities, how often did you do the following with each organization?	Discuss clients' needs, goals, and services	15%	29%	32%	34%	38%	35%
	Conduct joint training	31%	43%	45%	41%	69%	59%
	Meet for transition planning	11%	21%	22%	22%	36%	34%
	Receive referrals from partner organization	7%	16%	3%	3%	14%	15%
	Refer clients to partner organization	18%	34%	26%	27%	27%	20%
	Share client data	16%	37%	31%	30%	44%	36%

Notes: A total of 23 intervention team respondents completed interviews during early implementation (7 in the Capital Region, 11 in New York City, and 5 in Western New York) and 21 during late implementation (7 in the Capital Region, 9 in New York City, and 5 in Western New York) to describe their activities with NYS PROMISE partner organizations (19 organizations for the Capital Region, 16 for New York City, and 18 for Western New York).

Below, we summarize the key patterns in communication and collaboration among NYS PROMISE frontline staff apparent in the table.²⁶

²⁶ These patterns are similar when examining the responses for the 20 staff respondents who provided information during both early and late implementation. For example, the respondents from the Capital Region reported communication at least monthly with 24 percent of the line staff of NYS PROMISE partner organizations during early implementation and 26 percent during late implementation. The respective numbers for New York City

- **Capital Region.** The levels of communication (at least monthly) and collaboration by NYS PROMISE frontline staff in the Capital Region with their counterparts at partner organizations in the region and at state agency partners were generally the lowest reported across the program's three regions—this was the case during both early and late program implementation. However, this region did have the largest increases over time in communication and collaboration on all of the six types of program activities assessed by the network surveys. During both early and late implementation, collaboration most frequently took the form of joint training. The largest increases in collaboration between the two implementation periods involved sharing client data and referring clients to other organizations.
- **New York City.** The levels of communication and collaboration by frontline program staff in New York City were stable throughout implementation and generally higher than those in the Capital Region, but lower than those in Western New York. The collaboration most frequently involved joint training. As noted previously, the New York City frontline staff reported more partnership challenges during our site visits than did the frontline staff in the other regions. These challenges may not be evident in the findings presented in Table IV.5 because the social network surveys measured the quantity rather than the quality of communication and collaboration.
- **Western New York.** During both early and late implementation, the frontline staff of NYS PROMISE in Western New York communicated at least monthly with their counterparts at almost half of the partner organizations in the region and at state agencies. This percentage exceeded the levels of communication in the other two regions. Collaboration levels by frontline staff also tended to be higher than in the other regions during both early and late implementation. Joint training was the most common collaborative activity, followed by sharing client data; discussing clients' needs, goals, and services; and meeting for transition planning. Collaboration levels fell slightly during late implementation.

respondents were 33 percent and 40 percent. The Western New York respondents were the same for both early and late implementation, so the statistics were no different with this additional analysis.

This page has been left blank for double-sided copying.

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 NYS PROMISE 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

Programs can increase enrollment by casting a wide net. NYS PROMISE initially recruited New York City youth exclusively from D75 schools, thus targeting those with the most severe disabilities. However, targeting this narrow population created challenges in meeting the evaluation's enrollment target. Program managers' adaptability in broadening the eligible population to include SSI recipients who attended the city's community (that is, non-D75) schools and had a wider range of disabilities made it possible for NYS PROMISE to enroll more youth and achieve its enrollment target.

Connecting with youth and families individually can bolster community-based outreach efforts. NYS PROMISE initially recruited youth primarily through community-based outreach events. This approach yielded few enrollments in the evaluation and created concern that the program would not meet its enrollment target. The program broadened its recruitment approach and began contacting eligible youth directly through mailings, telephone calls, and one-on-one meetings. Supplementing recruitment events with these other forms of outreach helped NYS PROMISE meet and even exceed its enrollment target.

There are benefits and liabilities to having the same program staff be responsible for both recruitment and service delivery. NYS PROMISE case managers and family coaches were responsible for both recruiting youth into the evaluation and providing case management services to those who did enroll. This approach was intended to allow them to build rapport with youth and parents and guardians early and to promote the seamless transition of youth and families from the recruitment and enrollment phase to the receipt of program services. However, the case managers and family coaches had difficulty balancing their dual responsibilities, and the competing demands on their time detracted from the potential benefits of consistency in staffing. Meeting the evaluation enrollment target was the program's top priority early on; however, it proved to be challenging, so the case managers and family coaches had little time during the recruitment and enrollment phase to meet with participants and engage them in services. Many of those who enrolled early went for months without receiving any communication from program staff; on average, it took seven to nine months for program staff to conduct the first case management meeting with treatment group youth and their families. Such delays resulted in low rates of referrals to program services and low service take-up rates among those participants who were referred. The delays also resulted in the need for some participants to repeat pre-employment services before progressing to paid work experiences.

Parents and guardians are more likely to engage with a program when the services are delivered with sensitivity to their concerns and are customized to their circumstances. NYS PROMISE family coaches initially delivered parent trainings in group settings; however, few parents attended the trainings. The family coaches learned the reason was that the parents and guardians were uncomfortable sharing personal information in groups and preferred to receive information customized to their own circumstances. NYS PROMISE revised the delivery mode for the parent trainings by supplementing group sessions with one-on-one interactions between family coaches and parents and guardians, as well as offering the trainings online. This flexible approach enabled the family coaches to deliver the critical content of the trainings to more families than if they had continued to provide the information through group trainings alone.

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

Large caseloads consisting of treatment and control group members or program enrollees and non-enrollees are difficult to manage. All NYS PROMISE case managers and family coaches initially had caseloads that consisted of both treatment and control group members. The caseloads were large, which made it difficult for them to deliver timely services to members of the treatment group. Similarly, case managers in D75 and many service provider staff had caseloads that included both PROMISE and non-PROMISE youth. They, too, found their capacity strained by the need to split their time between these groups.

Outcomes-based payments can create challenges for service providers and negatively affect the delivery of services if not structured appropriately. Although the outcomes-based payment system adopted by NYS PROMISE was designed to incentivize service providers to deliver high quality services to treatment group members, it presented challenges for the providers. Service providers reported that because they initially did not receive any upfront funding (this situation changed about halfway through the operational period), they were slow to make financial commitments to hire staff. Staff shortages early in the operational period contributed to lengthy delays in service delivery.

Clear communication of service benchmarks has the potential to improve service delivery. Referral and service take-up rates under NYS PROMISE were initially low. In addition, when youth did receive employment services, they tended to be those related to career exploration instead of those providing actual work experience. This situation was due in part to the lack of awareness reported by case managers, family coaches, and service provider staff about the service benchmarks that the managers of the program had established. Broader awareness of the benchmarks among the program's frontline staff and more guidance from their supervisors about how to balance the benchmarks against the program's commitment to tailoring services to meet the unique needs of individual youth might have lent additional urgency and accountability to their provision of services. The program's experience of contracting with the Bridges initiative to supervise the community employment specialists in New York City provides an indication of the potential effectiveness of a greater emphasis on benchmarks. When Bridges joined NYS PROMISE in April 2017, it established benchmarks for the number of work experiences the community employment specialists were to arrange for treatment group youth each month and clearly conveyed those benchmarks to the community employment specialists. Although our October 2017 telephone interviews with program staff and analysis of MIS data

occurred too soon after this strategic change in program policy to allow a full assessment of its effects, the program managers and frontline staff with whom we spoke reported positive early results.

Coordination of program staff who serve youth and parent or guardians is important. Under NYS PROMISE's model, case managers and family coaches provided case management services to youth and parents or guardians, respectively. Case managers and family coaches in the Capital Region and Western New York generally reported good working relationships with each other. On the other hand, case managers and family coaches in New York City cited their strained relationships with each other as a challenge to serving youth and families. In a program focused on families, effective collaboration among staff serving various family members is essential to helping families achieve their education, employment, and living goals.

A program model that exclusively leverages existing service providers can tax the capacity of those providers. To promote systems change, NYS PROMISE's initial program model leveraged only existing organizations to provide services. Especially in New York City, this strategy resulted in delays in recruitment and delivery of services because the existing organizations lacked the capacity to serve both NYS PROMISE participants and their traditional clients. Service providers reported that the program's outcomes-based payment system exacerbated this problem, as it contributed to their reluctance to expand their staffs. NYS PROMISE's addition of community case managers and community employment specialists helped the program increase the number of youth in New York City who received services.

C. Considerations for interpreting findings in the impact analysis

Basing case managers in schools offers benefits for service delivery but challenges for program evaluation. Some of the NYS PROMISE case managers were based in schools and, in fact, were members of the school staff, whereas others worked from offices elsewhere. Engagement of treatment group youth in program services was easier for the school-based case managers, who reported fewer barriers to meeting with them. However, they were also able to interact easily with control group youth. Interaction with the control group youth was particularly pronounced in the D75 RDSs, where the NYS PROMISE case managers were school transition staff members who served all of the students. Thus, the program's practice of basing its case managers in schools created a heightened risk that they would deliver enhanced services to youth in the control group and thus compromise the evaluation's ability to detect program impacts.

The key interventions that the impact analysis will assess are intensive family-centered case management and the connection of youth to employment services at an early age. The intensive case management that NYS PROMISE intended to provide was an enhancement to the counterfactual service environment. The existing case management services in the state for youth with disabilities were less intense, not widely available, and not focused on the family unit as a whole. The NYS PROMISE case managers and family coaches helped families through crises before developing individualized service referrals. In contrast to its case management services, the program's employment services were not distinctive; rather, they were modeled after those provided by ACCES-VR. Furthermore, many of the program's partners for the delivery of employment services provided similar services outside of NYS PROMISE through contracts with ACCES-VR, OMH, and OPWDD. In principle, the availability of NYS PROMISE

employment services to youth as young as age 14 distinguished those services from the counterfactual employment services; however, delays in making service referrals during the program's early years may have blurred this distinction in the timing of employment services.

Missing service delivery data in the MIS may make it difficult to interpret impact estimates. Despite receiving significant training, program staff reported that they found the data entry associated with service delivery challenging. Program managers were aware that staff struggled with data entry and that MIS data were incomplete and continued to provide ongoing technical assistance to improve adherence to expectations around data collection. The incompleteness of the data during the first few years of program operations, however, suggests that the service take-up rates we calculated may understate the volume of services received by youth and their families. The underreporting of service delivery could make it difficult to interpret impact estimates. For example, if the impact estimates were to be statistically insignificant (not significantly different from zero), we would not be certain whether this was because services that were capable of producing the desired impacts were not delivered or because the program model was flawed (that is, incapable of producing the desired impacts). In addition, the potential unreliability of information on service take-up could limit the ability of other entities to replicate the NYS PROMISE service model because they would not have a full picture of the services provided to treatment group youth and their families.

The take-up of career exploration and work-based learning experiences by youth participants in NYS PROMISE was low in the first three years of the program, which likely muted the distinction between treatment and counterfactual services and may reduce the evaluation's ability to detect impacts. Our analysis of NYS PROMISE MIS data revealed that, as of October 2017 (three years into the operational period), the program's staff had primarily referred treatment group youth to pre-employment services such as CBWA and CPP. They had referred few youth to unpaid or paid work experiences. Even allowing for missing service delivery data in the MIS, NYS PROMISE will need to substantially increase its pace of referrals to and actual provision of work experiences in the remaining two years of its operational period to meet its own benchmarks for those services. Low take-up rates for these core services could reduce the evaluation's ability to detect program impacts.

The program's assignment of control group members to case managers and family coaches resulted in the provision of enhanced services to the control group, which likely compromised the integrity of the evaluation. Through meetings with their NYS PROMISE case managers and family coaches, some of the control group youth and parents and guardians are likely to have received more referrals to community resources than they would have in the program's absence. Furthermore, some of the control group members received supports from the case managers and family coaches that went beyond referrals. These enhanced case management services for control group members may have dampened the distinction between the service experiences of treatment and control group members, thus reducing the likelihood that the evaluation will detect program impacts.

The impact analysis, in conjunction with the evaluation's cost and process analyses, will provide a comprehensive assessment of NYS PROMISE. Despite concerns created by the low take-up of services by treatment group members and the program's provision of enhanced services to control group members, several components of the national evaluation together will

provide valuable information on whether NYS PROMISE, as implemented, improved outcomes for treatment group youth with disabilities above those achieved by control group youth, and at what cost. The implementation of WIOA, starting midway through the operational period for NYS PROMISE, strengthened the counterfactual service environment. Therefore, in effect, the evaluation of the five-year impacts of NYS PROMISE will compare the experiences of NYS PROMISE treatment group youth with those of control group youth who had access to an enhanced array of employment services. The NYS PROMISE process analysis, as reported herein, provides important contextual information for interpreting the findings from the forthcoming impact and cost-benefit analyses.

This page has been left blank for double-sided copying.

REFERENCES

- Boards of Cooperative Educational Services of New York State. “About BOCES.” Available at <http://www.boces.org/about-boces/>. Accessed June 26, 2018.
- Bridges from School to Work. “What We Do.” Available at <http://www.bridgestowork.org/about-bridges/what-we-do/>. Accessed June 26, 2018.
- Center for Substance Abuse Treatment. “Enhancing Motivation for Change in Substance Abuse Treatment.” *Treatment Improvement Protocol (TIP) Series*, no. 35, Substance Abuse and Mental Health Services Administration, 1999.
- Centers for Medicare and Medicaid Services. “Health Homes.” Available at <https://www.medicaid.gov/medicaid/ltss/health-homes/index.html>. Accessed June 26, 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.
- New York City Department of Education. “District 75.” Available at <https://www.schools.nyc.gov/special-education/school-settings/district-75>. Accessed November 14, 2018.
- New York State Employment Services System. “About NYESS.” Available at <https://nyess.ny.gov/about.html>. Accessed June 26, 2018.
- New York State Rehabilitation Council. “Annual Report 2016–2017.” 2017. Available at <http://www.acces.nysed.gov/common/acces/files/vr/srcannualreport.pdf>. Accessed March 30, 2018.
- 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.
- Research Foundation for Mental Hygiene. “About the Research Foundation for Mental Hygiene.” Available at http://corporate.rfmh.org/corporate_info/index.asp?page=about_the_rf. Accessed June 26, 2018.
- Substance Abuse and Mental Health Services Administration. “Trauma-Informed Care in Behavioral Health Services.” *Treatment Improvement Protocol (TIP) Series*, no. 57, Substance Abuse and Mental Health Services Administration, 2014.

- Taylor, Kate. “Graduation Rate in New York State Hits a New High: 79.4%.” *New York Times*, February 10, 2017. Available at <https://www.nytimes.com/2017/02/10/nyregion/graduation-rate-in-new-york-state-hits-a-new-high-79-4.html>. Accessed March 30, 2018.
- 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 January 7, 2018.
- Wasserman, S., and K. Faust. *Social Network Analysis: Methods and Applications*. Cambridge, UK: Cambridge University Press, 1994.

APPENDIX A

SUPPLEMENTARY ANALYSES OF PROGRAM SERVICE DATA

This page has been left blank for double-sided copying.

Table A.1. Efforts to engage treatment group youth as participants in NYS PROMISE as of October 2017, by region

	Capital Region	New York City	Western New York
Case management meeting			
Percentage of youth who had a meeting	97.1	93.6	90.3
Average number of days from evaluation enrollment to initial meeting	158.7	264.2	113.3
Median number of days from evaluation enrollment to initial meeting	60.0	229.0	36.0
Intake meeting with service provider			
Percentage of youth who had a meeting	63.8	75.5	62.9
Average number of days from evaluation enrollment to initial meeting	238.1	304.6	169.9
Median number of days from evaluation enrollment to initial meeting	194.5	273.5	120.0
Case management or intake meeting with service provider			
Percentage of youth who had either meeting	100.0	100.0	100.0
Average number of days from evaluation enrollment to initial meeting	131.7	235.4	102.8
Median number of days from evaluation enrollment to initial meeting	60.0	194.0	41.0
Number of youth	138	629	186

Sources: The PROMISE RAS and NYS PROMISE MIS.

This page has been left blank for double-sided copying.

APPENDIX B

DESCRIPTION OF NYS PROMISE ACTIVITIES

This page has been left blank for double-sided copying.

Table B.1. NYS PROMISE activity definitions

Activity	Service	Description
Case management		
Case management meetings that actually occurred	CM	A case management meeting was scheduled and the participant attended.
Case management meetings that were scheduled but did not occur	CM	A case management meeting was scheduled but the participant did not attend.
Case management meetings that were rescheduled	CM	The participant contacted staff to reschedule before a scheduled case management meeting.
Successful contacts	CM	Staff successfully contacted a participant, parent, or guardian.
Receipt of information	CM	Providing information related to finances, health care, employment, housing, education and achievement, transition planning, benefits and entitlements, effective advocacy, and/or guardianship.
Coaching service—assistance	CM	Providing assistance with problem solving, legal services, program/service eligibility, paperwork, parenting, recreation, substance use/addiction, and/or transportation.
Coaching service—accompany parent to meetings	CM	Accompanying parent/guardian to a meeting to provide support.
Benefits counseling and financial education services		
Comprehensive benefits analysis	BWI	Conducting holistic evaluation of individual's current benefits and eligibility to understand how income may affect his or her case going forward.
Asset accumulation plan	BWI, FLT	Offering instruction, guidance, and support in implementing a long-term asset-building strategy for an individual
Ongoing benefits coaching	BWI	Offering knowledge, guidance, and support for an individual to understand his or her ongoing benefits to assess and plan for changing financial conditions.
Family work incentives plan	BWI	Working with an individual to understand the work incentives available that can support him/her to engage in work.
General benefits overview	BWI	Working with an individual to understand his or her public benefits to help him/her engage in work.
Banking	FLT	Offering instruction, guidance, and support on accessing and utilizing the banking system.
Budgeting	FLT	Working with an individual to establish a home budget to determine income, expenses, and savings.
Consumer credit	FLT	Working with an individual to understand credit, credit reports, and lending practices to understand how to build, maintain, and repair credit.
Financial planning	FLT	Establishing objectives for an individual to achieve specific goals, such as debt elimination, assets accumulation, or preparing for retirement.
Managing financial records	FLT	Working with an individual to increase his or her knowledge of various types of personal financial records, such as paycheck stubs, credit card statements, bank statements, and tax records.

TABLE B.1 (CONTINUED)

Activity	Service	Description
Career exploration and work-based learning experiences		
360 assessment	CBWA	Conducting holistic, comprehensive assessment to identify goals, assets, skills and abilities, collateral, and barriers in his or her living, learning, social, and working aspects in life.
Discovery/engagement	CBWA, CPP	Engaging an individual to discover his or her strengths, talents, gifts, skills, interests, abilities, and needs by learning about his or her ability to obtain or maintain employment.
Life/social skills observation	CBWA	Life skills—observing life skills of an individual, including observing his or her activities of daily living (ADL) that relate to his or her ability to obtain or maintain employment. Social skills—observing social skills, interpersonal communication, workplace norms, and values that will help him or her be successful in the workplace.
Work or community site	CBWA	Interfacing with a business or community site to develop an appropriate environment conducive to the observation and assessment of an individual's life, social, and work skills related to employment.
Work skill observation	CBWA, CUTE	Observing the individual's skill level by inserting him or her into a variety of employment environments; an individual completes real work tasks and is comprehensively assessed on his or her ability to complete the tasks.
Advocacy skill development	CPP	Teaching an individual to effectively express his or her needs and desires in a given environment.
Business tours	CPP	Conducting tour of job site to learn about needs of the business.
Community mobility training	CPP, CS, CUTE	Instructing on navigating the community and/or work environment, including instructing on travel and transportation.
Disability self-awareness	CPP	Working with individuals to help them understand how their abilities and limitations will affect their goals.
Health management	CPP	Assisting individuals to gain an understanding of how to maintain well-being and personal health.
Identification of motivators	CPP	Working with individuals to identify what inspires them to seek and maintain employment.
Job interview practice	CPP	Staging various job interview scenarios with individuals to prepare them for successful real-world interviews.
Resume writing	CPP	Gathering personal, employment, and educational information about individuals, and using this information to create resumes.
Screening assessment	CPP	Performing ongoing evaluation of individual's goals, strengths, and barriers to determine next steps.
Work and social conduct	CPP, CS	Teaching individuals social skills to prepare for and respond to various work environments.
Work-related daily living skills; life/social skills training	CPP, CS	Working with individuals to develop proficiency in the ADL that relate to their ability to obtain or maintain employment.
Activities of daily living	CPP	Working with individuals to develop skills to complete their basic self-care ADL, such as eating, bathing, dressing, and more.

TABLE B.1 (CONTINUED)

Activity	Service	Description
Job coaching	CS	Providing training to an individual on the completion of job tasks and understanding work environment/culture and employer expectations. Can be conducted on-site or off-site.
Meeting with employer	CS	Meeting with employers.
Meeting with team/family	CS	Meeting with other providers, parents or guardians, and/or other family members.
Monitoring	CS, CUTE, SCWE	Includes site visits, individual support, meetings with the individual and/or employer, and any other supports related to the work experience.
Work performance behavior intervention	CS	Assessing behavioral or work performance and/or intervention.
Interview support	CUTE	Assisting in setting up and preparing for interviews. Accompanying the individual on a job interview and assisting during the interview as needed.
Screening assessment	CUTE	Ongoing evaluation of individual's goals, strengths, and barriers to determine next steps.
Site development	CUTE, SCWE	Interfacing with business or community site to develop an appropriate environment conducive to the observation and assessment of an individual's life, social, and work skills relating to employment.
Work site monitoring—5 days, 30 days, and 60 days	JDV+PWE	Includes site visits, individual support, meetings with the individual and/or employer, and any other supports related to the work experience at 5, 30, and 60 days.
Job development	JDV+PWE	Activities related to the development of employer relationships and research of job market/leads related to an individual's specific job goal.
Parent training and information		
<i>Training—The Power of Know</i> (effective advocacy)	PT	Training to help better understand youth's disability, become family's best advocate, and use voice to make a difference.
<i>What's In It for Me?</i> (self-determination and family action planning)	PT	Training to enable family to reflect and assess interests, needs and goals; provides an opportunity to develop an action plan to connect with community-based resources.
<i>Destination Next</i> (rights and work incentives)	PT	Training to allow family to explore youth's options for living, learning, and earning, including work incentives and other Social Security benefits.
<i>Life Has Choices</i> (transition planning)	PT	Training to help family identify youth's preferences, strengths, and options for the future, along with the key tools, resources, and supports needed to assist them in the journey.
Education services		
Educational assessment	SED	Conducting holistic, comprehensive assessment to identify skills, abilities, and barriers in relation to an individual's education goals.
Advocacy for accommodations	SED	Advocating for and assisting the individual in requesting and/or obtaining accommodations.
Campus orientation	SED	Assisting in navigating the educational environment.
Certification and licensure support	SED	Assisting in the area of pursuing and obtaining vocational certificates or licenses.

TABLE B.1 (CONTINUED)

Activity	Service	Description
Class registration	SED	Assisting the individual to register for classes.
Communication skills	SED	Assisting in all areas of communication, including digital, in person, or written.
Course identification and recommendations	SED	Assisting in choosing classes in accordance with individual's goals.
Educational counseling and guidance	SED	Meeting with the individual to discuss his or her educational path to aid him or her in achieving educational goals.
Financial planning—loans and scholarships	SED	Assisting an individual in applying and/or learning about educational loan options (such as Stafford, Perkins, and parent loans) and/or relevant scholarship options.
General education—organization, study skills, and time management	SED	Teaching an individual basic organization skills (filing, scheduling, assembling class essentials, and so on), strategies, and techniques to ensure class preparation, and/or strategies and techniques to improve the student's time management skills.
Meeting with educational faculty	SED	Meeting with education faculty and staff (with or without the individual).
Meeting with team/family	SED	Meeting with other providers, parents or guardians, and/or other family members.
Monitoring	SED	Includes site visits, individual support, and meetings with educators.
Planning and goal setting	SED	Meeting with an individual to explore his or her academic, career, social, and development goals; designing, implementing, and evaluating a comprehensive plan to promote and enhance the individual's success.
Social skills/networking	SED	Developing skills to identify and develop relationships with individuals and/or groups that could be an asset toward an individual's educational goals.
Touring of educational facilities	SED	Touring educational facilities, which could include navigating the facility to determine relevant offices, areas, or resources.

Source: NYS PROMISE Intervention and Implementation Guide.

CM = case management, BWI = benefits, work incentives, and asset development planning and assistance, FLT = financial literacy training, CBWA = community-based workplace assessment, CUTE = community unpaid training experience, CPP = career planning and preparation, CS = coaching supports, SCWE = sponsored community work experience, JDV + PWE = job development and paid work experience, PT = parent training, SED = supported education.

This page has been left blank for double-sided copying.

www.mathematica-mpr.com

**Improving public well-being by conducting high quality,
objective research and surveys**

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■
SEATTLE, WA ■ TUCSON, AZ ■ WASHINGTON, DC ■ WOODLAWN, MD



Mathematica® is a registered trademark
of Mathematica Policy Research, Inc.