

NYS PROMISE
Program Fidelity Report
Winter 2016
Executive Summary



Reporting Time Period: October 16, 2014 to November 4, 2015



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Executive Summary

This NYS PROMISE Program Fidelity Report aims to synthesize and document program implementation, and its outcomes of improving transition to adulthood for youth and families enrolled in PROMISE. Leveraging multiple sources of data collection including case management data, self-reports, surveys and focus group discussions, this report aims to reflect on project-wide learnings to enable further technical assistance and strategic planning for high quality program implementation. The NYS PROMISE initiative examines implementation fidelity across the domains of adherence, exposure, engagement, quality of delivery and program differentiation.

The following summarizes findings from the analysis of data and research activities for the period from the first NYS PROMISE enrolled youth on **October 16, 2014** to the end of this reporting period, **November 4, 2015**. This report is the first in a series of semi-annual reports that will be generated to assist with improving implementation quality and overall program impact for youth and families in the intervention group.

Youth and Parent Demographics

- Enrolled youth are predominantly male and members of racial/ethnic minority groups. Nearly half of youth are black, approximately 40% are Hispanic (mostly located in NYC), and 10% are white. Regional variations were observed; in particular New York City (NYC) has a higher proportion of minorities than the other regions.
- 17% of enrolled youth have significant disabilities, based on their functional limitations, living situation and need for extra services.
- The most common Social Security Administration (SSA) disability classifications among enrolled youth are: developmental disabilities (60%), mental health impairments (10%) and other health impairment (8%).
- Most enrolled youth live with their birth parents (90%).
- Overall, 83% use English as their primary language, though there is more linguistic diversity in NYC.
- Among parents of enrolled youth - 40% have disability, 20-30% are married, and about 40% were employed at the time of program intake. The vast majority of parents that are the youth program contact person are their birth-mothers.
- The majority of households report receiving government assistance beyond the enrolled youth's SSI benefits. More than 75% receive Medicaid; 50% receive Temporary Assistance for Needy Families (TANF)/Food Stamps; 40% receive Social Security Insurance (SSI); 10% receive Social Security Disability Insurance (SSDI); 10% receive Medicare.

Adherence - Case Management and Intake

The New York Employment Services System (NYESS) is used to track information on youth and families, as well as to make referrals for program services.

- Completeness of NYESS youth data varies across NYESS forms. Specifically, during the reporting period, Youth Tracking Form – A (YTF-A) had been completed for the vast majority of enrolled youth (95%), Youth Tracking Form –B (YTF-B) for a lesser proportion (70%) and Youth Tracking Form- C (YTF-C) for even fewer participants (30%).
- On average, the longer a youth has been enrolled, the more complete their data is in the NYESS, and the most recently enrolled youth have, on average, less complete information.

- Overall, 20-30% of parent case management forms are completed. There are substantial regional variations in the amount of missing data in parent case management forms – the Capital region (CAP) has the highest completion rate, while the Western New York (WNY) and NYC regions have completion rates of 10-15%.
- Between August 2014 and November 2015 there was a substantial improvement in the average time between a youth’s enrollment in NYS PROMISE and his or her first case management meeting (from >100 days to approximately 20 days).
- NYS PROMISE program staff reported low levels of confidence in using the NYESS system for data collection and referral. Service Providers (SPs) indicated more confidence in using NYESS than did Research Demonstration Sites (RDSs) and Parent Centers (PCs); likely a result of SPs’ prior experience using the NYESS system.

Exposure

- A majority (89%) of youth in the intervention group had been referred for services. About one quarter of these services had been approved for payment, and the rest were either waiting for services or were ongoing.
- The most commonly referred services were Community-Based Workplace Assessment (CBWA; 63.4%) and Career Preparation and Planning (CPP; 17.1%).
- To date, parent referrals for services have been low. This is likely an outgrowth of the current stage of the project, in that the focus so far has been on enrolling and initiating services with youth. As the program matures and youth and parents are increasingly engaged, higher levels of parent referrals are more likely.

Program Engagement

At this stage of the PROMISE program, it would be early to gauge the level of engagement of youth and families in program activities – many have only just been enrolled or recently began receiving their first program service. We can, however, examine data on engagement of youth and parents overall in educational and transition-related services.

- A majority of enrolled youth (90%) receive special education services. A smaller proportion have a 504 plan, and about 35% participate in general education. About one quarter of youth have attendance problems in school.
- 65-70% of youth and nearly 90% of parents reported that they attended a recent IEP meeting. The majority of youth had measurable postsecondary goals in their IEP (90%), and most of those goals were directed towards postsecondary work and education.
- Enrolled youth have a very low participation in SSA work incentives programs to date. This is expected, as most of these programs require participation in work and very few enrolled youth are currently engaged in work (which is not surprising given their age).
- Many parents expect that their youth will graduate from high school with a regular diploma (about 50%). About 80% expect that their youth will have paid job in the future, and 50% expect their child to earn enough to support themselves without financial help. Further, about 40% of parents indicated that they expect their youth not to be dependent on SSI benefits or any other public benefits. These are encouraging findings as research has shown that higher parental expectations are related to

improved postsecondary outcomes for transition-age youth with disabilities. However, it is too early to know if these will, in fact, have substantial impact on overall outcomes.

- While 60% of parents reported that they knew how to obtain services for their youth in their community, a larger proportion reported being comfortable advocating for services (90%).

Quality of Delivery

Service quality depends both, on nature of the service and provider, as well as on the interface between providers and participants.

- Focus groups with providers suggest that PROMISE is promoting improvement in collaboration among stakeholders.
- Program partners indicated a need for assistance in managing their workflow and approach so that they are able to sequentially meet the requirements of project. In particular, they reported a need for strategies to lower caseloads, guidance on sequencing case management meetings and other strategies for efficient service delivery.
- Nearly all program partners (RDS, PC, and SP) have written policies for ensuring confidentiality and privacy of clients. A few service provider (SP) responses indicated they were unaware of policies for flexible scheduling of services and for using interpreter services when serving multi-lingual populations.
- RDSs, PCs and SPs reported frustration in scheduling families for case management meetings and services. This appears to be related to shifting parent contact information (i.e., changes in phone numbers and addresses, etc.) as well as parents unable to keep up with their prior scheduled meetings.
- The majority of parents and youth indicated that they were provided necessary accommodations during services and that their privacy, confidentiality, dignity and respect were maintained throughout the service delivery process. Notably, there were no differences between the Intervention Group (IG) and Control Group (CG); this is not surprising given the current low level of exposure to PROMISE-specific services.
- The majority of RDSs had youth contact information and IEP information on file. However, many did not have copies of referrals for services and other documentation for services.

Recommendations for Technical Assistance and Quality Improvement in Implementation

Specific recommendations for training and TA in improving data quality and data entry are provided in the body of the report.

- Most recommendations focus on improving capacity of RDS, PC and SP staff in using case management system, improving scheduling and workflow for timely case management and service delivery, and improving strategies for coordination and communications across partners.
- The barriers in data entry are reflected in lower levels of confidence reported amongst the program staff in their Organizational Attitudes and Experiences Survey (OAE) self-assessment. While some of the features of NYESS were not applicable at the time of the survey (e.g., authorizing for billing), the findings highlight the need for additional capacity building for program partners in ensuring accurate and high quality data collection for case management.
- The proportion of youth with missing case management information was higher for those enrolled in months closer to this reporting. However, about 20–25% of youth case management information is

missing for those enrolled between March 2015 and August 2015. This is a point of further technical assistance (TA), especially for the Intervention Group (IG) to ensure services are provided as soon as possible within the project. These trends are observed more frequently in NYC, which carries more than 50% of the recruitment in the project. New York Employment Services System (NYESS) completion rates were 95% for the form YTF-A, 70% for YTF-B and about 30% for YTF-C. The challenges in data completion for key NYESS elements need to be addressed through intense TA and reorganizing efforts from the case management staff.

- Programmatically, many youth are placed in self-contained settings in schools with restrictive educational environments resulting from their higher needs for services. However, higher integration of students in general education has been demonstrated to be beneficial and it is another area for TA for promoting inclusive educational practices. PROMISE also plans to closely track case management and service coordination for youth designated as ‘youth with significant disabilities’ to enable discussions on the quality of transition programming for these youth in the intervention group. Flexibility in providing services also needs attention, as many participants may be more available during non-business hours. SPs will be specifically engaged in monthly meetings to develop strategies for providing services that are flexible and meet the availability of youth and family members.
- Transportation, scheduling and childcare were three top barriers reported by parents participating in referred services. While it is too early to assess the degree to which such supports will enable participation, TA efforts should explore ways to devise strategies for flexible scheduling for services and leveraging of existing supports to facilitate transportation supports and childcare for families.
- Youth and families frequently change their cell phone numbers as many use prepaid phones/phone cards or do not retain their phone numbers. TA needs to be directed to improving strategies for connecting with IG families and youth to enhance opportunities for a continuing dialogue on case management and service coordination.

For additional information, please see the full report: Cornell University Yang Tan Institute on Employment and Disability, *NYS PROMISE Program Fidelity Report*. Ithaca, NY, 2016.

Bibliography

New York State Office of Mental Health. (2015, November 4). New York State Employment Services System (NYESS). Albany, New York: New York State Office of Mental Health (OMH).

NYS PROMISE. (2015). *NYS PROMISE Intervention and Implementation Guide v. 1.2*. Ithaca: Cornell University.

NYS PROMISE. (2015). *NYS PROMISE Policies and Procedures Manual Version 3.1*. Albany: NYS Office of Mental Health.

NYS PROMISE. (n.d.). *NYS PROMISE Logic Model Outcomes*. Ithaca: Cornell University.

Social Security Administration. (2015, October). *Data for New York State Youth Disability Classification*. Washington: Social Security Administration. Retrieved October 2015

State of New York, Office of Mental Health and Cornell University. (2013). *Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) CDFA 84.418P Grant # H418P130011*. Retrieved from <http://www2.ed.gov/about/inits/ed/promise/index.html>.