

CaPROMISE Two-Year Performance Report of Outreach, Recruitment, Intake and Intervention Efforts with the Youth and their Families



Reporting period:

October 1, 2013 through September 30, 2015

Prepared by the

Interwork Institute, San Diego State University

for and on behalf of

The California Department of Rehabilitation

and

**the State Agency partners, the 20 Local Educational
Agency partners, the 16 Family Resource Centers and SSI
participants and their families**

September 30, 2015

Executive Summary

The five-year CaPROMISE research and demonstration effort is one of six projects funded nationally that is designed to establish and operate model demonstration projects to improve the education and employment outcomes of youth. The CaPROMISE **Goal** is: **“increased self-sufficiency for SSI youth and their families”**. The California effort (identified as CaPROMISE) is administered by the California Department of Rehabilitation (CDOR) in collaboration with five State agencies, 20 Local Education Agencies, 16 Family Resource Centers and the Interwork Institute at San Diego State University. This report describes the accomplishments of the first two years (October 1, 2013 through September 30, 2015) of CaPROMISE and outlines the challenges, opportunities and recommendations for the following three-year efforts. CaPROMISE is a “work in progress”. The learning and experiences are continuous and are shaping our knowledge regarding effective outreach, recruitment and intervention strategies to support the youth receiving SSI and their families.

The focus of CaPROMISE is to recruit at least 3,078 youth who are current SSI recipients between the ages of 14 and 16. The youth’s family members, while not covered in this number, are also served through CaPROMISE. Half of the youth and family members will be in the Usual Services Group (i.e., those who will not receive additional interventions) and the other half will be youth and their family members who will be in the CaPROMISE Services Group (i.e., those who will receive individualized support and interventions to achieve better outcomes, including graduating from high school ready for college and a career, participate in and completing postsecondary education and job training, and obtaining competitive employment in an integrated setting). The identification of the group designation is completed through a random assignment system.

The CaPROMISE model works through partnerships with Local Education Agencies (LEAs) who are the primary provider of outreach, recruitment and interventions with the youth and their families. The LEAs have employed Career Service Coordinators (CSCs) who are responsible for providing support for at least 26 youth and their family members for the full duration of the project. The CSCs use a person-centered/driven planning approach to designing, developing and implementing interventions to achieve the goal of increased self-sufficiency. Collaboration with local Family Resource Centers and a myriad of community organizations and resources is essential to the process. As the youth mature, they are referred to CDOR and other State agencies and community providers that support their individualized needs and expectations. With all engagements and interventions, the focus is the unique needs and expectations of the youth and their family members.

The Two-Year Performance report of CaPROMISE provides an analysis (see Section 1) of the preliminary data as of July 1, 2015 of 442 youth and their family members who have completed the recruitment and selection process and begun receiving interventions designed to promote positive education and employment outcomes. In addition, there is a description of the CaPROMISE partners and the organizational structure of the entire project (see Section 2). A key partner is the Family Resource Centers (see Section 3) that provide training, technical assistance and support with the CaPROMISE staff and youth and family members. The following three Sections (see Sections 4 through 6) cover the data management system and technology, the research and program evaluation efforts, and the training and technical assistance for all CaPROMISE staff and selected community partners. Finally, Section 7 describes the Challenges, Opportunities and Recommendations as CaPROMISE begins its third year of implementation.

The following provides a brief restatement of the **Challenges, Opportunities and Recommendations** for CaPROMISE at the conclusion of the first two years.

Challenges include the following:

- Continuing to sustain and focus on person-centric interventions.
- Maintaining the balance between outreach and recruitment and the implementation of interventions with CaPROMISE youth and their families.
- Providing support, continuing engagement, suitability and retention of the Career Service Coordinators, support staff and LEA managers while ensuring fidelity across all partners within the four CaPROMISE service regions.
- Sustaining support, engagement, education and employment from the State Agency partners (i.e., CDOR, America's Job Centers, DDS Regional Centers, etc.), the Federal agencies (i.e., SSA and OSEP), LEA senior administrators and other community partners.
- Implementing strategies with individual CaPROMISE LEAs for managing "geographic spread", a large number of schools within an LEA, and difficulties centralizing activities due to limited participant and/or family member transportation.

Opportunities include the following:

- Increasing work experiences and educational and training options for each CaPROMISE youth and their families.
- Supporting each CaPROMISE family, through the LEAs and the Family Resource Centers, in their efforts to learn about new and existing legislative efforts that are intended to improve quality of life outcomes.

- Examining the cost effectiveness of CaPROMISE using evidence-based measures that will demonstrate the importance, human and economic benefits, and sustainability of the interventions with each youth and their family members.
- Integrating and capitalizing on the skill sets of CSCs regarding transition services, financial and benefits planning, family engagement and community placement.
- Sharing best practices, resources and service options (i.e., assisting the LEAs to become Employment Networks, expanding linkages with Workability and Transition Partnership Programs, etc.) across the four CaPROMISE Regions to strengthen sustainability.
- Expanding the on-going design and implementation of the Data Management System to support and verify effective outreach, recruitment, interventions and positive program outcomes for CaPROMISE.
- Improving and strengthening the partnerships with the local offices representing the CaPROMISE state partners.

Recommendations include the following:

- Increasing the person-driven planning and person-centric interventions with each CaPROMISE youth and their family members.
- Strengthening the family engagement and involvement with each CaPROMISE youth and their own development
- Revising the CDOR referral and eligibility protocol for each CaPROMISE youth (14 and above) to ensure a continuum of support and services as they transition to postsecondary education, training, employment and self-sufficiency.
- Developing benefits planning and management webinars for all stakeholders to ensure a better understanding and use of SSA Work Incentives that promote short and long term education and employment outcomes for each CaPROMISE youth and their family members.

We are certain in the coming months that these challenges, opportunities and recommendations will be addressed, refined and expanded as we continue to learn. We know that the only viable approach to increasing positive life outcomes with personal development and community inclusion must be addressed through the eyes and the behaviors of each CaPROMISE youth and their family members.

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Abbreviations and Definitions for the CaPROMISE Initiative

The following terms are used throughout the Two-Year CaPROMISE Performance Report and the supporting Appendices.

Term	Abbreviation and/or Definition
CaPROMISE	The designation that identifies the California PROMISE Initiative by the California Department of Rehabilitation.
CaPROMISE Services Participant	The participant is the SSI youth who has been randomly assigned to the experimental group.
Career Services Coordinators	The individuals employed by the 20 Local Education Agency partners who are the primary case managers for the CaPROMISE Services Group of child Supplemental Security Income (SSI) recipients and their families.
CDOR	California Department of Rehabilitation—the lead coordinating agency for CaPROMISE.
CIE	Competitive Integrated Employment – one of the key outcome measures for CaPROMISE.
FRC	Family Resource Center—The local organization that provides community support for family members in the CaPROMISE Services Group.
ICAP	The Individual Career Action Plan is the format developed by CaPROMISE as the specialized planning document for the youth SSI recipients in the treatment group.
II-CDL	San Diego State University’s Interwork Institute–Center for Distance Learning provides the support for all technology and data management related activities.
II-EFRC	San Diego State University’s Interwork Institute–Exceptional Family Resource Center provides the design and coordination for the community family resource services for the family members in the CaPROMISE Services Group.
LEA	The Local Education Agency includes a County Department of Education, a school district or a public educational organization.

Regional Managers	The four Regional Managers are former BRIDGES project managers. Each Regional Manager directs a CaPROMISE LEA site and provides coordination, support and communications with the remaining LEA directors at the CaPROMISE sites.
SDSU-II	San Diego State University's Interwork Institute provides the research, evaluation, training and technical assistance for all CaPROMISE partners and community members.
SSI	Supplemental Security Income

Introduction

On September 30, 2013, the U.S. Department of Education¹ announced the award of \$211 million in five-year grants to five individual States and one consortium of six States to establish and operate model demonstration projects to improve the education and employment outcomes of youth Supplemental Security Income (SSI) recipients and their families.

"All children deserve a chance to achieve their educational and career goals," said Secretary of Education Arne Duncan. "The PROMISE initiative provides services and support to help our most at-risk students and their families so that they can focus on their education and a brighter future" (U.S. Department of Education, 2013). The PROMISE initiative is intended to improve the provision and coordination of services for youth SSI recipients and their families. The services help child recipients achieve better outcomes, including graduating from high school ready for college and a career, completing postsecondary education and job training, and obtaining competitive employment in an integrated setting. Services also help families to build more secure and stable environments by obtaining employment, pursuing education, accessing community programs, and becoming more informed about Social Security benefits and work incentives. As a result, these youth SSI recipients and their families can achieve long-term reductions in reliance on SSI.

PROMISE is a joint initiative of the U.S. Department of Education, the U.S. Social Security Administration, the U.S. Department of Health and Human Services, and the U.S. Department of Labor. The following are the grants and the amount of each 5-year award:

State(s)	Project Name	Amount
Arkansas	Arkansas PROMISE 2013	\$32,427,441
California	California PROMISE (CaPROMISE)	\$50,000,000
Consortium of States—Utah, South Dakota, North Dakota, Montana, Colorado and Arizona	Achieving Success by Promoting Readiness for Education and Employment (ASPIRE)	\$32,500,000
Maryland	Maryland PROMISE Promoting the Employment Readiness of SSI Minors	\$31,190,076
New York	New York State (NYS) PROMISE	\$32,500,000

¹<http://www.ed.gov/news/press-releases/department-awards-211-million-promoting-readiness-minors-supplemental-security-i>.

State(s)	Project Name	Amount
Wisconsin	Wisconsin PROMISE	\$32,497,181

This Performance Report describes the first two years of the CaPROMISE Initiative for youth receiving SSI and their families in the State of California. To establish the context for CaPROMISE, the following are the **Goal, Objectives** and the **Performance Measures** and **Outcomes** for the five-year research and demonstration grant.

The CaPROMISE **Goal** is:

“Increased self-sufficiency for SSI youth and their families.”

The **Objectives** for CaPROMISE are:

- Design and implement the model demonstration program for California that will serve at least 1,539 youth SSI recipients and their families that comprise the treatment group and compare their progress to at least 1,539 youth SSI recipients and their families that comprise the control group of the five-year research and demonstration program.
- Demonstrate partnerships focused on policies and practices with youth SSI recipients and their families with five specific California State Departments that will participate in the development, review and collaboration of the model demonstration program.
- Demonstrate the student- and family-driven service delivery system, coordinated through 20 Local Education Agency (LEA) partners, which will increase the youth SSI recipient’s self-sufficiency and increase family economic independence.
- Implement the five-year research and program evaluation design that will assess formative, progress and outcome measures for youth SSI recipients and their families that are consistent with the National Evaluator, the Federal Partners for PROMISE and the California partner organizations.

The **Performance Measures** and **Outcomes** for CaPROMISE are:

- Outcome One: Recruitment of 3,078 eligible youth SSI recipients.
- Outcome Two: Increased educational attainment for SSI youth and their families.
- Outcome Three: Increased access by SSI youth and their families to community services based on individual need.
- Outcome Four: Improved employment outcomes for SSI youth and their families.

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- Outcome Five: Increased exploration, understanding and utilization of SSA work incentives by SSI youth and their families.
 - Outcome Six: Improved understanding of financial benefits planning by SSI youth and their families.
 - Outcome Seven: Post-intervention reduction in SSI payments to youth and their families.

The Goal, Objectives and Outcome measures serve as the framework for the implementation of the CaPROMISE Initiative. The following Performance Report provides the description of the progress during the first two years and discusses the opportunities, challenges and directions for the coming year.

Framework for the Two-Year CaPROMISE Performance Report

The first two years of the CaPROMISE Outreach, Recruitment, Intake and Intervention efforts are now complete and the developments are truly significant.

Now is an ideal time to reflect on the accomplishments of the past 24 months and look ahead to the next three years. We recognize the core values of CaPROMISE are firm:

- The **focus** is each individual SSI recipient and their family. The needs, expectations and interventions are unique for each individual.
- The **intervention model** is a person-centered plan with person-driven approaches to increase self-sufficiency.
- The **desired outcome** is increasing the individual's and their family members' independence, self-sufficiency, and overall quality of life.
- A **pathway** to achieving this desired outcome is through improved educational attainment, enriched work and career experiences, and a better understanding of work incentives and benefits.
- In the process of achieving this desired outcome, we will learn and better understand what interventions are **most impactful** and what needs to be strengthened and changed at the individual, family, organizational, community and public policy levels.
- As this desired outcome is addressed with each SSI recipient and their family members, we are examining ways to increase and **strengthen financial sustainability** and reduce dependence on or redirect, if appropriate, government subsidies to strengthen this sustainability.

These core values must remain at the center of all CaPROMISE efforts.

This is a research and demonstration effort, and as such, we are pushing the boundaries, trying new approaches, and examining services, strategies, and interventions that will make a positive difference for the youth receiving SSI and their family members.

The youth are SSI recipients who have significant disabling conditions and daily challenges. To achieve a level of individual self-sufficiency, it will require resources, creativity, partnerships and time. Overcoming the barriers to self-sufficiency require changes in attitudes and perceptions held by the youth, their families and community, our staff, and our community partners. We have the opportunity—and responsibility—to test

interventions and strategies that may make a difference. As the outreach, recruitment and intervention efforts continue over the coming weeks and months, we will be faced with significant challenges and decisions. Our own values will be tested and the extent of our creativity and ingenuity will be stretched, challenged, and expanded.

The outreach and recruitment efforts have few parameters—select a youth between the ages of 14 and 16 who is a recipient of SSI, lives within one of the communities of the 20 LEA partners, and assents (for the youth) and consents (for the parent) to participate in CaPROMISE. Beyond these parameters, the opportunities are limitless. The menu of interventions is driven by the individualized needs of each youth and their family members. The key outcomes are to increase community inclusion, individual and economic self-sufficiency through employment and career planning, and reduced reliance on government subsidies.

We have the opportunity and the obligation to serve youth across the full spectrum of disabling conditions. Likewise, we have the opportunity and the obligation to serve families from a variety of backgrounds and settings. We have five years from the inception of funding to explore, learn, make a difference, and create a sustainable framework for continued self-sufficiency for the youth and their families. Of equal importance, we have the opportunity and obligation to learn what works, what does not work and what needs to be changed and strengthened for the youth SSI recipients and their families through our schools and human service agencies, communities, policy makers, and policy implementers.

It is incumbent upon each of us to consider these four questions as we develop, implement, and evaluate the full spectrum of CaPROMISE services:

Question 1: As we discuss outreach, recruitment, and the supporting interventions, is the primary discussion about how the services operate (system-centric) or how the services can be improved to meet the needs of the youth and their family members (person-centric)?

Question 2: As we learn more about the unique characteristics of each youth and their family members, are we concerned about how the presenting challenges will impact our numbers (system-centric) or how we can be more innovative and responsive to the individual youth and their family members (person-centric)?

Question 3: When we create a policy or strategy, is it designed to help us conform to a law, regulation or funding expectation (system-centric) or is it designed to benefit the youth and the family members receiving services (person-centric)?

Question 4: When we examine the CaPROMISE accomplishments, is the primary focus on the number of youth and family members being served and the cost of the services (system-centric) or on the uniqueness of the youth and their family members being served and their long-term economic and personal independence (person-centric)?

These four questions provide the framework for developing the CaPROMISE outreach, recruitment and intervention approaches and assessing the intended as well as unintended outcomes. To answer these questions and achieve these desired outcomes, the focus is clear: plan with the individuals and their family members and develop interventions that will make a difference for them. From the collective experiences across all partners, the framework for sustainability and individual and family self-sufficiency will emerge.

The Report Structure

The Introduction covers the Federally-stipulated purpose of the PROMISE funding and an identification of the six projects that were funded by the Office of Special Education Program within the Office of Special Education and Rehabilitative Services in the U.S. Department of Education. This is followed by a brief description of the PROMISE grant that was awarded to the California Department of Rehabilitation (CDOR) in September 2013. The funding commenced on October 1, 2013. The period from October 1, 2013 through approximately February 28, 2014 was devoted to establishing the structure of CaPROMISE, development of the sub-contracts with the supporting budgets and scopes of work for the LEA partners and the San Diego State University-Interwork Institute (SDSU-II), the development of the Institutional Review Board documents for the State of California and the San Diego State University, and the initial development of the web-based support efforts including the Data Management System. Planning was initiated for training and technical assistance and contacts were made with the five State agency partners. For those who are interested in the specifics of the activities between October 1, 2013 and February 28, 2014, this information is available in a summary format.

Commencing on March 1, 2014, CaPROMISE initiated its research and demonstration efforts. Therefore, in the preparation of this Report, we have chosen to include the results of data analyses pertaining to recruitment, intake, and intervention activities that occurred between March 1, 2014 and June 30, 2015. We also included all activities (i.e., recruitment, intervention, Data Management System, training, and technical assistance) that occurred between March 1, 2014 and September 30, 2015.

The following are the data points that are discussed for the initial 24-month period of outreach, recruitment, intake and intervention activities. The information is presented through the lens of a person-centric development model. Section 1 addresses the outreach,

recruitment, intake, and the intervention activities for the CaPROMISE participants and their families. Section 2 describes the organizational structures and characteristics of the partners. Section 3 describes the activities and accomplishments for parent training and information. Sections 4 through 6 describe the components of program support, including the data management system, research and program evaluation, and training and technical assistance. Section 7 describes the challenges, opportunities and recommendations.



Section 1.

Outreach, Recruitment, Intake, and Intervention Activities

Section 1 describes activities that cover the full span of implementation—from outreach and recruitment to intake and intervention. The data presented were derived from site visits, surveys, and the DMS. The site visits were conducted in January 2015 with Service Area Managers and CSCs from seven service areas across the four regions. The main objective during the visits was to get a field perspective on the implementation of CaPROMISE including challenges, accomplishments, and recommendations. A Recruitment Survey was distributed electronically to all Career Service Coordinators and Service Area Managers in December 2014. The purpose of the survey was to gather information about CaPROMISE staff perceptions of effective recruiting approaches. Another survey was conducted in May 2015 and distributed electronically to Service Area Managers. The purpose of the survey was to gather information about staffing, resources, and planned activities for the summer period. Finally, all data entered in the DMS as of July 3, 2015 was extracted for analysis.

Outreach and Recruitment

By the start of the second year and one month after the first youth was enrolled, 252 youth and their families (8% of target) were recruited and enrolled to participate in CaPROMISE. Enrollment targets were adjusted for some service areas to accommodate the differing factors related to approval of contracts and hiring of staff. Service areas who were ahead in the recruitment process increased their target enrollment numbers to ensure overall efficiency in reaching CaPROMISE's target goal of 3,078. Toward the end of CaPROMISE's second year and 13 months after enrollment began, 2,211² youth and families were enrolled (69.7% of target). Notably, out of the 18 service areas:

- 4 have enrolled 100% of their original³ target,
- 2 have enrolled over 80% of their target, and

² As of Sept. 25, 2015

³ Solano COE and Lodi USD increased their enrollment target from 52 to 104 and 260 to 364, respectively.

- 11 have enrolled over 50% of their target.

The current enrollment is the result of outreach activities to 9,493 potential youth and their families. While these numbers denote impressive efforts, they represent a small portion of what the CaPROMISE staff, especially the CSCs, devoted in terms of effort, coordination, commitment and perseverance. During the outreach phase, the difficulty obtaining current contact information has been the most challenging. CSCs have stated:

We have a lot of phone numbers too that are cancelled. . . . It's pretty regular; they change their phone number at least once a month or sooner. So then you have to track them.

Well I think that one of the other things that comes up most frequently is that the family, since they are low income, often don't have the communication situations well in hand so their phones get turned off frequently and that's something we have to work around and [name omitted] came up with good strategies. You know if it's often the middle of the month, try again in the beginning of the month when they get their check.

Other challenges CSCs encountered during outreach activities were due to the *quiet recruitment* approach that involved minimal publicity and dissemination regarding CaPROMISE. CSCs indicated that some families were skeptical about enrolling in CaPROMISE because they were unfamiliar with the program. Furthermore, when parents tried to gather more information about CaPROMISE by inquiring at the school, the Regional Center, or the Social Security office, these community agencies were unaware of the program and inadvertently led families to believe that the program was not legitimate.

Some families ultimately decided not to enroll for a variety of reasons including the child's age, severity of the child's disability, being overwhelmed with the bureaucracy of traditional service systems, or personal circumstances, as well as concerns about school completion. Some of the reasons families did not enroll in CaPROMISE as reported by the CSCs included:

Several families feel the student is just developmentally too young this year.

Parents have said, 'my son or daughter is not ready at this time to focus on employment or education. They're just medically still needy at this time.'

She just had a lot going on. So that, you know, 'I just can't do it right now.'

The mom told me that she just has way too many services and too much help and they can't possibly handle one more thing on their plate.

Yeah. I think the most rejection I've got has been just busy: 'We're already working really hard for a student. We're already doing so much.' For them, it's like, well, 'How else can you help?' If they feel like they have it covered, then they just see us as another burden, like, 'Why am I going to sign up with another program?'

This year, they're struggling academically but maybe in another year it might be better academically.

I've had a lot of families say it's going to affect their child's ability to graduate. We do have a lot of students that are working real hard for that diploma and pretty much everything they've got is going into that chance to get the diploma because it's not going to be as easy for them as some other students. So that's actually been a little bit more of a barrier. I've got parents who say, they're just . . . you know, 'I've got to see how well they do this semester before I even think about adding anything else.'

Similar themes were found in CSC and Service Area Managers' responses to a Recruitment Survey conducted in December 2014. The survey asked respondents to identify the greatest barriers to recruitment. The most commonly identified barrier to the recruiting process was that CaPROMISE staff was provided with inaccurate contact information for CaPROMISE-eligible families. One respondent said,

The greatest barrier to recruitment is a current working phone number to contact the families. Letters have been sent and returned undeliverable and the phone numbers are no longer in service or belong to someone other than the family I am trying to contact.

Furthermore, the respondents suggested that some of the families were not interested in participating in CaPROMISE. Additionally, some of the families had no knowledge about CaPROMISE prior to the recruitment phone call and since they did not know about CaPROMISE, they were suspicious about the services it offered.

Despite these challenges, CSCs have been successful in the outreach and recruitment phase of CaPROMISE. Effective outreach and recruitment strategies reported by the CSCs fall into one of three categories: persistence, the use of varied methods of communication, and sensitivity to the families' transportation needs.

We make multiple phone calls to the same family. I mean, we go over our list and then we came up with let's try to text everybody and then let's go back to phone calls and now door to door. So we're just like, we're doing everything.

One of the things that we've noticed is phone calls. If we call 20 people, I'm happy if I get an invitation for an appointment for one or two. If we go door to door, out of ten people, I usually get six or seven, 'Please come back.' And it's not uncommon to get just one, 'Do you have papers? Let's do it right now.'

Sometimes if there are transportation issues, if we go to their home, we have a 100% success rate that we'll meet up.

The Recruitment Survey asked CSCs and Service Area Managers to rate the effectiveness of seven different recruiting approaches utilizing a five-point scale ranging from 1 (very ineffective) to 5 (very effective). The approaches with the highest average effectiveness scores were individual meetings (4.64), telephone calls (4.32), and group meetings (3.82). The survey results are shown in Figure 1 below. Of the seven approaches,

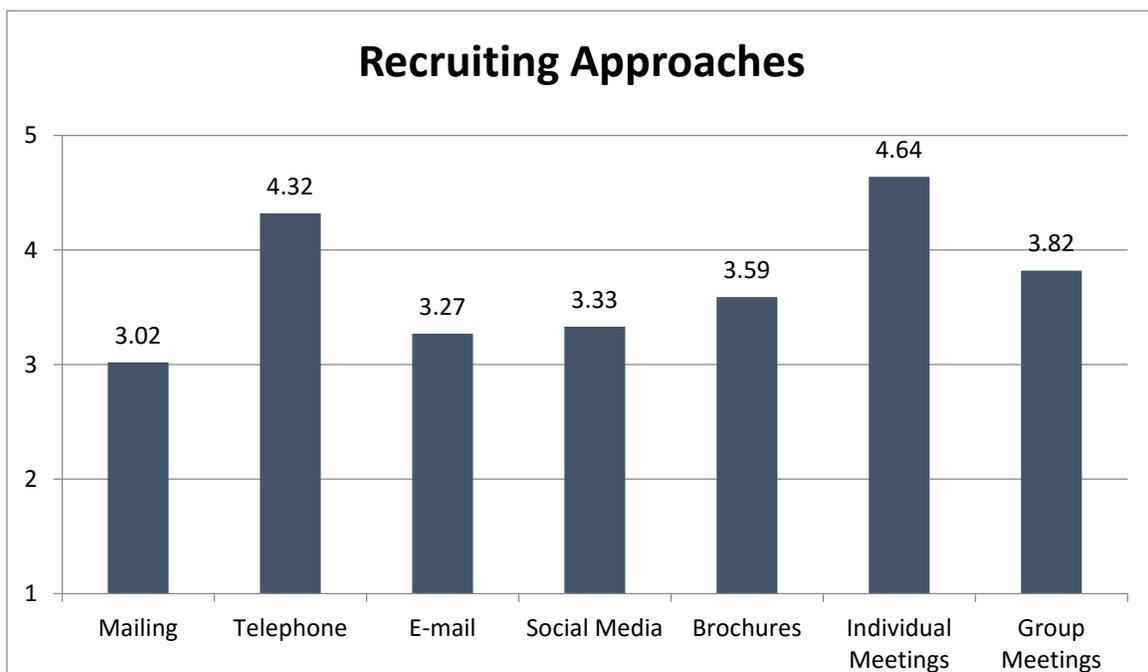


Figure 1. Results of survey on effectiveness of recruitment approaches based on a scale ranging from 1 (very ineffective) to 5 (very effective).

the three with the highest effectiveness ratings were those that required active, person-to-person interaction between CaPROMISE staff and eligible families. The approaches with the lowest effectiveness ratings were mailing (3.02), e-mail (3.27), and social media (3.33), which are approaches that typically do not require direct person-to-person interaction.

Respondents to the Recruitment Survey were also asked to identify strategies they used to follow-up with CaPROMISE-eligible families who did not respond to the initial

recruitment letter. The most common follow-up method was phone calls. Furthermore, many of the respondents indicated that it was effective in terms of getting the families to enroll in CaPROMISE. One respondent advised, *“The best way to recruit families for CaPROMISE are phone calls. Mailings, e-mails or social media did not seem to work.”* Another respondent stated, *“I have been calling the families and that has proven to be effective.”*

The next most frequently used method was scheduled family meetings. Some of the respondents indicated that face-to-face meetings turned out to be a successful way to carry out the enrollment process. One of the survey respondents said, *“We find that people who actually meet us are more likely to sign up.”* Another stated, *“Meetings with families have been extremely successful. Making the initial phone contact is the difficult part.”*

The priority placed on meeting the enrollment targets weighs heavily upon the CaPROMISE staff. For the CSCs, in particular, enrolling potential youth and families in CaPROMISE has become a mission that takes up a large part of their daily and weekly schedules and competes with time that could be used to provide interventions. At the same time, the CSCs have been resourceful and resilient as they strive to meet the enrollment goals. They have demonstrated the ability to balance the demands of outreach and recruitment with the expectations and challenges of providing interventions to the participant and their family members.

I know that I need to keep up with my enrollment numbers and my phone calls so there are different parts of the day and it's never like . . . -- it doesn't conform to a certain pattern. It's just kind of like where I can fit it in and so sometimes I'll start off early in the morning and if I'm not getting good feedback or anybody to answer the phone, then I'll do evening, later evening calls and then sometimes, I do them on the weekend and I'll do things or I'll stay later in the day and make phone calls in a particular appointment set.

I've had a rough week or two where I had six cancellations in one week and some no-shows too. They just don't call back; they kind of just fall off the map too. But you know that doesn't stop us from doing outreach.

The CSCs have become very adept in their outreach and recruitment methods as reflected in the 2,151 youth and families currently enrolled. However, out of this success, two challenges have arisen: random assignment of families to the Usual Services Group and balancing recruitment with intervention activities. CSCs have conveyed that one of the most difficult aspects of their role thus far has been informing families they have been assigned to the Usual Services Group. The CaPROMISE staff expressed a sense of letting down the families after developing rapport and giving them a sense of hope during the outreach and enrollment process:

It's just really hard if you've had a family that's going to invite you in just to hear you. It's really hard not to start to form a rapport with them. And one of the things actually that does concern me is just the nature of the courage it takes to make the jump that says, 'All right, I'm open to participating in this.' I do worry about the impact that has on the students and families who have talked about it and made themselves vulnerable to it and then get shut down—so that part. That worries me and I wish . . . if there was anything, that'd be the only thing about the program I would change.

It would have been much easier if there were a random selection done on all participants, potential participants, prior to us going out and talking to the family because then we could sell that specific program, and not give any false hopes. Even though we try not to, all they hear is you're going to be working with me. You know, you're going to be helping me.

I actually had a call last week. The father was so nice, a little funny but cute. He said, thank you God, thank you America, thank you, thank you, you know, oh my gosh, God bless you. And he was so thankful because he was so concerned. His son is autistic. He's so concerned that once he passes away, you know, what's going to happen to his son. He has not . . . he doesn't have services right now and so this could be it. And so then . . . then we go to the whole conversation about the . . . unfortunately we can't pick, you know, we just can't. We would love to . . . everyone to be in the PROMISE program. Hopefully, eventually, maybe down the road this becomes a service program.

An additional challenge confronting the CSCs is the simultaneous focus on recruitment of potential youth and engagement of families already assigned to the CaPROMISE Services Group. As CSCs' caseloads reach the 26:1 ratio, it becomes more difficult to pursue enrollment appointments while at the same time maintaining consistent communication with youth and families already assigned to the CaPROMISE Services Group. As reflected in earlier quotes, recruitment and enrollment are time-consuming activities. Once the families are enrolled in the CaPROMISE Services Group, the intensity of support needs of the youth and families demand immediate, consistent, and ongoing engagement by the CSC as noted by these comments:

We have a lot of families that are struggling and one of the first families that I met with had a food crisis and didn't have enough food.

Some of my moms are either on TANF, they got SSDI, or they work but very little. And they have at least one child, if not more, that has special needs and they're just swamped.

A lot of these parents are unemployed. They're capable, they're looking for work, and they're seeking employment. They themselves are seeking assistance with resumes, with updating resumes, with seeking employment opportunities also.

The interventions provided by the CSCs to address the above needs and the myriad of circumstances presented by the youth and families are described later in this Section of the Report. The following segment provides demographic information for the CaPROMISE Services Areas and the enrolled youth and their families.

Demographics—Service Areas and Enrolled Youth and Families

The following demographic⁴ information provides a backdrop and context for the CaPROMISE service areas in which the CSCs are operating.

- In regard to race and ethnicity, Lodi Unified School District (53.4%), West Contra Costa Unified School District (47.8%), and San Diego Unified School District (45.1%) had the highest population that reported their race as White alone, not Hispanic or Latino. The Hispanic or Latino category was the next largest group with Whittier at the top (65.7%), followed by Compton Unified School District (65%) and Centinela Valley Unified High School District (61%).
- Areas that had the highest percentage of households in which a language other than English was spoken were Centinela Valley Unified High School District (65.5%), Compton Unified School District (63.2%), and Los Angeles Unified School District (60.2%).
- The estimated percentage of children 5 to 17 years old living in poverty ranged from 9.7% for the Orange County Consortium to 37.8% for the San Bernardino City Unified School District. After San Bernardino, the next three areas with the highest percentage were Compton Unified School District (33.7%), Los Angeles Unified School District (31.4%), and Desert Mountain SELPA (27.8%).
- Median household income ranged from \$38,385 (San Bernardino City Unified School District) and \$42,953 (Compton Unified School District) to \$90,585 (Irvine Unified School District) and \$91,702 (Expandability Consortium).
- The rate of unemployment was highest in Compton (10.6%) followed by Vallejo and San Bernardino (10.3%).

Refer to Appendix A for data on all service areas.

⁴ Source: United States Census - State & County Quick Facts (see <http://quickfacts.census.gov/qfd/states/06/0666000.html>).

The demographic characteristics of the youth recorded at the point of enrollment are limited to age, gender, ethnicity and disability. These data, provided by the Social Security Administration, are captured for youth in both the CaPROMISE Services Group and the Usual Services Group. The age of the youth at the time enrollment is somewhat balanced with an equal distribution between 14 years old (32%) and 15 years old (31%), and a slightly higher percentage for 16 years old (38%). CSCs have shared that at the initial stages of enrollment, they concentrated on recruiting the older youth (16 years old and approaching their 17th birthday): *“We sorted by eligibility date. So the ones ending first, we want to reach out to those folks first.”* The intent was to reach these youth and enroll them in CaPROMISE before they aged out of the eligibility for participation in CaPROMISE.

In terms of gender, a higher percentage of enrolled youth are male (68%). In regards to disability, based on the SSA categories, the largest percentage is intellectual disability (17%), followed by childhood and adolescent disorders not elsewhere classified (16%), developmental disorders (16%), and autistic disorders (15%). Refer to Appendix B for percentage on all disability categories.

Intake Data for CaPROMISE Services Group

In January 2015, the DMS was expanded to collect intake information from youth and families randomly assigned to the CaPROMISE Services Group.⁵ An intake document (refer to Appendix C), downloadable from the DMS, is utilized by the CSCs to obtain information during their initial visits with youth and family. The 10-page document is extensive and designed to collect demographic information on the youth and active family members as well as baseline data pertaining to education, employment, services, and expectations. The intake information can be collected in one meeting or over the course of several meetings. Intake questions are used as part of a discussion—getting to know the youth and family, building rapport, and initiating conversation about their plans. It is not the standard intake and CSCs have been encouraged not use the intake as a form. The CSCs shared the following comments about the intake:

Eventually I get down to asking them about their finances: ‘How much do you bring in a month?’ So I spend a lot of time with that and then the next couple of sessions, I really feel like I have to work a lot with the parents first.

⁵ After random assignment, data ceases to be collected for youth and families in the Usual Service Group.

And then I will do an intake with them. You know, gather information on the family and who lives in the home and what their monthly income is and where it's coming from and all of that kind of various information.

The sources of information that were compiled for this segment of the Report is a combination of CSC direct input and CaPROMISE student and parent/guardian self-report. The number of completed intakes that were entered by the CSCs during the time frame covered by this Report was 442. It should, however, be noted that the number of individuals/families that had (a) been enrolled in the program, and (b) been provided with interventions is much higher than the number of completed intakes. Moreover, as of September 30, 2015, 689 intakes were completed and 412 additional intakes have been drafted. These intakes are a product of 11,828 intervention logs and contacts made with 1,124 youth and families randomly assigned to the CaPROMISE Services Group. Given the considerable amount of data collected during the intake, this segment will present selected highlights. A complete description of the intake data is provided in Appendix D.

The initial data received from SSA uses the categories and disability classifications provided by SSA for SSI recipients (refer to earlier segment, Demographics—Service Areas and Enrolled Youth and Families). Once the intake is completed, the participants are also classified by the definitions used by the U.S. Department of Education's Offices of Special Education Programs (OSEP). For purposes of this Report, we are using the OSEP disability classification taxonomy and associated definitions since all the participants are enrolled in K-12 education. The definitions of primary disability for individuals who comprise the CaPROMISE Services Group are shown in Table 1 below.

Table 1: Primary Disability as of July 3, 2015 (OSEP Classification)

PRIMARY DISABILITY (OSEP)	n	%
Autism	99	22.4
Deaf-blindness	4	0.9
Deafness	5	1.1
Emotional disturbance	37	8.4
Hearing impairment	4	0.9
Intellectual disability	111	25.1
Multiple disabilities	21	4.8
Orthopedic impairment	9	2.0
Other health impairment	87	19.7
Specific learning disability	58	13.1
Speech or language impairment	4	0.9

Traumatic brain injury	1	0.2
Visual impairment	2	0.5
Total	442	100.0

In a later section of this Report, the statistical association between the above OSEP disability classifications and a number of other data elements will be explored. Owing to the small numbers within several of the OSEP disability groups, as well as the fact that this data is in some cases self-report and in some cases difficult to precisely interpret (i.e., terms such as multiple disabilities), a cautionary note accompanies the interpretation of the results of these analyses.

Regarding information about the ethnicity of the 442 students in the CaPROMISE Services cohort, the following information reflects group membership as generally reported by the students. Of the 442 enrollees, 189 (42.8%) represented themselves as a member of a single ethnic group. Students had the option to indicate membership in more than one ethnic group, which resulted in another 244 (55.2%) identifying themselves as members of two groups. Another eight individuals (1.8%) indicated membership in three groups, and one individual (0.2%) claimed membership in four groups. The 442 youth reported a total of 705 ethnicities, indicating that many identified themselves as being of more than one ethnicity. The data is shown in Table 2 below.

Table 2: Number of Percentage of Ethnicities in Proportion to Total Ethnicities Self-Reported by Youth

GROUP	n	%
Hispanic	235	33.3
Asian	9	1.3
American Indian	15	2.1
African-American	132	18.7
Other Pacific Islander	2	0.3
White	191	27.1
Other	121	17.2
Total	705	100.0

The age of the CaPROMISE participants at the time of enrollment was dictated by the funding agency. All participants ranged in age from 14 to 16. The average age of the entire CaPROMISE student group for this reporting period was 15.13 years. As indicated earlier, within this age range there was an emphasis upon recruiting and enrolling the 16-year-old

students in the program before they aged out of the project intervention time frame. Specific ages at enrollment are shown in Table 3 below.

Table 3: Age at Enrollment of CaPROMISE Students

AGE	n	%
14	117	26.5
15	150	33.9
16	175	39.6
Total	442	100.0

The above information regarding the age at enrollment, ethnicity and disability characteristics of this group of 442 individuals illustrates a critical issue—the uniqueness of their demographic profile. When compared to the demographics observed in the broader population of individuals with disabilities, the CaPROMISE Services cohort is a very young and homogenous age group and very ethnically diverse. In addition, only nine of the 442 individuals (2.0%) are OSEP classified as having a physical disability or orthopedic impairment. The remaining 98% of the group are classified with disability descriptors that connote the general realms of cognitive and affective challenges to successfully access and achieve in the high school learning environment.

Regarding their preferred written language, 413 (93.4%) indicated English and 26 (5.9%) indicated Spanish. Of the remaining three students, one indicated Urdu, one indicated Portuguese, and one indicated another language, not specified among the 91 languages enumerated in the DMS Intake data. The pattern of responses was similar for preferred spoken language. English was indicated by 415 (93.9%) and Spanish was indicated by 24 (5.4%). Of the remaining three students, one indicated Urdu, one indicated Portuguese, and one indicated Mon-Khmer-Cambodian.

Regarding formal education plans on file for this cohort at the time of enrollment, 381 (86.2%) had a formal Individualized Education Plan (IEP) and 7 (1.6%) had a Section 504 plan. The remaining 54 (12.2%) reported no formal IEP or 504 plans on file.

Regarding the degree or certificate anticipated upon exit, 139 (31.4%) indicated Certificate of Completion, 288 (65.2%) indicated High School Diploma, 1 (0.2%) indicated GED, and 14 (3.2%) indicated Other. The general trend seen in the 14 Other comments reflected uncertainty about specifying a certificate or diploma. Seven (1.6%) individuals mentioned the goal of obtaining a job skills certificate in the following areas: CAD graphic design, skate shop owner, food handler's card, Regional Occupational Program (ROP)

culinary arts, volunteering with children, work training-CVS, and WorkAbility certificate of completion.

Regarding current work experience reported by the CaPROMISE youth at the time of enrollment, 27 (6.1%) indicated that they were working. Their reported areas of employment are shown in Table 4 below.

Table 4: Areas of Student Employment at Time of Enrollment

STUDENT EMPLOYMENT	n	%
Food preparation and service	8	29.6
Personal care and service	1	3.7
Arts, design, entertainment, sports, and media	1	3.7
Sales and related areas	5	18.5
Building and grounds cleaning and maintenance	5	18.5
Community and social service	3	11.1
Computer and mathematical	1	3.7
Education training and library	2	7.4
Farming fishing and forestry	1	3.7
Total	27	100.0

The start dates for these 27 assignments ranged from September 2011 through September 2015. The reported hours worked per week for these 27 assignments ranged from 1 to 25 with a mean of 7.52 hours (median = 6.0 hours, mode = 10 hours). Reported hourly wages for these 27 assignments ranged from zero earnings to \$18.00 with a mean of \$5.92 (median = \$9.00, mode = \$9.00). The \$9.00 per hour rate of pay is considered the current prevailing minimum wage. Regarding source of payment, nine individuals (36.0%) reported that their wages were paid by their employer, 6 (24.0%) stated that their wages were paid by school, 2 (8.0 %) indicated that it was an unpaid work experience, and eight (32.0%) indicated that it was a volunteer assignment. Employee benefits related to these work assignments were almost nonexistent. One student indicated paid vacation.

Thirteen individuals (2.9%) reported use of natural supports. The specific information provided about these 13 natural supports were related to purpose of support (i.e., as needed, help with tasks) or who provided the support (i.e., employer, manager, co-workers, school staff and peers, family). Seven individuals received job coaching. Of these, three indicated that the coaching was provided through WIA. Of the remaining four, job coaching was provided by classroom staff, teachers, and other school employees.

Regarding reports of past work experience, 33 individuals reported having such experience in the areas shown in Table 5 below.

Table 5: Areas of Past Work Experience

OCCUPATIONAL AREAS	n	%
Food preparation and serving related	2	6.1
Healthcare support	1	3.0
Installation maintenance and repair	1	3.0
Office and administrative support	3	9.1
Personal care and service	1	3.0
Sales and related	11	33.3
Building and grounds cleaning and maintenance	6	18.2
Community and social service	3	9.1
Computer and mathematical	1	3.0
Education training and library	2	6.1
Farming, fishing, and forestry	2	6.1
Total	33	100.0

The number of months of previous employment ranged from 1 (10 individuals) to 52 (1 individual). The average number of hours per week related to previous work assignments ranged from 1 (9 individuals) to 40 (1 individual). Hourly wages reported for the previous work assignments ranged from \$2.50 (1 individual) to \$10.15 (1 individual). Regarding the source of payment for prior employment, 7 individuals (23.3%) indicated employer, 9 (30.0%) indicated school, 2 (6.7%) indicated unpaid work experience, and 12 (40.0%) indicated volunteer. There were minimal employee benefits associated with the CaPROMISE Services cohort's prior employment. One individual stated that the school, while enrolled in the WIA program, provided Workers' Compensation insurance.

Regarding SSA work incentives that the CaPROMISE Services cohort is currently using or used in the past, 418 students (94.6%) indicated none. Nine students indicated Student Earned Income Exclusion, 1 indicated Section 301 Waiver, and 14 indicated Not Sure. Other support services that the students were receiving at the time of enrollment were provided by the sources shown in Table 6.

Table 6: CaPROMISE Services Currently Received

AGENCY	n
California Department of Rehabilitation	6
Regional Center	122
Transition Partnership Program (TPP)	6
WorkAbility	35
Other sources	46

Of the responses specifying other services the youth is currently receiving, the services cited included California Children's Services, In-Home Supportive Services, counseling and mental health, community support services, medical services, disability-related services, law enforcement services, legal assistance, adoption assistance services, and independent living services.

Regarding benefits, 415 (93.9%) students were receiving SSI, 11 (2.5%) were receiving SSDI, and 41 (9.3%) students reported that they were receiving a variety of other benefits. Other benefits reported included Medi-Cal, Child Support, WIC, Adoption Assistance Payments, TANF, and SNAP.

Regarding needed accommodations, 59 (13.3%) expressed a need for workplace accommodations, 179 (40.5%) expressed a need for school site accommodations, 20 (4.5%) expressed a need for community accommodations, and 12 (2.7%) expressed a need for other accommodations. Descriptions of the 12 other needed accommodations tended to focus on the home environment as follows:

- At-home tutor, school counselor, and therapist
- Curb-to-curb service
- Family is requesting an alarm clock that vibrates to assist with waking up and an inside light for the doorbell
- In-Home Support Services
- Nursing services for seizures

Regarding Parent/Guardian information, the following information reflects the parents' reported ethnic group membership. As was true for the CaPROMISE students, parents were given the option of indicating membership in more than one ethnic group. As shown in Table 7 below, there were many instances where they exercised that option, yielding findings similar to the CaPROMISE students. Of the 442 parents/guardians, 211

(47.7%) reported themselves as a member of a single ethnic group. Another 227 (51.4%) identified themselves as members of two groups. Three individuals (0.7%) indicated membership in three groups and one individual (0.2%) claimed membership in four groups. A total number of 678 ethnicities were claimed (either one, two, three or four) by these 442 parents/guardians as shown in Table 7 below.

Table 7: Number and Percentage of Ethnicities in Proportion to Total Ethnicities Self-Reported by Parent/Guardian

GROUP	n	%
Hispanic	219	32.3
Native Hawaiian	1	0.1
Asian	8	1.2
American Indian	12	1.8
African-American	127	18.7
Other Pacific Islander	2	0.3
White	183	27.0
Other	126	18.6
Total	678	100.0

Regarding parents/guardians' preferred written language, 329 (74.4%) indicated English and 105 (23.8%) indicated Spanish. Of the remaining four parents, one indicated Urdu, one indicated Vietnamese, one indicated Mon-Khmer-Cambodian and one indicated another language, not specified among the 91 languages enumerated in the DMS Intake data form. The pattern of responses was similar for preferred spoken language. English was indicated by 331 (74.9%) and Spanish was indicated by 105 (23.8%). Of the remaining two parents, one indicated Urdu and one indicated Vietnamese.

Many CaPROMISE staff members have raised the topic of families who are not native English speakers. Service areas have indicated that a notable amount of Spanish-speaking families are enrolled in CaPROMISE. Furthermore, staff expressed that these families often face a unique challenge in accessing important information and resources because of the language barrier. Specific, representative examples of concerns expressed are:

They don't have any services out there in Spanish in general, like through school. They've never heard of anyone helping them. Or anybody, just the fact of me talking Spanish to them, they're like, 'you talk Spanish and you're from the school,' you know. . . . Even just communicating with the teacher, they have to

communicate in English. And it's difficult for them. They don't understand, so they just let stuff happen, they let things happen. For instance in an IEP parents . . . like they don't know that they could get certain services or certain help.

I'm finding with my students . . . on the list that we're getting, families will say that they're English speakers and they're really not. I'm finding from other CaPROMISE CSCs—I have talked to them about it—that that's common in the Spanish-speaking community because maybe they're scared or nervous just to admit that they speak only Spanish. I don't think that it's something against them, but then it makes it a challenge for us to outreach.

When CaPROMISE staff members were asked to describe the unique characteristics of CaPROMISE families, one theme that surfaced was the number of parents who were unemployed. During the intake, parents/guardians described their current employment status as illustrated in Table 8 below. It is critical to note that only 18.1% of the group indicated full-time employment.

Table 8: Parent/Guardian Employment Status

EMPLOYMENT STATUS	n	%
Part-time	58	13.1
Full-time	80	18.1
Unemployed/looking for work	56	12.7
Homemaker	160	36.2
Retired	19	4.3
Other	69	15.6
Total	442	100.0

Regarding the 69 that described Other statuses of employment, responses revealed that the parent/guardian had a disability and/or was receiving government assistance related to a disability. Other respondents indicated that they provided care for their child or another family member in the home and they were receiving income from IHSS, were enrolled in school, self-employed, or worked in on-call positions.

The following comments describe specific employment challenges that the family members face such as lack of education, lack of job seeking skills, disability, and children in need of care at home.

A sibling who is in the home, he's older and he's 33 and I asked him, do you want to work—are you interested in working? And he's like, 'Well you know it's hard for me, it's hard like using a computer. Filling out an application, I got frustrated and I just stopped and I just left it.' So that's how I understood that okay, they definitely need help.

I have one single mom. She has three young children. She has a disability of her own and she had applied for disability and benefits in the past and she's in the process of appealing now. But she said, you know, 'because of my disability I haven't had the opportunity to go to work but I would love to go back to work.'

Taking care of all of them and she receives some pay, you know, IHSS to help her kids, but she says, 'I can't do anything out of the house. I can't do anymore work and I need more money.' She has to watch all of them. She has to look after all of them.

A small number of parents/guardians reported they were currently accessing services as shown in Table 9 below.

Table 9: Services Currently Received by Parents/Guardians

SERVICE	n	%
California Department of Rehabilitation	2	0.5
Employment Development Department	2	0.5
Other (Women's Center Services, IHSS, County Behavioral Health, State Counselor, TANF, WIC)	8	1.8

Additional needs of parents and family members have been observed by the CSCs. These needs arise when the parent/guardian has a disability, multiple children in the family have disabilities, and there are substance abuse issues. Some examples are:

This young man was recruited with his family in October . . . and his younger brother is quite interesting. Younger brother is also getting Social Security benefits. Mother was an RSP [Resource Specialist Program] student when she was in high school, the brother that lives with them also is in special ed and the mother's older sister was also in special ed.

I have a family of . . . there's two adult children. One of them has severe CP and the other one is also ID.

I have a family whose . . . it's an odd situation in that mom in her early 20s went on and had drug rampage and had her first two kids. Grandma is taking care of those two kids and mom has recently had two more children and they're around five and six. And those two children, because mom is cleaned up, have been living with mom.

Some of our kids have attendance issues. And the attendance issues are because the parents are not able to get them to school. Once again, it is often because of mental health or drug abuse.

He [a student] told my coworker that his mom had died over the weekend of an overdose. So they are still investigating to see if it was accidental. Yes, so that was traumatic. . . . Well, the mom that did die, the sister told me that four years ago, she was in rehab. So she did have an alcohol problem.

Parents/guardians reported the menu of benefits that they are currently receiving as shown in Table 10 below.

Table 10: Benefits Currently Received by Parents/Guardians

BENEFITS RECEIVED	n	%*
Medi-Cal	253	57.2
SNAP	150	33.9
SSDI	31	7.0
SSI	43	9.7
TANF	44	10.0
Unemployment	11	2.5
Other	56	12.7

**Percent of total CaPROMISE cohort (n=442)*

Other benefits reported included Adoption Assistance, HUD Housing, CalFresh, Cash Aid, Child Support, Covered California, IHSS, Low Cost utilities, Unemployment, Retirement Benefits, WIC, and Workers Compensation. CSCs have stated that many families are in need of resources to meet basic needs such as food, housing, clothing, and bus passes:

We have a lot of families that are struggling and one of the first families that I met with had a food crisis and didn't have enough food. And fortunately for us we have access to a food pantry in town and I was able to refer them to that

source and we were able to get canned goods and when Thanksgiving came around, they were able to go and get all the trimmings.

In summary, an examination of the demographic data pertaining to the CaPROMISE Services parents/guardians reveals that compared to the general population, they have completed less formal education, are underrepresented in the employment environment and are dealing with a preponderance of health challenges and disability issues of their own. This parent/guardian demographic profile further defines the uniqueness of the students that comprise the CaPROMISE Services cohort.

Intake Data—Post High School Plans

Regarding post-high school plans, 190 parents/guardians (43.0%) stated that a teacher or counselor worked with them to plan for their CaPROMISE child. Another 219 (49.5%) indicated that they did not receive this type of assistance. Thirty-three (7.5%) stated that they did not know whether or not they received this planning assistance. Regarding Individualized Transition Plans (ITP), 101 parents/guardians (22.9%) indicated that their child had an ITP; 276 (62.4%) indicated that their child did not. Sixty-five (14.7%) indicated that they were not sure if their child had an ITP.

Parents/guardians were asked to indicate their child's participation in school activities that would help prepare these individuals for a job. Their responses are shown in Table 11 below.

Table 11: Participation in School-Based Job Skill Training

SKILL TRAINING	n	%*
Job searching skills	78	17.6
Practice interviewing	53	12.0
Resume writing	55	12.4
Social skills development	240	54.3
Other skills	191	43.2

**Percent of total CaPROMISE cohort (n=442)*

The 191 responses specified under other skills included work experience, job exploration, independent living skills development, extracurricular activities (i.e., teams, clubs, after school programs), preparation for postsecondary education, career assessment, occupation related coursework, resume building/job applications, social skill development, academic coursework, work-related behavior practice, and speech therapy. Of the 191

responses, 109 indicated that the youth had not participated in any activities to help them prepare for employment.

CaPROMISE youth were asked about their plans after high school completion. Their responses are shown in Table 12 below.

Table 12: Post-High School Plans Expressed by CaPROMISE Youth

POST HIGH SCHOOL PLAN	n	%*
Get a job	257	58.1
Go to college	243	55.0
Uncertain	60	13.6
Other plan	66	14.9

**Percent of total CaPROMISE cohort (n=442)*

The 66 responses for Other plan specified a particular vocational/career interest or plans to pursue postsecondary education other than college. Other plans mentioned were related to becoming independent, participating in a transition program, and volunteering. Some of the responses reported that the student did not respond or was not able to communicate.

The parents/guardians of the CaPROMISE youth were asked the same questions about their children's plans after high school completion. There was generally a strong agreement between the students and their parents/guardians regarding expressed post-high school plans. The parent/guardian responses are shown in Table 13 below.

Table 13: Post-High School Plans Expressed by CaPROMISE Parents/Guardians

POST HIGH SCHOOL PLAN	n	%*
Get a job	246	55.7
Go to college	262	59.3
Uncertain	51	11.5
Other plan	68	15.4

**Percent of total CaPROMISE cohort (n=442)*

The 68 responses for Other plan indicated that the parent/guardian was anticipating a specific vocational/career path for their student, postsecondary education other than college, adult service programs, transition programs, or becoming more independent.

Parents/guardians were asked about their concerns for their children regarding employment. Their responses are shown in Table 14 below.

Table 14: Parent/Guardian Concerns about Their Children at Work

EXPRESSED CONCERN	n	%*
Concern about my child's safety	143	32.4
Don't think my child will be able to work independently	111	25.1
Concern that my child will lose SSI benefits	82	18.6
No expressed concerns	161	36.4
Concerns other than above	132	29.9

**Percent of total CaPROMISE cohort (n=442)*

A content analysis of the open-ended responses revealed that parent/guardians were concerned about their children's ability to fulfill the roles and responsibilities of an employee. Parents/guardians specified a variety of issues related to this concern:

- The possibility of their child expressing an inappropriate attitude at work.
- Their youth's challenges with communicating.
- The student's ability/inability to maintain focus, assume responsibility and follow through with tasks, adapt to the work environment, follow directions, learn the necessary skills, and keep up with the expected level of productivity.
- Their youth's need for constant supervision.
- The student's level of maturity.

Other parents mentioned concerns related to their child's independence. These concerns included apprehension about their youth's potential to become more independent in the future, their child's ability to make appropriate decisions as they become more independent, and the desire for their child to become independent.

Other concerns parents/guardians often described were related to their child's lack of social skills, health condition and overall well being, need for job coaching or other form of assistance at work, or need for transportation to and from work.

Despite these concerns, CaPROMISE staff has described the excitement expressed by parents about participating in CaPROMISE. The following comments demonstrate the staff's perceptions of parents' concern for their children's well being and their hope for success.

And I will say so many parents are really excited about this program because they're not sure how their kid will do in the workplace and having a low pressure learning experience.

A lot of the families are just like, 'No, we want them to, we don't want to depend on this [SSI]. This is so hard. We would rather that they're off.' I haven't had very many where like, 'No, I want to keep my SSI.' I think they see the value.

I think they're very thankful about the program and services that are offered to them. And hopeful that this is something that would give them a sense of relief that there would be something set in place for their child; that there is an opportunity for their child to be independent, I think. So hopeful and very optimistic, thankful.

In summary, the intake data presented in this Section illustrates the uniqueness of the CaPROMISE Services student cohort as well as their parents and guardians. It appears that these unique features, such as student and parent/guardian ethnicity, nature of disability, student age range, work and education history of parents and guardians as well as student work experience and aspirations are in sync with the student/parent-centered philosophy and goals of CaPROMISE.

Interventions

The following details the nature and extent of interventions that were implemented during the time frame covered by this Report and documented in the DMS during the period from July 1, 2014 through July 3, 2015. During this period there was a total 6,796 interventions implemented by the CSCs for 723 CaPROMISE youth and their families. This number would appear to be a discrepancy with the figure of 442 CaPROMISE youth that was the basis of the outreach and recruitment efforts. To clarify, there were in fact, 723 CaPROMISE youth and families actively engaged in activities as of June 30, 2015. The figure of 442 reflects the fact that while these 723 individuals were being served, only 442 had a completed intake data on file. This portion of Section 1 is limited to a description of interventions received by the 442 youth and their parents/guardians.

In the CaPROMISE spirit of person/family-centric conduct, the CSCs placed a priority on service delivery with the understanding that the paperwork would catch up later. It is reasonable to assume that within the group of CSCs, there is a broad range of effort regarding the task of logging intervention efforts. As recruitment and enrollment efforts are coming to a timely close, it is reasonable to expect a sharp increased trajectory in the volume of interventions. This increase will likely be reflected in future reports.

As CSCs have initiated interventions with youth and families in the CaPROMISE Services Group, they have emphasized the importance of building rapport and establishing trusting relationships with the youth and families:

We've had a lot of families like really open up. I know some of [our] first appointments, I think we were there two-and-half, three hours? They really go in depth. They want to tell you about their family and their child.

And there are a couple of things as we build the rapport and they get close, we built this bond and they get closer to me.

I kind of get involved in whatever they're up to, you know, and in families and stuff. I share stuff about myself so I think some of them think of me as a friend. And they do provide a lot of things, a lot of things that's happened to them and stuff. That's been really interesting. I really am . . . you know, I'm really involved.

CaPROMISE service delivery Interventions are classified according to five core service categories:

- Case Management/Transition Planning
- Financial Planning/Benefits Management
- Career & Work-Based Learning
- Parent/Guardian Training & Information
- Other Services and Supports

These five service categories are reflected in the person/family-centric mission, goals and objectives of CaPROMISE. These five core service areas serve as guiding principles for the development and implementation of CSC training, interagency collaboration and approaches to project evaluation and monitoring.

Intervention services were provided to CaPROMISE youth, parents/guardians, siblings not enrolled in CaPROMISE, siblings enrolled in CaPROMISE, and other family members as shown in Table 15 below. In several cases, a single intervention was applied to more than one of the five groups listed below. Thus, one intervention can impact multiple individuals in the household.

Table 15: Number of Interventions per Youth and Family

GROUP	n	%
CaPROMISE youth	3297	47.0

Parent/guardian	3462	49.3
Non-CaPROMISE sibling	123	1.8
CaPROMISE sibling	108	1.5
Other family members	27	0.4
Total	7,017	100.0

Regarding the core service area of Case Management/Transition Planning, a total of 2,550 interventions were implemented. The five activities employed to provide these services are listed in Table 16 below.

Table 16: Case Management/Transition Planning Interventions

IMPLEMENTATION ACTIVITY	n	%
Identify needed services	629	24.7
Coordinate services	1091	42.7
Transition-focused assessment	142	5.6
School based activities	236	9.3
Person driven planning	452	17.7
Total	2,550	100.0

CaPROMISE staff members have commented that motivation, support, and encouragement from the CSCs, through effective hands-on case management and transition planning, are crucial for helping both the students and their families realize the potential the students have to succeed.

The students have to know that there are options, that they don't have to stay at home the rest of their lives and they don't have to be afraid that they can be out in the world and be independent. And I think convincing the family to take a risk and to trust enough to help hold their hand while they do it is going to be a big challenge.

In the initial needs talking about hopes and dreams and job opportunities and postsecondary school, we have several times, parents look at us like, 'You think they could go to school?' Like the moms are just like shocked. Like the thought never occurred to them. One mom almost got like all misty thinking, 'My child could go to school?' There are so many opportunities. They just don't think about it.

Regarding the core service area of Financial Planning/Benefits management, a total of 453 interventions were implemented. The four activities employed to provide these services are listed in Table 17 below.

Table 17: Financial Planning/Benefits Management Interventions

IMPLEMENTATION ACTIVITY	n	%
Wage reporting	95	21.0
Work incentives	51	11.3
Benefits planning	213	47.0
Financial planning	94	20.7
Total	453	100.0

Benefits Management intervention serves to assist youth to access work incentives as well as educating parents to better understand SSI:

So, it's just fun to talk with them in different, you know, versions of what his vision and her vision for him. It's been great working with that family because they're so motivated to make some big strides. Just beginning to get the PASS plan together, all these wonderful things. I was just kind of amazed how it all fell into place.

The one thing that I've noticed, the common theme around my families is the lack of education of the parents. They have no idea why their Social Security goes up and down. I mean, they have an idea, but like, they don't know how to check it or they don't know why.

Financial Literacy training has also been recognized as a need for many of the CaPROMISE Services families:

I've seen a lot of frustrations with not being able to pay bills month to month . . . and sometimes that's budget planning because sometimes the family is getting an adequate amount of money for where they're living, but then you see three pizzas coming in to the delivery.

You know, [name omitted] talked to me about two families in particular that weren't able to plan ahead, they didn't get a sense of money. One of them, whenever they got it, the money was gone. . . . If they got a gift card, it was like, their obligation to use it now.

Financial planning—I think . . . my parents could benefit from budgeting and all that stuff, definitely.

Regarding the core service area of Career and Work-Based Learning, a total of 1,456 interventions were implemented. The six activities employed to provide these services are listed in Table 18 below.

Table 18: Career and Work-Based Learning Interventions

IMPLEMENTATION ACTIVITY	n	%
Employment preparation activities	731	50.2
Career related training and education	384	26.4
Volunteer work	71	4.9
Unpaid work experience	58	4.0
Paid work experience	143	9.8
Employment	69	4.7
Total	1,456	100.0

Creating work experience opportunities, developing resumes, and job searching are interventions CSCs are beginning to provide:

I've had wonderful moments, which makes me so glad to be in this position. I had a young man who is a star athlete at the high school, but struggling academically, just barely passing everything. And I think it's just through the grace of his teachers that he's passing. And so we set him up at a volunteer site where he could do sports coaching because that doesn't require any academics and they love him at the site; but what's even better is they provide academic tutoring at this site. So the student, not only is he doing sports coaching, but he's getting academic tutoring while he's there before he starts his day with the younger kids.

We had another student who is basically non-verbal and I learned from his family that he really enjoys working with animals. He has several pets and I kept talking to him and his mom about him maybe doing some volunteer work and he was resistant. I set him up to do some volunteer work at an animal shelter and he is just having the time of his life.

I think he needs a little bit more training on how to do an interview. How to . . . he's done a resume, which was great and he's collected all his certificates that

he's earned in graphic design and all that kind of stuff. And I think he just needs a little bit more push on finding the job, certain job skills like for interviewing.

They need to have exposure to opportunities. Particularly in our community there are limited resources for work experience because there's not that many businesses there. So, we have to be really creative about finding niches for them where they're really interested, where they have a passion, getting to know them well enough to know what they're interested in and what they're willing to take a risk in researching and exploring. . . . One thing that's going to be important going forward is doing targeted job developing. And I was talking to our community and our employers at large to give our kids the opportunity. We're talking about doing the presentations at Kiwanis and Rotary and the Chamber just to educate the community at large that we have this program and to do this opportunity. I think they'll be surprised.

Regarding the core service area of Parent/Guardian Training & Information, a total of 818 interventions were implemented. The three activities employed to provide these services are listed in Table 19 below.

Table 19: Parent/Guardian Training & Information Interventions

IMPLEMENTATION ACTIVITY	n	%
Parent/guardian referral	251	30.7
Parent/guardian coaching	375	45.8
Parent/guardian family resource center support	192	23.5
Total	818	100.0

Building and strengthening the partnerships between the CaPROMISE staff and the Family Resource Centers has been recognized and greatly appreciated by many CSCs:

I do believe they [the Family Resource Center staff] are going to be doing a presentation soon for us. So, I think where they're going to come on campus and they're going to . . . we're going to have like, events for the families to come to and they are going to do the presentations.

The Family Resource Centers have been great, yes. But I think that they know that because we follow through and that we're building that relationship with them and we're not just saying, 'Okay, go here and do this.' And we're actually following up and continuing to make sure that they get what they need. I think

that just helps everyone feel comfortable with us in what we're doing and how we're serving the families.

Regarding the core service area of Other Services & Supports, a total of 1,519 interventions were implemented. The seven activities employed to provide these services are listed in Table 20 below.

Table 20: Other Services & Supports Interventions

IMPLEMENTATION ACTIVITY	n	%
Youth development activities	477	31.4
Extended and experiential learning	88	5.8
Self-determination skills	207	13.6
Health and wellness	307	20.2
Behavior management	91	6.0
Technology training	34	2.3
Independent living activities	315	20.7
Total	1,519	100.0

Services and supports provided are driven by the unique and individual needs of youth and family members:

I'm working with one of the behavior specialists—no, program specialists—to create like a diagram like, 'This is what you do on Mondays, this is what you do on Tuesdays.' You know, 'you're do laundry'—more, you know, independent living skills. And for me, I'm trying to do that to segue into more like work skills.

Additionally, staff from two service areas indicated that some families are dealing with immigration issues. The staff noted that parents without documentation worry about deportation and are often wary to ask for assistance.

And you know, like immigrants, they're kind of scared to ask for certain assistance. . . . I have to tell them like, 'No, it's okay. You have rights. Your children have rights because they're citizens.'

I think with my families you know, talking to counselors and teachers—it's always a concern, because they're always afraid they're going to be put on a bus and taken back over the border. Now with the AB 60, you know it's more

encompassing and then I'm trying to get the parents in there and get their California ID too, because that opens up a lot of worlds, you know, for them in the workforce.

Pertinent Statistical Associations Among Enrollment Data and Intervention Data Elements

This segment of the Report provides an overview of data analyses that were conducted to explore possible associations among the intake and intervention data elements that were reviewed in the previous two sections. When reviewing the following information, several precautions need to be considered:

- Much of the activity examined during the time frame represented in this Report was targeted toward the establishment of working relationships among CaPROMISE partners, staff recruitment and training activity, development of the program infrastructure and participant outreach and recruitment. These start-up efforts likely placed an upper limit on the depth and breadth of intervention activities during this time frame. Subsequent reports will likely reflect the fact that the volume of intervention efforts will greatly increase.
- While the enrollment and intervention data is available for the 442 participants targeted in this Report, this number of individuals is relatively small compared to the eventual size of the CaPROMISE treatment group, which is projected to be 1,586. Any trends seen in the findings based on the present number of cases needs to be verified using confirmatory analyses conducted on the larger group size.
- Several of the data elements are self-report information and may contain inaccuracies. Further, many of the data elements lack precise definition. In several cases, analyses examined differences between subgroups of CaPROMISE participants that were small and unequal in sample size.
- Perhaps the strongest caveat for interpreting the following statistical findings is that while we have intake and intervention data for these 442 participants, we do not yet have outcome data. When outcome data becomes available, subsequent annual reports will be able to address the associations between participant characteristics, interventions implemented, and outcomes attained.

The selection of the following list of specific analyses was made to illustrate the potential of the system and do not necessarily imply that they comprise the most salient list of questions to ask of the existing data. With these points in mind, the following is a series of data analysis questions and findings.

1) Are there demographic factors of age and gender associated with the number and types of interventions implemented?

Regarding gender, there were no remarkable differences between groups in the total number of interventions implemented for these 442 participants. Of the five sub-categories of interventions, there was a slight difference between groups on the category of Other Services and Supports with females receiving a larger number of interventions $t(440)=1.976, p=.050$. Descriptive statistics related to these analyses appear in Table 21 below. No significant gender differences were observed regarding the other four intervention categories.

Table 21: Gender Differences for Five Core Service Categories

	GENDER	n	M	s.d.
All interventions combined	Male	309	15.3172	17.58937
	Female	133	15.5113	13.45397
Case management/transition planning	Male	309	5.9417	5.95790
	Female	133	5.3684	5.70284
Financial planning/benefits management	Male	309	1.0809	2.65981
	Female	133	0.8947	1.51389
Career and work-based learning	Male	309	3.3916	6.25477
	Female	133	3.0677	4.25903
Parent/guardian training and information	Male	309	1.8511	3.80838
	Female	133	1.8496	3.14666
Other services and supports*	Male	309	3.0518	5.07578
	Female	133	4.3308	6.68073

* Significant at the .05 level. However, effect size is small; $\eta^2 = .011$.

Comparisons of the three age groups of participant youth revealed no significant differences between these groups on total interventions as well as all five subcategories of interventions. Descriptive statistics for all three age groups are shown in Table 22 below.

Table 22: Descriptive Statistics for Three Age Groups on Interventions

AGE	n	M	s.d.
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All interventions combined	14	117	15.0855	14.58127
	15	150	16.1067	18.56212
	16	175	14.9429	15.73185
Case management/transition planning	14	117	5.7265	6.17507
	15	150	5.9333	5.98955
	16	175	5.6571	5.61271
Financial planning/benefits management	14	117	.8205	1.61680
	15	150	1.1533	2.59513
	16	175	1.0514	2.59369
Career and work-based learning	14	117	3.0342	5.83085
	15	150	3.2267	5.85524
	16	175	3.5257	5.56241
Parent/guardian training and information	14	117	1.8462	3.31562
	15	150	2.3333	4.60765
	16	175	1.4400	2.70283
Other services and supports	14	117	3.6581	5.77474
	15	150	3.4600	5.31255
	16	175	3.2686	5.82029

2) Is anticipated degree or certificate associated with the number and types of interventions implemented?

Analyses revealed that those who anticipated receiving a high school diploma received a larger number of career and work-based work training interventions than those who anticipated receiving a certificate $t(425)=1.963, p=.05$. No other significant findings regarding number of interventions were observed. Those who anticipated receiving a GED ($n=1$) or Other ($n=14$) were not included in the analyses because of small and unequal group size. Descriptive statistics associated with this series of analyses are shown in Table 23 below.

Table 23: Descriptive Statistics for Anticipated Certificate/Diploma Regarding Interventions

	ANTICIPATED	n	M	s.d.
All interventions combined	Certificate	139	13.8058	18.58193

	Diploma	288	16.4271	15.53062
Case management/ transition planning	Certificate	139	5.3022	6.05848
	Diploma	288	6.0764	5.83583
Financial planning/ benefits management	Certificate	139	0.9209	2.70819
	Diploma	288	1.1146	2.25177
Career & work-based training*	Certificate	139	2.5180	6.32267
	Diploma	288	3.6910	5.51005
Parent/guardian training & information	Certificate	139	2.1295	4.42463
	Diploma	288	1.7257	3.11975
Other services & supports	Certificate	139	2.9353	5.17968
	Diploma	288	3.8194	5.92715

*p=.05

3) Is parent/guardian level of education associated with the number and types of interventions implemented?

Results of this series of analyses revealed that a significantly higher number of career and work-based learning interventions were provided to youth whose parents/guardians had attained graduate degrees [$F(6,435)=2.568, p=.019$]. This finding should be interpreted with caution due to the small and unequal group sizes. No other significant differences between groups were observed for total interventions or any of the other four categories of interventions. Descriptive statistics associated with this series of analyses are shown in Table 24 below.

Table 24: Descriptive Statistics for Parent/Guardian Level of Education Regarding Interventions

	PARENT EDUCATION	n	M	s.d.
All interventions combined	Masters	7	17.8571	23.42668
	Bachelors	15	15.2667	13.76054
	Associate	41	15.7805	16.06162
	GED	18	14.5000	12.74293
	High school graduate	218	16.6239	15.62480
	Not a high school graduate	109	13.5321	19.90606

	PARENT EDUCATION	n	M	s.d.
	None	34	12.7941	10.13778
	Total	442	15.3756	16.43979
Case management/ transition planning	Masters	7	4.2857	4.38613
	Bachelors	15	6.8667	6.01031
	Associate	41	6.4146	5.17675
	GED	18	5.7222	6.45168
	High school graduate	218	5.8073	5.72162
	Not a high school graduate	109	5.4587	6.60882
	None	34	5.5882	5.42786
	Total	442	5.7692	5.88176
Financial planning/ benefits management	Masters	7	3.4286	6.21442
	Bachelors	15	0.3333	1.04654
	Associate	41	1.3171	2.16147
	GED	18	0.8333	1.24853
	High school graduate	218	0.9817	1.80108
	Not a high school graduate	109	1.0367	3.36630
	None	34	0.8235	1.14072
	Total	442	1.0249	2.37367
Career & work-based training*	Masters	7	8.1429	15.78426
	Bachelors	15	0.8667	1.68466
	Associate	41	3.6585	6.77720
	GED	18	3.5556	4.28708
	High school graduate	218	3.8945	5.32128
	Not a high school graduate	109	2.3394	6.03266
	None	34	2.0000	2.46183
	Total	442	3.2941	5.72494
Parent/guardian training & information	Masters	7	0.5714	.78680
	Bachelors	15	3.1333	4.32380
	Associate	41	1.5854	3.24789

	PARENT EDUCATION	n	M	s.d.
	GED	18	0.9444	1.55193
	High school graduate	218	1.8257	3.27353
	Not a high school graduate	109	1.8257	4.26190
	None	34	2.5882	4.56015
	Total	442	1.8507	3.61847
Other services & supports	Masters	7	1.4286	1.61835
	Bachelors	15	4.0667	5.99365
	Associate	41	2.8049	4.50122
	GED	18	3.4444	4.70572
	High school graduate	218	4.1147	6.55573
	Not a high school graduate	109	2.8716	4.81722
	None	34	1.7941	2.22628
	Total	442	3.4367	5.63008

*p=.019

4) Is parent/guardian employment history associated with the number and types of interventions implemented?

Results of this series of analyses revealed that a significantly higher number of career and work-based learning interventions were provided to youth whose parents/guardians reported that they were part-time employees [$F(6,436)=2.567, p=.022$]. These results should be interpreted with caution due to the small and unequal group sizes. No other significant differences between groups were observed for total interventions or any of the other four categories of interventions. Descriptive statistics associated with this series of analyses are shown in Table 25 below.

Table 25: Descriptive Statistics for Parent/Guardian Employment Status Regarding Interventions

	PARENT/ GUARDIAN EMPLOYMENT STATUS	n	M	s.d.
	Part-time	58	19.5172	17.58911

	PARENT/ GUARDIAN EMPLOYMENT STATUS			
		n	M	s.d.
All interventions combined	Full-time	80	15.7250	13.62330
	Unemployed	56	17.1964	14.27702
	Homemaker	160	14.4375	18.86152
	Retired	19	16.7368	15.98556
	Other	69	11.8116	13.43424
	Total	442	15.3756	16.43979
Case management/ transition planning	Part-time	58	6.1379	5.23969
	Full-time	80	6.6000	5.92485
	Unemployed	56	5.6607	5.81933
	Homemaker	160	5.2313	6.07523
	Retired	19	7.5263	7.94683
	Other	69	5.3478	5.24356
Total	442	5.7692	5.88176	
Financial planning/benefits management	Part-time	58	1.0690	1.40003
	Full-time	80	1.4500	2.88997
	Unemployed	56	1.1786	1.82016
	Homemaker	160	0.8313	2.40341
	Retired	19	0.7895	1.71849
	Other	69	0.8841	2.80512
Total	442	1.0249	2.37367	
Career & work-based learning*	Part-time	58	5.3103	6.64965
	Full-time	80	3.1125	4.96314
	Unemployed	56	3.1607	4.10665
	Homemaker	160	3.3938	7.02117
	Retired	19	3.4211	2.93098
	Other	69	1.6522	3.06703
Total	442	3.2941	5.72494	

PARENT/ GUARDIAN EMPLOYMENT STATUS		n	M	s.d.
Parent/guardian training & information	Part-time	58	2.2586	3.54203
	Full-time	80	1.4375	2.58449
	Unemployed	56	2.4643	3.81368
	Homemaker	160	1.6500	3.97824
	Retired	19	2.5789	4.47606
	Other	69	1.7536	3.41453
	Total	442	1.8507	3.61847
Other services & supports	Part-time	58	4.7414	8.18977
	Full-time	80	3.1250	5.30912
	Unemployed	56	4.7321	6.40878
	Homemaker	160	3.3313	4.85607
	Retired	19	2.4211	3.67145
	Other	69	2.1739	4.44891
	Total	442	3.4367	5.63008

*p=.022

5) Is disability, as defined by the OSEP disability taxonomy, associated with the number and types of interventions implemented?

As shown in a previous part of this Report, several of the 13 disability groups that comprise the OSEP disability taxonomy contain small numbers of cases and in other instances provide a nebulous reference to a type of disability. In order to conduct analyses that might have greater relevance, the 13 original OSEP categories were collapsed into six categories as reflected in Table 26 below. Even with this process in place, the six categories still represent relatively small and unequal group sizes.

Table 26: Six Disability Categories from Collapsed OSEP Taxonomy

DISABILITY	n	%
Autism	99	22.4
Sensory/communication	19	4.3

Emotional disturbance	37	8.4
Intellectual disability	111	25.1
Orthopedic impairment	9	2.0
Specific learning disability	58	13.1
Total	333	75.3
Other undefined	109	24.7
Total	442	100.0

The youth who were in the Other unidentified category were excluded, leaving 333 youth classified into the six categories shown in Table 26. Analyses were conducted to determine whether differences exist among these six groups of 333 youth regarding the interventions that were implemented for them and their families. Results of these analyses revealed no significant differences among the six groups for total number of interventions or any of the five categories of interventions. Descriptive statistics related to these analyses are shown in Table 27 below.

Table 27: Descriptive Statistics for Six Disability Categories Regarding Interventions

	DISABILITY	N	M	s.d.
All interventions combined	Autism	99	15.5859	13.77517
	Sensory/communication	19	16.7895	14.50892
	Emotional disturbance	37	18.9459	18.93548
	Intellectual disability	111	15.6757	21.79790
	Orthopedic impairment	9	14.4444	12.98182
	Specific learning disability	58	14.4138	12.64500
	Total	333	15.8228	17.22814
Case management/ transition planning	Autism	99	6.1919	5.75818
	Sensory/communication	19	6.4211	6.63589
	Emotional disturbance	37	6.4054	5.83314
	Intellectual disability	111	5.5405	6.50564
	Orthopedic impairment	9	6.1111	6.48931
	Specific learning disability	58	6.9483	6.36168
	Total	333	6.1411	6.17232

	DISABILITY	N	M	s.d.
Financial planning/benefits management	Autism	99	1.0909	2.47473
	Sensory/communication	19	0.7895	1.54844
	Emotional disturbance	37	1.3514	1.82903
	Intellectual disability	111	0.9640	2.57586
	Orthopedic impairment	9	1.1111	.92796
	Specific learning disability	58	1.1897	3.34799
	Total	333	1.0781	2.54239
Career & work-based learning	Autism	99	3.2222	5.03165
	Sensory/communication	19	3.5789	5.90965
	Emotional disturbance	37	2.9459	3.97873
	Intellectual disability	111	3.6306	7.41488
	Orthopedic impairment	9	2.1111	1.69148
	Specific learning disability	58	2.3448	3.55682
	Total	333	3.1652	5.63710
Parent/guardian training & information	Autism	99	1.7576	2.81429
	Sensory/communication	19	1.6842	3.23269
	Emotional disturbance	37	2.7568	4.15936
	Intellectual disability	111	2.0450	4.58533
	Orthopedic impairment	9	1.4444	2.55495
	Specific learning disability	58	1.4655	2.77340
	Total	333	1.9009	3.65522
Other services & supports	Autism	99	3.3232	5.71219
	Sensory/communication	19	4.3158	6.37750
	Emotional disturbance	37	5.4865	8.77693
	Intellectual disability	111	3.4955	5.80889
	Orthopedic impairment	9	3.6667	5.26783
	Specific learning disability	58	2.4655	4.35775
	Total	333	3.5375	5.99769

Summary

The quantitative and qualitative data collected thus far reveal the intricate structure, coordination, networks, and skills required to fully address the unique and individualized needs of CaPROMISE Services youth and their families. The initial outreach to potential families by itself requires considerable time and effort as reflected in the data presented in Section 1. Upon random assignment to the CaPROMISE Services Group, youth and family members present a myriad of needs and stressors impacting the stability of their household. Families are sharing these struggles with the CSCs as well as their hopes for the future. The information presented in this section captures these dynamics through the lens of the CSCs (i.e., logged in the Data Management System, articulated during site visits, or noted in surveys) and voiced by the CaPROMISE youth and families.

The five core interventions of CaPROMISE provide a structure to the provision of services while at the same time allowing for flexibility and individualization to the circumstances of each youth and their family members. As reflected in the intervention data reported in this section, maintaining a person-driven approach is essential to effectively and comprehensively address the needs of the CaPROMISE youth and families. Finally, at this phase of implementation and early data analyses, the themes already emerging support a family-centered approach to services defined not by existing programs and systems, rather by the needs and desires of youth and their families.



Section 2.

Organizational Structure and Activities of the Partners

CaPROMISE is based on a collaborative model led by the California Department of Rehabilitation (CDOR) and engages State Departments, 20 LEAs and the SDSU-II. The collaboration is predicated on strong and respectful working relationships that have been built over decades of cooperative actions and successful university, local and statewide efforts. Working within one state that is the size, scope, and diversity of California presents a unique opportunity to demonstrate significant change in the most populous U.S. state. The following describes the organizational structure, the five State Agency partners, the 20 LEAs, the University partners that are providing interns, and the SDSU-II. Figure 2 illustrates the collaborative structure for CaPROMISE.

State Agency Partners

The following describes the five State Agency partners that form the Interagency Council.

The California Department of Health Care Services (DHCS)

DHCS is the single state agency for the administration of the Medicaid program (referred to as Medi-Cal in California). The DHCS administers the state's Medi-Cal-related mental health services and Drug Medi-Cal Treatment Programs. The mission of the DHCS is to preserve and improve the health status of all Californians, which is realized through programs and organizational structures designed to support the health care needs of children, adults, and families statewide, including those with special health care needs. The DHCS and the CDOR collaborate on various levels. CDOR, which serves a variety of individuals with disabilities including those with mental health issues, is an active member of the Mental Health Planning Council. Up to a third of CDOR's clients, who are on SSI or SSDI, receive Medi-Cal benefits.

The California Department of Education (CDE)

CDE is the State department that provides special education and related services under Part B of IDEA. The CDE serves California by innovating and collaborating with educators, schools, parents, and community partners to prepare students to live, work, and thrive in a highly connected world. A component of CDE's mission is the WorkAbility I

program, which provides students with disabilities, including low-income students, an array of services that culminate in successful transition from school to employment. Through an Interagency Agreement (IA), CDOR and CDE currently collaborate to provide vocational rehabilitation services to transitioning secondary education students through

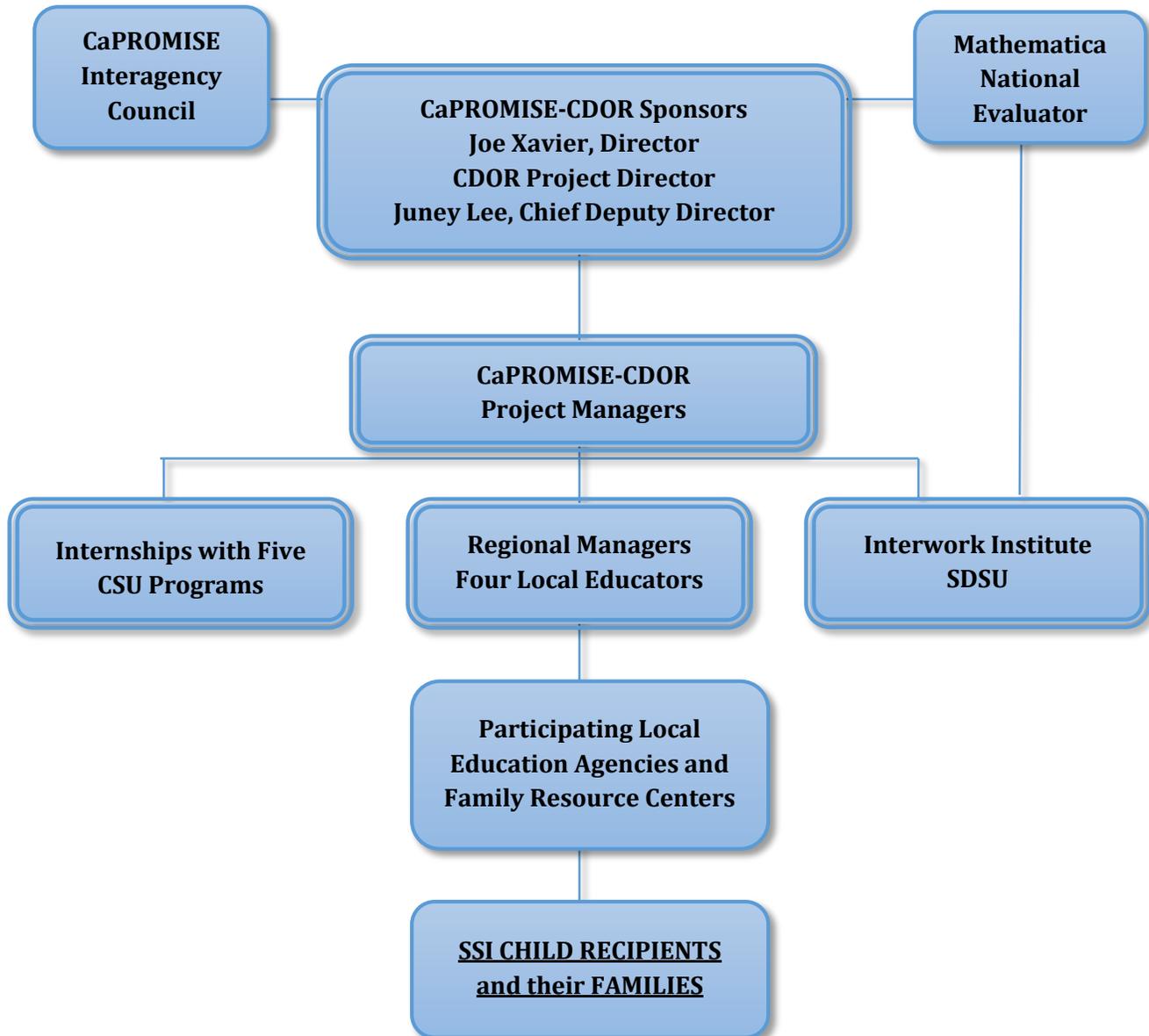


Figure 2. Organizational Structure for the California PROMISE Grant

either the Transition Partnership Programs (TPP) for secondary schools or WorkAbility II (WA II) programs for adult schools. This CDE/CDOR Interagency Agreement provides the necessary funds to administer the state's TPP and WA II programs. Currently these programs

serve over 19,000 students with disabilities. CDE and CDOR participate together on committees to increase the employment of students with disabilities.

The California Department of Developmental Services (DDS)

DDS is the State department responsible for developmental/intellectual disabilities services. The DDS is responsible under the Lanterman Developmental Disabilities Services Act for ensuring that persons with developmental disabilities receive the services and supports they need to lead more independent and productive lives and to make choices and decisions about their lives. DDS ensures coordination of services to persons with developmental disabilities; ensures that such services are planned, provided, and sufficiently complete to meet the needs and choices of these individuals at each stage of their lives; and, to the extent possible, accomplishes these goals in the individual's home community.

The California Department of Social Services (DSS)

DSS is the State department that provides Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act. The DSS serves, aids, and protects needy and vulnerable children and adults, including youth with disabilities, in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The DSS meets its mission through a variety of programs. The Children and Family Services Division provides training, technical assistance, incentives, and program evaluation to help county and community agencies implement child welfare programs including at-risk children and families, and the statewide system for foster care. The CalFresh Program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores for low-income families. California Work Opportunity and Responsibility to Kids (CalWORKs), administered at the county level, provides temporary financial assistance and employment-focused services to low-income families, including those with disabilities.

The California Employment Development Department (EDD)

EDD is the State department that oversees workforce development services under the Workforce Investment Opportunity Act (WIOA). The EDD enhances California's economic growth and prosperity by collaboratively delivering valuable and innovative services to meet the evolving needs of employers, workers, and job seekers. Through the One-Stop/America's Job Center delivery system, universal access is provided to an integrated array of labor exchange and WIOA services delivered through the statewide One-Stop Career Center system. The One-Stop provides services to individuals who are seeking employment, changing jobs, re-entering the workforce, and learning new skills, which includes the target population under CaPROMISE.

State Agency Partners' Interagency Council Meetings

There were three meetings held during the first two years. These were held on March 20, 2014, September 24, 2014, and May 7, 2015. In addition, CDOR held informal meetings with individual members of the State Partners.

Local Education Agency (LEA) Partners

Twenty LEAs are participating in CaPROMISE, including a community rehabilitation program in Northern California (Expandability) that serves as the contractor for three selected LEAs. The contracted LEAs have had extensive work experience with CDOR over the years and administer both WorkAbility and Transition Partnership Programs that are supported by CDOR and/or the California Department of Education. These LEAs represent 135 school districts and organizational units. The entire listing of school districts is contained in Appendix E.

The Administrators of four of these LEAs worked with CDOR on the BRIDGES project that served SSI recipients in the schools. The Administrators in these four LEAs are serving as Regional Managers and as the coordinating point for specific LEAs. The following are the four Regional Managers, their regional areas and the LEAs they support:

- Richard L. Rosenberg, Ph.D., Whittier Union High LEA, Regional Manager for the Greater Los Angeles including the Whittier UHSD and the Los Angeles USD.
- Joyce A. Montgomery, M.Ed., Vallejo City Unified LEA, Regional Manager for Northern California including Vallejo USD/Solano COE, Oakland USD, West Contra Costa USD, Elk Grove USD, Lodi USD/San Joaquin COE/Stanslaus COE, East Side UHSD, and Santa Clara USD.
- Linda O'Neal, M.A., Regional Manager for Orange County, San Diego County and LA County/South Bay including Irvine USD, San Diego USD, Long Beach USD, Centinela Valley UHSD, and Compton USD.
- Lynn Smith, M.A., Riverside County Office of Education Regional Manager for Greater Inland Empire including Riverside COE, Desert Mountain SELPA, San Bernardino City USD, and West End SELPA.

This regional structure ensures a consistent flow of information and communications among the 18 LEAs and the other CaPROMISE partners. The mechanisms for communication within and across the regions include the following strategies:

1. Weekly calls are held on Monday morning from 9:00 to 10:00 a.m. for all of the LEAs. They are coordinated and led by the Regional Managers. The participants

on the calls include the staff of the LEAs, CDOR and SDSU-II. The discussions are far ranging and serve as a forum for questions and answers as well as dissemination of information.

2. Monthly calls are held with the Service Area Managers, including the Regional Managers, CDOR staff and SDSU-II. This call primarily addresses administrative information and strategies.
3. Each of the Regional Managers has regular communications with the LEAs in their respective regions. These communications cover a wide range of topics and discussions including resources, hiring, training, technical assistance and problem solving regarding participant and family needs.
4. Regional training efforts that are held approximately every quarter to address topics of specific relevancy to the LEA staff, i.e., person-centered planning, benefits counseling, outreach and recruitment efforts, family interventions, etc. These are also covered in Section 6.
5. The Career Service Coordinators (CSCs) in the three southern California regions developed a self-directed group communication (i.e., a “pow wow” meeting as they have identified the gathering) that meets every two to three months. This is exclusively for the CSCs and is a time for them to share information, strategies and provide support for and with each other. This is an excellent opportunity for a free flow of information and support for their demanding positions. CSC best practices identified at the pow wows will be posted on the CaPROMISE website to share with CSCs in the Northern California region.

These are the primary communication approaches among the LEAs, CDOR and the SDSU-II. The key is that the communications are dynamic, constant and multi-faceted to ensure effective multi-directional communications.

The LEAs are the core of the outreach and recruitment efforts and the interventions with the CaPROMISE youth and their family members. Because they are school-based, they have access to special education services as well as the other support services available through the school system. Having the CSCs employed by the school districts adds to their credibility from the perspective of the student and the family members. Finally, many of the Service Area Managers have extensive experience in developing and managing school-based transition efforts. This wealth of experience provides an invaluable level of expertise.

Family Resource Centers (FRCs)

There are 16 FRCs engaged with CaPROMISE. They were selected because of their geographic proximity to one or more of the LEAs. The FRC staff provide support to the families and, if requested, to the youth. In addition, they provide training, technical assistance and support to the CSCs as they provide outreach, recruitment and interventions. The specific activities of the FRCs, under the direction of the Interwork Institute's Exceptional Family Resource Center (II-EFRC), are provided in Section 3.

San Diego State University Interwork Institute (SDSU-II)

SDSU-II provides support regarding the research design, case management system, data gathering and analysis, web-based support for data management, and all training and technical assistance to the LEA personnel and staff of the involved state departments, including CDOR. With CDOR, they are the point of contact for Mathematica, the National Evaluator. Sections 3 through 6 detail the activities of SDSU-II.

Internships with Five CSU Programs

In the summer of 2014, CDOR initiated agreements with five Universities in the California State University (CSU) System. These five institutions have undergraduate or graduate programs in Rehabilitation. Because of their physical placement, they were linked to the four CaPROMISE regions. The work assigned to the interns was designed in collaboration with the Regional Managers, the Service Area Managers, CDOR and the University faculty members. There are currently 26 interns enrolled in positions supporting CaPROMISE. Their hours range from 10 to 29 hours per week. The following is the current structure of the internships:

- California State University, Los Angeles (undergraduate): interns are with Compton USD, Centinela Valley UHSD, Los Angeles USD, Whittier UHSD and Long Beach USD.
- California State University, Sacramento (graduate): interns are with Solano COE and Lodi USD.
- California State University, San Bernardino (graduate): Desert Mountain Special Education Local Plan Area (SELPA), West End SELPA, San Bernardino City USD, and Riverside COE.
- San Francisco State University (graduate): Oakland USD, West Contra Costa, Santa Clara Consortium, and East Side Union.
- San Diego State University (graduate): Irvine USD and San Diego USD.

The duties for the interns vary based on the needs of the youth and families residing in the respective LEA areas. The following provides a listing of the duties they can provide to support the staff of the LEAs and the CaPROMISE participants and their families. The interns are in a trainee capacity, work in partnership with local CSCs, and assist with the delivery of a wide range of community services, supports, and pre-vocational services including, but not limited to:

- Administering vocational assessments, pencil-paper and/or electronic
 - interest inventories
 - aptitude tests
 - work values tests
 - picture inventories
- Referral and coordination of services for CaPROMISE participants and family members including:
 - CDOR
 - Regional Centers
 - Family Resource Centers
 - One-Stop/America's Job Center
 - Individual Training Accounts for older youth & family members
 - Literacy Programs
 - Community Colleges
 - Transportation
 - Public Transportation
 - Para-Transportation
 - Vocational Training Programs
 - TANF
 - Other community agencies and services
- Employment preparation
 - Soft Skills training
 - Resume writing
 - Completing applications (paper and on-line)
 - Developing job-related portfolios that display strengths and talents
 - Identifying work-related accommodations
 - Interviewing skills practice

- Designing workshop training modules:
 - Self-determination
 - Developing a service/resource portfolio
 - Using technology to support success at school and in the workplace
 - Disability awareness training (Windmills, etc.)
- Promoting high school success
 - Acquisition of high school diploma
 - Acquisition of Certificate of Completion
 - Identification and documentation of academic accommodations
- Preparing for postsecondary education/training success
 - Campus visitation
 - Disability-related services (DSP&S, etc.)
 - Identifying and requesting academic accommodation needs
 - Application and registration process
 - Learning about the financial aid possibilities
 - Completing a FAFSA
- Developing work training/job opportunities:
 - Volunteer
 - Summer programs
 - Internships (paid/non-paid)
 - Job shadowing
 - Other work training experiences
- Reasonable accommodations:
 - identification
 - documentation
 - implementation
- Mentoring of youth SSI recipients and their family members
- Researching information and assisting family members in accessing and receiving support services
 - CalFresh
 - Medi-Cal
 - HUD

- Transportation access
- Local food services/banks
- Tutoring services
- Other applicable resources and services
- Developing family newsletters to promote participation in CaPROMISE services and activities.

As cited above, this listing of possible duties is based on the needs of the CaPROMISE participants and their families, the individual LEAs and the capabilities of the interns.

Summary

The Organizational Structure of CaPROMISE is far reaching. Under the leadership of the CDOR, this is a statewide initiative that engages State agencies, LEAs, Family Resource Centers, University Education programs and SDSU's Interwork Institute. There are key elements in this structure and the resulting activities that are considered important to develop sustainability. They are:

- The focus of intervention is the CaPROMISE students and their family members and ensuring that the outreach, recruitment, intake and interventions are individualized;
- Ongoing communication and collaboration among all of the partners—CDOR, LEAs, Family Resource Centers, the University interns, and SDSU-II—with the intent to be transparent and enhance coordination of efforts in supporting the participant and their family; and
- An agreement that policies and practices will be discussed and, if appropriate, modified to meet the measureable outcomes of CaPROMISE.

These key elements serve as the basis for the organizational structure and resulting activities.



Section 3.

Parent Training and Information Activities and Accomplishments

The SDSU Interwork Institute's Exceptional Family Resource Center (II-EFRC) has been identified as the statewide coordination agency for the CaPROMISE Parent Information and Training. These responsibilities include: program development, management, and implementation, including quality assurance of family support components, adherence to the CaPROMISE Scope of Work, and providing Training and Technical Assistance to the Family Resource Centers (FRCs), Regional Managers, and LEA CaPROMISE staff throughout the state. The II-EFRC provides oversight of program implementation, staff training, mentoring and supervision, and ensuring technical and programmatic integrity in all CaPROMISE activities involving the FRCs. The FRCs serve as the content expert on family support and parent engagement, working in partnership with CaPROMISE partners and community agencies, monitoring deliverables, and providing interpretation of the CaPROMISE model with staff and community members, especially parents.

The activities and accomplishments described in this section are organized accordingly: Development and Methodology, Training and Technical Assistance, Product Development, and Core Intervention Involvement.

Development and Methodology: January 1, 2014 – September 30, 2015

Over the first five months, extensive consideration on what the plan would be for determining how FRCs were going to participate, coordinate, interact, communicate, and collaborate with CaPROMISE partners, Regional Managers, individual LEAs and CSCs was discussed with the Interwork Institute CaPROMISE Leadership. This discussion established the groundwork for clearly defining the expectations in relation to each of the Core Interventions.

A comprehensive description of the statewide role for the II-EFRC was created and subsequently led to the development of a local FRC involvement document. In addition, the EFRC drafted the following:

- Fiscal Plan for FRC engagement,
- A FRC funding allocation formula,
- Training and Technical Assistance Plan,

- A FRC/LEA crosswalk contact document, and
- A Memorandum of Agreement (MOA) between SDSU-II and the II-EFRC.

The II-EFRC Executive Director individually contacted each FRC within the designated CaPROMISE areas, and held extensive conversations regarding opportunities, expectations, funding, mandated trainings required, and Scope of Work activities. Out of the 18 FRCs contacted, 16 accepted the opportunity to be involved in CaPROMISE (see Appendix F for the listing of the 16 FRCs). Two CaPROMISE webinars were held in the summer of 2014 to review the programmatic content of CaPROMISE, emphasize FRC roles and responsibilities, identify funding, and spell out expectations of collaboration and training with and for CSCs, youth (students), and their families. Follow-up e-mails were sent to restate and reinforce the points covered in the webinars. Purchase orders were sent to each FRC with their allotted funding amount.

Training and Technical Assistance: March 1, 2014 – September 30, 2015

The Training and Technical Assistance Plan for the FRCs was adapted from the Training and Technical Assistance Plan for the CSCs and encompassed several modalities that will be available throughout CaPROMISE. This training plan focuses on Training and Technical Assistance for: a) FRCs with training content archived on the II-EFRC and/or the CaPROMISE websites; and b) CSCs in the four regions with trainings identified by and provided in collaboration with CaPROMISE Family Resources Liaison and Regional Managers, if requested, and youth and their families. The topics are identified by CSCs and gleaned from discussions with CaPROMISE youth and families. The following are descriptions of the training efforts to date.

Training Modality One: FRC Face-to-Face Boot Camps And Mini Boot Camps

Regional Mini Boot Camps, modeled after the weeklong Boot Camps for CSCs, met in the four CaPROMISE regions (Northern California, Greater Los Angeles, Greater Inland, Southern Coastal). This training was offered to two identified staff persons in each of the participating FRCs. Participants attended at the site closest to their FRC. FRC staff joined with CSCs in attending Boot Camps in Los Angeles on October 6-10, 2014 and March 9-13, 2015.

Training Modality Two: 2-Day Face-to-Face FRC Institutes For Learning

Two full-day Institutes were offered on September 17-18, 2014 for FRC staff in Los Angeles and September 15-16, 2015 for FRCs and CSCs in Torrance.

Curriculum Sessions for 2014 included:

- CaPROMISE Overview and Role Clarification,
- Research Protocols and Ethics,
- Synthesis of the SSI and Medi-Cal Boot Camp sessions,
- CaPROMISE Website and Interventions Toolkit,
- Self Determination and Person-Centered Planning, and
- Regional Manager/FRC Interaction and Planning Activity.

Two Day-long Curriculum Sessions for 2015 included:

- Person-Driven Planning Certification,
- Work Incentives Academy Certification, and
- Gallery Walk Poster Session (FRC Surveys).

Both Institutes reflected a high degree of participant satisfaction. Training evaluations revealed that 100% of the participants reported that they agreed or strongly agreed that the presenters were effective, the content relevant and that the content increased their knowledge, skills and abilities to interact and support youth and families.

The **2014** sessions closely mirrored the sessions that were provided at the Boot Camps attended by the CSCs and managers. This enabled FRCs to be better equipped to respond to families appropriately and knowledgeably regarding CaPROMISE. The time spent in training added value to their ability to participate as a collaborative partner with Regional Managers, CSCs, youth and their families.

The **2015** sessions mirrored the topics that support the Core Components of CaPROMISE and were identified as needed by CSCs and FRC staff. Teams of CSCs and FRC partners came together to build relationships and become knowledgeable and better skilled in Person-Driven Planning. The goal of the joint training was to facilitate CSCs and FRCs working in partnership in their local areas to develop Person-Driven Plans with youth and families. A Gallery Walk activity ended the day where FRC surveys were posted for participants to engage in interactive discussions and compare their activities to others, building awareness of best practices, collaboration activities and innovative ideas. This activity informed CSCs and FRCs in implementing interventions in their individual local areas. Finally, through this activity, the participants identified and prioritized additional training.

Training Modality Three: FRC Online Training/Technical Assistance

Training materials from the Boot Camps and regional trainings are archived and available through the CaPROMISE online learning platform (CPeL). The online materials are available for FRCs to access if desired.

A Parent Training and Information Intervention Toolkit is available. A comprehensive FRC Toolkit of Resources was developed and the II-EFRC Director served on the Interventions Committee to review and vet the programs, services and interventions for the CaPROMISE website.

Training Modality Four: Regional Training and Ongoing Technical Assistance for LEA and FRC Staff (as appropriate/requested)

Two (2) GoToMeeting and two (2) CaPROMISE webinars were offered to assure continuous and timely technical assistance and training to the FRC designated staff. GoToMeeting opportunities offered an open forum for questions, issue resolution, and idea sharing. The webinars focused on Health Issues for Transition-Aged Youth and Motivational Interviewing. Both CSCs and FRCs are increasingly accessing this modality, as it provides training without travel. This ongoing training and technical assistance is, and will continue to be, provided to CSCs, FRCs, youth, and families with training provided by content specialists.

The II-EFRC Lead had the responsibility for developing and providing presentations or trainings for:

- Five (5) Boot Camps: Family Support and FRC Services;
- Regional Trainings: FRC Supports, Parent Engagement and Safe Home Visiting;
- CaPROMISE statewide Annual Meeting: FRC Services, Supports and Collaboration;
- California Transition Alliance Conference: Parent Engagement; and
- Two (2) FRC annual Institutes.

Finally, the II-EFRC has completed the following activities and is working on specific training in the beginning of Year 3.

A. FRC 2-Day Institute (September 15–16, 2015):

Day 1: Increasing CSCs' and FRCs' knowledge and skills in Person-Driven Planning, attaining a Certificate of Completion, will be followed by on-going sessions reinforcing and practicing Person-Driven Planning skills; and

Day 2: Increasing FRCs understanding of SSA/SSI benefits and attaining Work Incentive Academy Certification.

B. Joint webinar training on September 24, 2015 for CSCs and FRCs on Motivational Interviewing (the first in a 3-part series) provided by Liz Barnett.

C. Analysis of participant training evaluations to identify topics for future trainings and any individual FRC technical assistance needed.

D. Training Development that is being designed for delivery in Year 3:

- *Best Practices in Home Visiting* training is being designed as a follow up to the *Safety in Home Visiting* training delivered to CSCs and managers at the Southern California Regional training. The content will focus on the youth/parent perspective of the visit—promoting awareness in participants that they are a guest in the family’s home. Training will focus on the development of strategies for success.
- *Successful Healthcare for Transition-Age Youth* is being developed for future training. The content will include topics related to Advancing Youth Well-being, Provider Options, Benefits Coverage, Use of Medical Homes, and Use of Nurse-Led Practices, and will examine how these topics apply to and impact CaPROMISE youth and their families.

Product Development: March 1, 2014 – September 30, 2015

As the statewide lead for the FRCs and in their role of family support, the II-EFRC developed the following documents to be utilized in recruitment, outreach, employer awareness, CSC resources, and parent engagement:

- Toolkit—family support, training and resources;
- Placemat—CSC and Regional Manager tool;
- Bookmark—resource for families and employers (translation provided by CaPROMISE interns);
- Resource Toolkit for FRCs on transition resources;
- Two (2) webinars and two (2) GoToMeetings sessions;
- Training on Effective Practice in Home Visiting (in partnership with CaPROMISE intern); and
- Review of outreach letters for parents to ensure family-centered language and perspectives.

Core Interventions Involvement: March 1, 2014 – September 30, 2015

The FRCs were called upon for their involvement in CaPROMISE implementation because of their expertise in Parent-to-Parent Support (specializing in individual concentration), Parent-Professional collaboration experience, extensive awareness of local resources for families, and for their services, resources, and supports. Based on research and participant feedback, FRCs were able to

- decrease parenting stress,
- promote empowerment,
- build on family strength,
- increase hope,
- foster social connections,
- reduce isolation,
- encourage parent-professional partnerships, and
- increase parents' knowledge, confidence, and efficacy in parenting skills.

All CaPROMISE FRCs were chosen for their Family-Centered Care and Parent-Professional partnership philosophy. These Centers see families as a unit, believing that serving all members of a family, not only the individual with the disability or special need, benefits all. The family is seen as the decision maker, partnering with professionals and program services and supports that offer potential options. Families review and choose suggested strategies according to their individual short- and long-term needs or plans. Their support must be based on the needs of the youth and his or her family, not to meet the needs of the system, making FRCs more person/family-centric rather than system-centric. The interactions, interventions, supports, outcomes, and expectations are unique and family-specific and will differ in every situation.

A CaPROMISE FRC Survey was distributed to the 16 participating Centers with a 100% response rate. This Survey identified current involvement, community collaborations, resources and trainings within their local regions pertaining to their role in CaPROMISE. Survey result highlights included: increased awareness of CSC and FRC roles, expanded collaborations between CSCs and FRCs, augmented transition resources, enhanced FRC program capacity, increased number of transition conferences, workshops and trainings attended, and enriched knowledge and skills in School-Age Transition, employment options, Medi-Cal and SSA/SSI.

There has been a significant and progressive upward trend in collaborative efforts, trainings, referrals, and joint activities for youth and families between FRCs and CSCs in all regions within the identified timeframe.

The II-EFRC has worked closely with the Regional Managers to build trust, share expertise and provide trainings, materials, information, and support as they assist the CSCs in working with families.



Section 4.

Technology and Data Management System Activities and Accomplishments

This Section of the Two-Year Performance Report outlines the accomplishments of the Data Management System and supporting technology for the implementation of CaPROMISE. This work was completed through a sub-contract with the SDSU-II Center for Distance Learning (II-CDL), with full engagement from CDOR, the Regional Managers, the LEA Service Area Managers, and Career Service Coordinators.

CaPROMISE Website

Activities and accomplishments from March 1, 2014 – September 30, 2015:

Domain Name Renewal

In September 2014, the domain names acquired for CaPROMISE were successfully renewed for one year.

Website Transfer

The website and its supporting database system were initially hosted on SDSU-II's web server to provide IT resources as soon as possible. After purchasing the domain name and securing the hosting environment, the website and its supporting database system were transferred to CaPROMISE's hosting environment.

Project Website

During this reporting period, several new elements and sections were added to the CaPROMISE website. These additions included the following:

- **Staff Navigation**

The website now provides quick links to various IT systems in CaPROMISE. The following sections require a staff login to access:

- **CP-DMS:** Direct link to the DMS system.
- **CP-DMS Tutorials:** Quick access to view various video tutorials on utilizing the CP-DMS.
- **CPeL:** Direct link to CaPROMISE's eLearning system.

- **Q&A Forums:** Direct link to the Q&A site on CPeL for easier access.
- **IT and Security Requirements:** Direct link to the document for staff to reference, as needed.
- **Forms and Documents:** This section of the website allows staff to access various CaPROMISE-related forms and documents in one location. It contains the Outreach Letter in English and Spanish; Assent, Consent, and Enrollment forms in English and Spanish; Participants Bill of Rights; Notification Letter in Spanish for both CaPROMISE Services and Usual Services Groups; Consent to Release information; Intervention Log; ICAP; Authorization to Obtain and Use Images; CaPROMISE Procedural Manual; and Helpful Tips for contacting SSA local offices.
- **Toolkit:** In addition to providing the Toolkit directly from the DMS, II-CDL set up a section on the website so that staff can access the Toolkit without having to log in to the DMS when they are meeting with participants.
- **Staff Directory:** The Staff Directory is a searchable database, which supports collaborative communication among all staff. Staff can search by name, region, service area, and role to find another staff in a different service area as needed.
- **Gallery:** The II-CDL team created a gallery to share photos from various meetings.

- **Intern section**

As the CaPROMISE Intern program began collaborating across the five universities, the II-CDL team added a new section on the website, which is used by the interns and supervisors. The following sections require an intern program login to access:

- CPeL site set up for interns only;
- IT and Security Requirements for interns; and
- Toolkit.

- **Website Updates**

II-CDL updates the contents on the website and manages the event calendar as requested by the staff.

Activities and accomplishments from July 1 – September 30, 2015:

Domain Name Renewal

In September 2015, the domain names for CaPROMISE were renewed for Year 3 of CaPROMISE.

Toolkit Site for Family Resource Centers (FRCs)

To share the same resources and tools with the participating FRCs, II-CDL will set up a cloned Toolkit site for FRC staff that does not have direct access to the CaPROMISE systems. This enables the FRC staff to access not only the same resources and tools as the CSCs, but also better understand the underlying values and practices of CaPROMISE.

Ongoing Maintenance and Support

II-CDL continues the maintenance of the servers and databases and provides technical support to its users.

CaPROMISE Data Management Systems (CP-DMS)

Activities and accomplishments from March 1, 2014 – September 30, 2015:

Phase 1 Development, Testing, and Deployment

Based on the information gathered and the wireframe diagram, II-CDL designed and developed the system for Phase 1, conducted alpha- and beta-testing and debugging, and deployed Phase 1 of the system in July 2014.

Phase 1 deployment included the following sections/features:

- Dashboard
- Reminders, Past Due Messages, Alerts, and Announcements
- Manage Transfer Requests
- Potential Youth and Bulk Action with Search by ID or Name function
 - Bulk outreach effort addition
 - Download contact information for outreach
- Declined Youth with Search by ID or Name function
- Ineligible Youth with Search by ID or Name function
 - Find Youth Statewide Search and Transfer Request allows staff to search for youth outside of their service area
- Assign Youth to CSC (Service Area Manager and Regional Managers only)
- Profile and Go to Different Potential Youth
- Outreach log

- Consent and Assent
- Enrollment
- Group Assignment
- Decline (and Revert)

Staff members who met all requirements to access the SSA records were allowed to access the DMS. These access requirements included:

- Each staff member must review the IT Security Requirements and submit the Acceptable Use Agreement.
- Each staff member must receive the suitability clearance.
- The Service Area Managers must confirm the security configuration and setting of the equipment used for CaPROMISE.
- The Regional Managers must approve the preparation of the service list in each service area.

After checking that each staff member had met all of the above requirements, II-CDL enabled the staff member's access to the DMS, notified the staff, and updated with the regional managers and the CDOR staff.

Phase 1—Tutorials

After the Phase 1 deployment, II-CDL created video tutorials for various sections on the DMS. Fourteen (14) tutorials were published through the Staff Navigation section on the website. Contextual help is available directly from the DMS screens, with relevant tutorials offered where applicable. By providing tutorials on the website, staff members whose DMS access is not yet enabled can become familiarized with the DMS interface in advance.

Phase 1—Addition

After enrollment began, II-CDL added the Enrollment Status Summary section on the Dashboard, which provides the following information to the DMS users:

- Total Enrollment in progressive chart;
- Enrollment by Service Area chart;
- Outreach activity summary that shows the total outreach activities and the total number of youth recorded in the outreach logs;
- Outreach Activity chart; and

- Enrollment Activity chart.

Phase 2—Data Entry for Interventions

II-CDL participated in various conference calls and meetings to better understand the CaPROMISE process and characteristics, which serve as the system specifications. Starting from November 2014, Phase 2 of the system was deployed in phases. In November 2014, Participating Youth listings and the Intervention Logs were deployed. In January 2015, the Intake Form section was deployed. In February 2015, the PDP and ICAP sections were deployed.

The following sections/components were included in Phase 2:

- **Participating Youth listings**

The listings include Participating Youth in CaPROMISE Services Group, Usual Services Group, and a combined listing of both groups. This section includes a feature to list the CaPROMISE Youth assigned to each CSC.

- **Intervention logs**

Using the Intervention Log, CSCs record every intervention effort made for participating youth. This component tracks the date, the contact method, the individuals who received the service, the service category (based on the five CaPROMISE core services), and the case notes. CSCs have the ability to set a reminder if needed. The log tracks Referrals, which requires at least one follow-up log to check if the participants received the service from the referred agency and the degree of their satisfaction. CSCs logged their intervention efforts individually using hard copies until the deployment of the CP-DMS Intervention Logs. After the Intervention Logs section was released, the CSCs entered the information they had previously tracked in hard copies into the DMS.

- **Intake**

The Intake section consists of seven (7) sub-sections to allow easier data entry for CSCs. Each section can be saved as drafts until all items in the section are completed. The Intake is complete when all seven sections are submitted together.

The sections in Intake are:

- Youth Basic Info
- Youth Current Work Experience
- Youth Past Work Experience
- Services and Accommodations

- Family Info 1
- Family Info 2
- General Questions

- **Profile 2**

When the Intake is completed, a part of the information collected is reflected in the Profile section. To differentiate the youth's Profile developed during the enrollment phase from the profile developed during Intake, II-CDL implemented Profile 2, which shows up after the completion of Intake. In addition to the information used in the previous Profile, the following fields are added:

- Primary and secondary language specified for Written and Spoken;
- Primary and secondary disabilities specified by OSEP category;
- Milestones that show the dates for outreach, consent/assent, enrollment, group assignment, intake, and the first and last PDP dates;
- Education information including school, teacher, grade level, anticipated high school exit date, and the educational plans in both high school and post-secondary education; and
- Services and Accommodations.

- **Person-Driven Planning (PDP)**

The PDP section allows CSCs to record the dates of the PDP sessions and upload the outcomes from each session such as images of the session notes or documents summarizing the session.

- **Individualized Career Action Plan (ICAP)**

Using the ICAP section on the DMS, each participating youth's goals and objectives in Education, Employment, Benefits Planning and Work Incentives, and Other Objectives are recorded and tracked. At the minimum, the ICAP is reviewed and generated on a quarterly basis. The ICAP can be printed prior to meeting with the participating youth, family, and/or other ICAP Team Members to review progress toward the set goals and objectives. Once the updated information is entered into the DMS as a new ICAP, it can be printed and a copy provided to the youth and family members.

Phase 2—Additions

After deploying Phase 2 of the system, II-CDL received requests for additional features/sections on the DMS to better support CaPROMISE. The following additions were deployed in February 2015:

- **Additional family members**

The CaPROMISE management and the evaluation team recognized the need to better understand the recipients of the services. Previously, the DMS was tracking information by youth, siblings, parents, and other family members. This new feature allows CSCs to add all individuals who receive services from CaPROMISE. After adding the individual's name, ethnicity, language, education, benefits, and services information, CSCs can specify the individual as a service recipient. These additional components allow the CaPROMISE to better track and analyze the scope of services provided to recipients in greater detail.

- **Modification of Intake Form**

As the Intake is used more and more by CSCs, II-CDL has responded to their feedback and requests by applying minor changes in wording and adding more values in various data fields.

- **Find Youth (Statewide Search) for Participating Youth**

Similar to the Find Youth (Statewide Search) feature used in the Potential Youth section, this will allow staff to locate a participating youth throughout CaPROMISE.

- **Active Service Areas**

As CaPROMISE progresses, it is sometimes the case that youth are transferred from one service area to another. The DMS is designed to associate youth with a service area based on their zip codes provided by the SSA. When a youth is transferred to another service area without a change in their zip code, the youth's service area is not correctly associated. In addition, there are youth whose zip codes are served by more than one service area. When a youth is assigned to a specific CSC, the association with the multiple service areas needs to be re-aligned to one. II-CDL's development team changed the design of the system and implemented the Active Service Area field to allow these variables to be incorporated and correctly reflect the current service area for each youth.

- **Intervention Reminder/Alert**

In September 2015, II-CDL team deployed an additional feature to assist the CSCs in maintaining the regular engagement with all participants in the CaPROMISE Services Group. Based on the last recorded intervention date, the CP-DMS will send out three different types of reminders/alerts to the staff.

- Intervention Reminder: 2 Weeks
- Intervention Alert: 4 Weeks
- URGENT—Intervention Alert: 6 Weeks

These reminders/alerts include a list of Study IDs who do not have an intervention date recorded for more than 2, 4, and 6 weeks. A reminder for 2 weeks is sent to the assigned CSCs and the 4 weeks alert goes to the assigned CSCs and the service area manager. The 6 weeks alert is sent to the assigned CSCs, the service area manager, the regional manager, and the SDSU TA team for immediate follow-up.

- **Last Intervention and Intervention Elapsed Days Columns**

As an additional intervention support tool, the CP-DMS team added two columns on the Participating Youth page on the DMS. In addition to the Intervention Reminder/Alert that staff receives via email, these two columns provide easy access to the staff directly from the DMS screen. CSCs can now view the last recorded intervention date and the days elapsed from the last recorded intervention date. Dates that are longer than 2 weeks will be displayed in red so that staff can easily identify the cases that need immediate attention.

- **ICAP and Intervention Log Integration**

With the ICAP being deployed and in use, the CP-DMS team designed and developed a back-end integration between the ICAP objectives and the intervention logs. When a new intervention log is created, CSCs will be given an option to specify the ICAP objectives related to the intervention log. The ICAP objectives are presented based on the most recent version of ICAP in the DMS for each youth. Staff can also identify that the specific intervention log is not related to an ICAP objective.

- **Responsive, Dynamic, and Flexible Data System**

The CP-DMS team is working closely with all parties in CaPROMISE to observe, receive, and communicate the needs for the data system. Staff who use the system, the managers who access the information to support the staff's effort, and the upper management who retrieve and analyze the data for better understanding and improvement are the driving force to create the most responsive and flexible data system. The II-CDL team continues to tailor both the front- and back-end of the CP-DMS to meet the evolving needs of CaPROMISE. For example, when outreach and recruitment was the focus of CaPROMISE, the information provided on screen was mostly demographic data. As CaPROMISE progresses and the focus changes more into intervention provision, the interfaces as well as the additional structure in the backend are changing to provide overall progress of the youth in the CaPROMISE life cycle, rather than providing static demographic information. This is one of the strengths that CP-DMS has as an in-house, custom-made data management system. The II-CDL team will continue this person-centered approach to provide a user-friendly and dynamic data system to all stakeholders.

Phase 3—Other CaPROMISE Activities

Phase 3 of the CP-DMS development was closely related to the information to be captured specific to the intervention process. With most, if not all, components for Phase 2 developed and deployed, II-CDL identified additional activities to be recorded through CP-DMS. Those are included in Phase 3 development.

The following component was included in Phase 3:

- **Work Experience**

In addition to the Intake section that records the youth's past and current (at the point of Intake) work experience, the newly added Work Experience section on the DMS will allow the staff to record every work experience each youth gains during their participation in CaPROMISE.

CP-DMS Tech Support

A team of II-CDL staff processes the enrollment through the RAS system and provides technical support to all DMS users. In CaPROMISE, all enrollment information is sent to the CP-DMS team, and the team enters the enrollment information into the RAS system. This process was defined to ensure the data synchronicity between the DMS and RAS systems, and also serves as an additional data validity checkpoint.

The DMS users' familiarity with technology varies widely. The CP-DMS Tech Support team responds to all questions related to the technology they use, questions on DMS usage, and the business processes related to DMS data entry. Because of the team-supporting system, the users receive responses directly from the team with sufficient and accurate knowledge without having to go through multiple layers of staff to get an answer.

DB101 Integration

In CaPROMISE's collaborative partnership with World the Institute on Disability (WID), the DB101 website for California has been integrated into the CP-DMS. By providing the link to the California version of DB101 site directly from the CP-DMS screen, CSCs can easily access this useful resource for benefits planning while working with their participants. Using this method, the CaPROMISE team can track the frequency of the DB 101 site usage. As more participants move forward into CaPROMISE's lifecycle, we expect DB101 will be used more in the upcoming year.

Toolkit

In January 2015, II-CDL structured the CaPROMISE Toolkit within the CP-DMS. The five sections of the Toolkit were set up for easier navigation using ScrollSpy technology; the menu for each section on the Toolkit moves dynamically as users scroll up or down on the screen, and the active section of the screen is highlighted on menu items as well. In June 2015, the Toolkit format was changed to be offered directly from CaPROMISE's website rather than only within the CP-DMS. This allows CSCs access to Toolkit information and resources even when they are not within the secured network. CSCs can access the Toolkit from their smartphones or other portable devices while they are meeting with participants outside their office.

Phase 3—Additional Components

The CP-DMS currently provides most of the components needed for daily operation and for collecting information needed for evaluation. The following components are to be developed and deployed by January 2016:

- Milestones for Accomplishments
- Service List
- Withdrawal
- Consent 2 and File List
- Inactive Participants

Phase 4—Reports

Previously, the Report section was identified as Phase 3 of the DMS development. With the additional components identified for Phase 3 development, the Report section is now specified as Phase 4 of the DMS development. II-CDL provides the following reports to the CaPROMISE team:

- **Weekly Enrollment Status**

This report includes the number of outreach logs created, the number of youth outreached, the total enrollment status by service area, enrollment by months, enrollment numbers for the past four weeks by service areas, demographics, and disability information of the enrolled youth. It is based on the information at the close of business each Friday, and is provided to the stakeholders on Monday morning every week.

- **Monthly Enrollment Status**

This report provides the enrollment status by service areas and the difference from the previous month. The report is based on the information at the end of each month and provided to the stakeholders on the first Monday of each month.

- **Monthly Intake and Intervention Effort Report**

The II-CDL team worked with the Regional Managers and CDOR to finalize the information to be included in the Monthly Intervention Effort Report. The following information is being considered for inclusion in the report:

- An Overview will show the numbers of CSCs, total staff, enrollment status, target percentage, the number of intervention logs, the number of youth whose intake is in draft status and the number of youth whose intake is completed, the number of youth with at least one PDP, and the number of youth with at least one ICAP
- The Profile Summary will show the number of youth in foster, special education, and other services
- CaPROMISE Services Group Youth by Ages
- Intervention Effort by Service Categories
- CaPROMISE Services Group Youth by Primary Disability by OSEP Category
- CaPROMISE Services Group Youth by Primary Disability by SSA Category
- Referral agencies by service areas

Once finalized, the report will be provided to the stakeholders on a monthly basis.

With the completion of Phase 2, II-CDL developed the online reports using the specified information on existing weekly and monthly reports.

CPeL and Training Support

Activities and accomplishments from March 1, 2014 – September 30, 2015:

CPeL Setup and First Online Training Site

During the reporting period, the following sites were set up on CPeL:

- **iNIC (Intern Network and Information Center)**

Interns hired by the participating universities utilize this site for group communication, information sharing, and Q&A.

- **Regional Training Materials**

The training materials used in the 2014 Regional Trainings were posted on the site for CSCs.

- **Boot Camp Training Materials**

For the CSCs who attended the Boot Camps, the site provides archived training materials for staff reference.

- **Toolkit Review for Intervention Work Team and Steering Committee**

The site was set up for the Intervention Work Team and Steering Committee to review and vet the resources to be included in the Toolkit.

- **Research Protocols and Ethics (Updated)**

The training site for Research Protocols and Ethics was updated to allow easier navigation.

- **CaPROMISE Q&A Site on CPeL**

A Q&A site was setup for the CaPROMISE staff to ask questions and share answers. Email copies of the questions and answers posted to the forum on this site were sent out to all CSCs, SAMs, and Regional Managers. As more staff utilizes the Q&A site on CPeL regularly, additional components are being created so that staff can access necessary information more easily and efficiently. The added sections include PROMISE Newsletters and Weekly LEA Conference Calls. More sections will be added as the team identifies the needs.

- **Technical Support for CPeL**

A team of II-CDL staff provides technical support for CPeL usage. CPeL Tech Support staff responded or delegate the questions received via email or via Q&A forms. The team supporting system provided faster responses to the staff.

Boot Camp Video Production

II-CDL recorded videos of presentations at the first two Boot Camps held in San Diego and Los Angeles. The first three days of the Boot Camp were recorded in video, edited, and uploaded to CPeL. The II-CDL team edited the segments and published the videos on CPeL's Boot Camp Training Materials site. Each video segment was transcribed and transcripts are also posted on the CPeL site. CSCs are able to view the videos for reference and as a refresher at a later date.

LMS Transfer to Hosting Environment

The Learning Management System (LMS), the system for CPeL, was initially set up on the Interwork server, while CaPROMISE's hosting environment was in preparation. In June 2014, II-CDL transferred the LMS, supporting database, and its data after the CaPROMISE hosting environment was fully set up.

Benefits Planning Training Site

II-CDL is currently working with the CaPROMISE team on the development of the Benefits Planning training site. The training content is currently in development. Once the content is finalized, II-CDL will work closely with the content expert(s) and CaPROMISE team to create the training for online delivery. Currently, projected completion is in January 2016.

Video Recording of FRC Training

In September 2015, participating Family Resource Centers held a two-day training. On Day 1, Dr. Caren Sax held an intensive Person-Driven Planning training session, and both FRC staff and CSCs attended the training. The Person-Driven Planning was requested by many of the CSCs. II-CDL recorded the training session and will produce the training video through CPeL so that the training can be offered to all CSCs who could not attend the training in person.

Additional Technology and Data Management Technical Assistance

Activities and accomplishments from March 1, 2014 – September 30, 2015:

Data Export for Mathematica—Phase 1 Data

In January and February 2015, the II-CDL and the CaPROMISE team communicated with Mathematica regarding the first data export from CP-DMS. II-CDL reviewed and discussed the information Mathematica needs for evaluation through various emails and conference calls. In February 2015, the first set of data related to outreach and recruitment was exported and provided to Mathematica. CDOR data on VR services and DHCS data on Medi-Cal services and costs were also exported to Mathematica.

Web and Security Infrastructure

To ensure IT security, a server vulnerability scanning service, external encrypted backup service, and Secure Socket Layer (SSL) Certificate was purchased and implemented in May-June 2014. The certificate is currently in process of renewal.

Data Export for Mathematica—Phase 2 Data—April 2015

II-CDL and the management team communicated with Mathematica for the 2nd data export from CP-DMS. The data was related to the intake and intervention efforts, which have wider and more in-depth scale of data compared to the 1st data export. Through various emails and conference calls, II-CDL completed the data export in May 2015.



Section 5.

Research and Program Evaluation Activities and Accomplishments

Research and Program Evaluation activities are an essential component of all CaPROMISE efforts. These efforts are integrated in the outreach and recruitment and the intervention activities with each participant and their families. A number of the activities and accomplishments have been discussed in other sections of this Two-Year Report (i.e., performance measures, training and technical assistance, and technology and the Data Management System). This section of the Report serves to provide an overview of the program evaluation mechanism. This mechanism assesses efforts in all aspects of CaPROMISE and provides the data that responds to the five-year performance measures required to assess program outcomes and accountability.

This section of the Report is divided in three parts: Institutional Review Board (IRB) and Mathematica, Research Efforts, and Program Evaluation Efforts.

Institutional Review Board and Mathematica

Activities and accomplishments from March 1, 2014 – September 30, 2015:

Three separate IRBs reviewed the CaPROMISE program: The Committee for the Protection of Human Subjects through the State of California, the Institutional Review Board through San Diego State University, and the Institutional Review Committee through the U.S. Department of Education. The IRB documents were prepared during the period from October 2013 through March 2014. The three separate IRBs approved the CaPROMISE program between April and June 2014.

The Committee for the Protection of Human Subjects through the State of California and the IRB through San Diego State University requested an annual report of the research as part of the continuing review process. These annual reports were submitted in March 2015 and were approved in April 2015. There are no anticipated requests for changes in the renewal IRB documents. The IRB review process will continue on an annual basis throughout the duration of the five years. The California Committee for the Protection of Human Subjects will take the lead and the SDSU Institutional Review Board will defer to the outcome of their review and approval.

Extensive discussions were held with Mathematica to develop the data transfer process for information pertaining to the SSI recipient list for recruitment. This process is described in the Technology and Data Management System report. Mathematica also requested detailed information regarding outreach and recruitment efforts and intervention activities. Discussions commenced in late 2014 to assist Mathematica in understanding the recruitment and intervention data being collected and how it interfaced with Mathematica's data tables. The data was transmitted in May 2015. Trial data runs were conducted to ensure the effectiveness of data transfer and analysis. These trial runs provided information regarding data formatting and preliminary comparisons on a number of variables such as disability classifications and characteristics of the participants who have been selected for the CaPROMISE Services Group. An Early Assessment Report was completed by Mathematica and shared with CDOR, the Regional Managers, and SDSU-II on June 30, 2015. There was an extensive review of the Early Assessment Report and dialogue with Mathematica regarding clarifications and content. Mathematica completed the second draft on August 17, 2015. This is an internal document for use by SSA and Mathematica. The final document will be released to CDOR.

Research Efforts

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The research efforts focused on three areas: (1) identification of the possible variables that are gathered on each participant and their family members; (2) the variables associated with the CaPROMISE staff related to professional background, career experiences, knowledge and skill development; and (3) policy issues impacting system changes, organizational knowledge and development, and organizational sustainability. The following is a description of the completed activities and accomplishments in each of the three areas.

Identification of the possible variables that are gathered on each participant and their family members:

Literature reviews, meetings and dialogue with CaPROMISE partners and sub-contractors, and internal staff discussions regarding potential participants and family members, the enrollment process, and core interventions occurred prior to the submission of documents for the IRB review. As a result of these activities, over 200 variables were identified and methods and time intervals for data collection were delineated. Issues of data fidelity and definitions for the data elements were discussed to ensure clarity and consistency. A strong consideration in all of these discussions was minimizing the reporting burden on the CSCs and the Service Area Managers. As the DMS was developed, continuous

checks were conducted to ensure the elements were clear, consistent and minimized redundancy. Trial runs of the data were completed between April and May 2015. These trial runs focused upon data extraction, ability to conduct multiple analyses, and preliminary data reports.

The variables associated with the CaPROMISE staff related to background, experiences, knowledge, and skill development:

An extensive needs assessment survey was conducted with CaPROMISE staff. This was accomplished through an online survey comprised of a series of statements representing the five CaPROMISE core intervention areas. Respondents strongly agreed and agreed that they would benefit from training in all of the areas of focus. Across the board, 90% or more of the respondents reported that they had a variety of specific training needs. Moreover, even the lowest rated item in the instrument, employment preparation (i.e., application, resume, job search, interviewing), showed that 73.34% of the respondents expressed a need for training. The top ten areas for training spanned four of the five areas of focus, including case management, transition planning, financial planning and benefits management, and parent training and information.

Policy issues impacting system changes, organizational knowledge and development, and organizational sustainability:

Two areas were examined during this period. The first area involved the CDOR eligibility acceptance of CaPROMISE Services participants younger than age 16. The recently enacted Workforce Innovation and Opportunities Act (WIOA) was thoroughly reviewed to understand the priority for transition services and the age of determination for eligibility. Selected CaPROMISE Services participants were studied to determine the demographic characteristics of those youth who are 14 and 15. Based on this examination, a proposed policy paper and pilot implementation of eligibility for these youth was submitted to CDOR in February 2015. The second area involved a study of the various disability classifications used by the Social Security Administration, Special Education, CDOR, and the Regional Centers. The definitions for the disability classifications were obtained from each of the cited systems and compared for consistency. In essence, there is little consistency across the four systems. Based on these findings, ways to crosswalk participant disability classifications across the systems was examined.

Identification of the possible variables that are gathered on each participant and their family members:

The data gathered from July 1, 2014 through June 30, 2015 is summarized in Section 1 of this Report.

Policy issues impacting system changes, organizational knowledge and development, and organizational sustainability:

The two current areas of policy development will be submitted to CDOR and the Interagency Council by December 31, 2015.

As the interventions are increased we anticipate additional policy issues. The first area is directed to the engagement of the family. This area is emerging as a critical intervention and support for the CaPROMISE Services participants and their families.

The second area is directed at creating, developing and implementing a wide array of work experiences, especially for youth between the ages of 14 and 17. This area is linked to the performance measures and is emerging as a critical need. This policy area involves members of the Interagency Council and the recently enacted WIOA legislation.

Program Evaluation Efforts**Activities and accomplishments from March 1, 2014 – September 30, 2015:**

The primary focus of the program evaluation efforts during this period was directed to the formative evaluation strategies.

The first area of the formative evaluation included individual/small group interviews with the leadership personnel at CDOR, the four Regional Managers, and selected staff at SDSU. Conducting these interviews within the first six months of CaPROMISE captured the context, partnerships, and intent leading up to the development of the CaPROMISE proposal (the period prior to funding). The information provides a written document of the rationale and strategies used to conceptualize and develop the proposal.

A second area of formative program evaluation focused on the activities and outcomes of the two statewide transition conferences that were held in San Diego in February 2014 and 2015. The first conference brought the LEA managers and CDOR together to discuss the implementation of CaPROMISE. The second conference (February 9, 2015) involved over 100 staff including the CSCs, Service Area Managers, CDOR and SDSU. There were also interns from SDSU and California State University-Los Angeles.

A third area of formative program evaluation focused on activities and outcomes of the three Interagency Council meetings held in Sacramento. This allowed the staff to gather information regarding the expectations and concerns of the state agency partners.

The fourth area of formative program evaluation involved site visits to eight of the LEA partners during January 2015. These visits included a semi-structured interview

process with the CSCs, the Service Area Manager, and selected support personnel at each site. These visits averaged two-and-one-half hours and were recorded and transcribed. The resulting transcripts, approximately 80 pages in length, were the subject of a content analysis. The results provided a basis for further understanding of the development and present operation of CaPROMISE statewide. The interviews provide qualitative data to supplement the quantitative data entered into the DMS. The interviews helped to illuminate the challenges CaPROMISE students and families are facing and highlight the innovations and strategies implemented by CSCs to address these challenges. Moreover, the interviews provided an opportunity to hear from the CSCs and their perspectives from the field. CSCs' perspectives help to inform areas for training and technical assistance, maintaining fidelity in the implementation of the five core interventions, and exploring additional innovations that could be incorporated into the program design.

A fifth area of formative program evaluation was initiated in an effort to enhance participant recruitment efforts. During January 2015 all CSCs and Service Area Managers were surveyed to examine their perceptions of effective and ineffective outreach and recruiting practices, as well as barriers to recruiting that they have encountered. In April 2015, the results of the recruiting efforts were shared with the Service Area Managers and CSCs. This information served as a program evaluation feedback loop to serve CaPROMISE efforts and inform the CSCs regarding expanded strategies for outreach and recruitment efforts.

In April 2015 a discussion was held with the four Regional Managers to discuss progress of CaPROMISE over the past 12 months. Multiple questions were used to stimulate the discussion. This discussion was held in San Diego for four hours. The results helped to inform progress to date and identify additional areas of development and evaluation.

In addition to the formative program evaluation, there were process evaluation activities that commenced during this time period.

In September 2014, a weekly report was developed to measure and track the outreach and recruitment efforts. This report includes progress of the outreach and recruitment efforts by each LEA as measured by their expected target enrollment. This data includes gender, age, and SSA disability classification. The information is distributed to the Regional Managers, CDOR and the OSEP Project Officer. This data provides guidance to target technical assistance and support with each individual LEA. These weekly reports, available on Monday morning, have been continuously refined as the CaPROMISE partners raise questions.

II-CDL exported the following data from the CaPROMISE DMS for the Department of Health Care Services (DHCS) in January 2015:

- Youth SSN,
- Youth DOB,
- Youth Gender,
- Consented parent SSN,
- Consented parent DOB, and
- Consented parent Gender.

The encrypted data file was sent to CDOR in early February 2015 for transmittal to DHCS.

In February and March 2015, at the direction of the Research staff, II-CDL exported the profile data of the participating youth (both CaPROMISE and Usual Services Groups) for the Program Evaluation team to begin the initial data assessment:

- Study ID
- Region
- Service Area
- CSC
- Primary Disability by SSA
- Age at enrollment
- Gender
- Primary Disability by OSEP
- Secondary Disability by OSEP
- Group (CaPROMISE Services vs. Usual Services)

This data was examined and is covered in Section 1 of this Report.

As the CaPROMISE efforts move from outreach and recruitment to interventions, SDSU-II is examining the demographic characteristics of the CaPROMISE Services participants and various and intervention strategies. This will be examined in Year 3 to determine if there is sufficient data to inform practices.

On July 3, 2015, there was a complete data assessment for outreach and recruitment and interventions. This data was analyzed in July and August 2015 to complete a thorough assessment of the CaPROMISE efforts from a program evaluation perspective. The results are contained in Section 1. The results will help inform practices and strategies in Year 3 commencing on October 1, 2015.



Section 6. Training and Technical Assistance Activities and Accomplishments

The magnitude of CaPROMISE due to the scope of work, the geographical coverage, the rich Career Services Coordinator (CSC) to student ratio, and the person-centered approach require that training and technical assistance (TA) remain a significant priority for CaPROMISE. Moreover, additional topics for training and technical assistance continue to emerge as staff becomes more immersed in the provision of support and interventions to the youth and their families. A small number of turnover in staff also make training an ongoing need as additional CSCs, job developers, interns, and other staff are hired. To date all Local Education Agency (LEA) contracts have been finalized and the majority of staff have been hired. All staff hired as of July 2015 have participated in at least one orientation Boot Camp.

The activities and accomplishments below are presented according to the four major modalities, which were established in Year 1 and continue to serve as the framework for providing training and TA: Face-to-Face Boot Camp, regional trainings, Cornell Work Incentives Training, and online trainings. An additional section for Other Training and TA Activities and Accomplishments is also presented.

Training Modality One: Face-to-Face Week-long Boot Camp Training

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The weeklong Boot Camp was established to bring the CSCs and Service Area Managers together in a face-to-face format and provide an overall orientation to CaPROMISE as well as an introduction to Social Security and other benefits, Research Ethics, Person-Driven Planning (PDP), and Family Resources. Agendas for each Boot Camp are available. Below is a list of activities and accomplishments associated with the weeklong Boot Camps that occurred within the reporting period:

- **Six (6) Boot Camps were conducted in:**
 - San Diego (April 21–25, 2014)
 - Los Angeles (May 19–23, 2014)
 - Sacramento (June 23–27, 2014)
 - Los Angeles (October 6–10, 2014)
 - Los Angeles (March 9–13, 2015)

- San Diego (July 13–15, 2015)
- A total of 89 CSCs and Service Area Managers participated in one of the six scheduled Boot Camps.
- The overall success of the Boot Camps was reflected in the participants' evaluations with an average of 100% reporting they agreed or strongly agreed that the presenters were effective; 100% reporting they agreed or strongly agreed that the content of the Boot Camp was relevant to their roles with CaPROMISE; and 100% reporting they agreed or strongly agreed that they believed the Boot Camp will have a positive impact on their knowledge, skills, and abilities.
- Based on participants' evaluations, the training content was fine-tuned and approved by CDOR and the Regional Managers after each Boot Camp. However, the main structure of the Boot Camps remained intact to ensure the fidelity of the training with the exception of the July 2015 Boot Camp in San Diego. The five-day Boot Camp included two days devoted to Social Security Administration (SSA) benefits, work incentives, and effects of paid work on Supplemental Security Income (SSI). Half of the third day was allocated for Disability Benefits 101 (DB101) and delivered by a World Institute on Disability (WID) trainer. Day 3 also included an introduction to research protocols and ethics, which was preceded by participants completing online training modules prior to the Boot Camp. An introduction to family engagement and the Family Resource Centers was provided at the conclusion of Day 3. Days 4 and 5 were devoted to training content on other benefits such as CalWorks, General Assistance and General Relief, public and subsidized housing programs, the CalFresh program, and Medi-Cal.
- The July 2015 Boot Camp did not include the last two days of training on other benefits. By this date, CaPROMISE was a year into the recruitment, requiring staff to balance recruitment of potential youth and families and engagement of CaPROMISE Services youth and families. Both responsibilities required the attention of all staff, thus making it increasingly difficult for staff to be in training for a full week. The leadership team decided on an abbreviated Boot Camp covering the topics that staff would need immediately with the plan to provide training on other benefits at a later date or through the regional trainings.

Training Modality Two: Regional Training

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The regional trainings were organized, coordinated, and delivered under the leadership of the four Regional Managers who are school district employees and Service Area

Managers with CaPROMISE. These regional trainings ensure the CSCs receive ongoing training specific to their geographic areas and identify local points of contacts at partner agencies and other benefits providers.

The content for the first regional trainings was developed and included topics related to the Data Management System (DMS), Person-Driven Planning, CDOR Finance and Billing, connecting with SSA and other service providers at the local level, coordinating with other services, engaging families and the Family Resource Centers, and outreach and recruitment strategies and efforts. The following are completed activities and accomplishments:

- September 11–12, 2014: Regional Training delivered by the Regional Manager in the Northern California region and attended by 20 CaPROMISE staff from service areas in the region.
- September 18–19, 2014: Regional Training delivered jointly by Regional Managers from the Southern Coastal, Greater Inland, and Greater Los Angeles regions and attended by thirty-five CaPROMISE staff from the services areas in the three regions.
- May 27–28, 2015: Regional Training for the Northern California region. The content for this session included the following topics: PASS Cadre, Data Management System, Case Management, CSU Interns, Person-Centered Planning, and Job Clubs. There were a total of thirty-three participants in attendance.
- June 25, 2015: Regional Training for the Southern Coastal, Greater Inland and Greater Los Angeles regions. The content for this session included the following topics: Home Visit Safety, Data Management System, and Compassion Fatigue. There were a total of fifty-four participants in attendance.

The four Regional Trainings were successful in meeting the objectives as reflected in the evaluations with 100% of participants reporting they agreed or strongly agreed that the presenters were effective, 98% reporting they agreed or strongly agreed that the content of the regional training was relevant to their roles with CaPROMISE, and 100% reporting they agreed or strongly agreed that they believed the regional training will have a positive impact on their knowledge, skills, and abilities.

Training Modality Three: Cornell Work Incentives Practitioner Credentialing Training

Through a subcontract with Cornell University, CSCs and some Service Area Managers received a five-day Work Incentives Practitioner Credential Training awarded by Cornell University. All CSCs are required to attend the Credentialing Training. Service Area

Managers can attend the training based on interest and/or availability space. The five-day face-to face training is followed by

- one online review Q&A Session,
- a full examination protocol of each participant two weeks after the face-to-face session, and
- a file review process for each participant.

Upon completion of this training, all of the CSCs will be Certified Work Incentives Practitioners. This training will result in a significant increase of credentialed planners throughout California.

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The following describes the activities and accomplishments during the 16-month period. There were extensive coordination and logistical activities that supported these accomplishments.

- Four 5-day training sessions were conducted in:
 - San Diego (August 18–22, 2014)
 - Sacramento (September 22–26, 2014)
 - Los Angeles (October 20–24, 2014)
 - Los Angeles (April 20–24, 2015)
- CaPROMISE staff members hired after April 2015 were enrolled in the online Work Incentives Planning and Utilization for Benefit Practitioners Certificate Series (with Credentialing as a Benefits and Work Incentives Practitioner). The content parallels the materials covered in the 5-day training session and includes 17 synchronous webinars. Staff were enrolled in the following online training:
 - June 1 – July 10, 2015
 - September 10 – November 10, 2015
- A total of 71 CSCs and Service Area Managers participated in the four training sessions and an additional 12 in the online sessions out of whom:
 - 40 have received provisional certifications.
 - 37 have received full certification.
 - 6 out of the 40 who received provisional certifications have submitted their file reviews for the full certification.

- Participants' evaluations of the Cornell trainings were overwhelmingly positive with 100% reporting they agreed or strongly agreed that the presenters were effective, 100% reporting they agreed or strongly agreed that the content of the Cornell training was relevant to their roles with CaPROMISE, and 100% reporting they agreed or strongly agreed that they believed the Cornell training had a positive impact on their knowledge, skills, and abilities.

Training Modality Four: Online Training

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The CaPROMISE website and CaPROMISE eLearning (CPeL) platform provides CaPROMISE staff with ongoing access to training, resources, and TA. As of this reporting period:

- The following features have been added to the password-protected portion of the website:
 - Expanded listing of the Family Resource Centers and LEAs.
 - CaPROMISE staff directory with search functions by name, region, service area, or role.
 - A direct link to DB 101 with the capability of tracking usage.
 - Access to the core intervention toolkits from the navigation menu.
 - CP-DMS Tutorials.
- The following components have been added to CPeL:
 - Boot Camp materials including videos of the trainings on SSA Benefits and Work Incentives, Research Protocols and Ethics, Consent and Assent Process Role Play, and Family Resources including the Family Resource Centers
 - All 2014 and 2015 Regional Training Materials
 - Research Protocols and Ethics online training
 - Intern Network and Information Center (iNIC) containing materials created by the interns (i.e., newsletters, presentations)
 - Intern KnowledgeBase (IKB)
- The following content will be developed and uploaded to CPeL in Year 3:
 - CP-DMS Tutorials for the Intake and Individualized Career Action Plan (ICAP)
 - Supplemental materials on SSA benefits and work incentives
 - Expanded materials on Person-Driven Planning
 - Home Visit Safety training for CaPROMISE staff

Other Training and TA Activities and Accomplishments

Activities and accomplishments from March 1, 2014 – September 30, 2015:

The following training and TA activities and accomplishments occurred in CaPROMISE in addition to the training modalities identified above:

- Research and evaluation activities are ongoing to inform areas for training and technical assistance:
 - A Recruitment survey was developed to study the recruiting practices of CaPROMISE staff. The purpose of the survey was to gather information about staff perceptions of effective and ineffective recruitment efforts statewide. Overall, the recruitment approaches that were rated as most effective were individual meetings and telephone calls. The greatest obstacle to recruitment was outdated contact information. The majority of the respondents reported they had received sufficient training on outreach and recruitment. Refer to Section 1 on Outreach and Recruitment.
 - Downloading and reviewing data from the DMS to determine progress CSCs are making with entering data in the Phase 2 section of the DMS. These data include the number of intakes drafted or completed, Person-Driven Plan updates, and ICAPs generated. The results were shared with the Regional Managers and CDOR to identify and implement strategies for increasing CSCs implementation and documentation of these activities. Refer to Section 1 on Outreach and Recruitment.
- An online forum was added to CPeL to provide all staff with another outlet for discussing concerns and to post questions and answers. The majority of the postings have focused on the process of outreach and recruitment as well as specific questions regarding data entry on the DMS. Responses to the questions are primarily posted by SDSU-II, but also by CSCs. All postings are reviewed by SDSU-II and II-CDL to ensure the accuracy of the information. Furthermore, if additional information is needed before an answer can be formulated, SDSU-II staff will email the sender directly to obtain the pertinent details.
- A statewide annual CaPROMISE meeting was held in conjunction with the California Transition Alliance annual transition conference. Attended by over 100 CaPROMISE staff, the one-day training session provided a comprehensive training on each of the core interventions. According to the participants' evaluations, 80% reported they agreed or strongly agreed that the presenters were effective, 82% reported they agreed or strongly agreed that the content of the workshop was relevant to their roles

with CaPROMISE, and 83% reported they agreed or strongly agreed that they believed the workshop had a positive impact on their knowledge, skills, and abilities.

- Site visits with eight (8) CaPROMISE service areas from the four (4) CaPROMISE regions were conducted in January 2015 by SDSU. The main objective of the site visits was to better understand how CaPROMISE was evolving from the perspectives of the CSCs and LEA managers, including challenges and accomplishments. Time was allocated during the visits for troubleshooting and TA based on individual needs. Challenges expressed by the staff included notifying families of a random assignment to the Usual Services Group, seeing and hearing about the circumstances unique to each family, and balancing recruitment and intervention responsibilities. Training needs in the areas of diversity, immigration, economic supports, home and community safety were expressed by the staff. Accomplishments shared by staff included student-initiated enrollment into CaPROMISE, employment for student or parent, and referral to other services. Refer to Section 1 on Outreach and Recruitment.
- Monthly calls, coordinated by CDOR, were held with SSA, Mathematica, the OSEP Project Officer, the Regional Managers and SDSU-II. These calls covered a wide range of topics. Minutes were developed and cataloged to ensure a written record of the discussions.
- The Regional Managers, CDOR and SDSU-II will continue to hold bi-weekly conference calls to discuss the full range of issues, challenges and opportunities with the daily operation of CaPROMISE.
- CaPROMISE staff at SDSU and CDOR participated in the bi-weekly Regional Manager conference calls to provide updates on training, TA activities, and DMS releases. These calls were extensive and covered a myriad of topics impacting CaPROMISE. A significant portion of the calls focused on outreach and recruitment, interventions, and training and TA; troubleshooting processes (i.e., when to conduct a PDP and when to enter the ICAP in the DMS); obtaining input on forms and documents before its release (i.e., Intake, ICAP); and maintaining the integrity of CaPROMISE across the state.
- As an outgrowth of participation in the Regional Manager conference calls, SDSU and CDOR continue to participate on the weekly LEA conference calls. Participation on these calls is organized with the Regional Managers and targets specific areas that impact the CSCs directly (i.e., understanding the Intake form, process for conducting and documenting the ICAP, etc.).
- The CaPROMISE CSU Intern Program commenced in October 2014. CSU-LA hired their interns in October 2014, followed by SDSU in February 2015. Between March

and August 2015, the interns in Sacramento, San Bernardino, and San Francisco were hired. Orientations to CaPROMISE and the role of the interns were coordinated within their respective CaPROMISE regions and in collaboration with the Regional Managers, CDOR and the LEAs. In San Diego, the Training and TA to support the SDSU interns included:

- An Orientation meeting to provide an overview of CaPROMISE and outline the roles and responsibilities of interns. The Orientation was organized and conducted by the SDSU co-project coordinator, the Regional Manager for the Southern Coastal Region, and SDSU intern supervisor.
- Weekly conference calls between the SDSU co-project coordinator, Southern Coastal Regional Manager, and SDSU intern supervisor to discuss intern activities and prioritize tasks to maximize their time and expertise in relation to the needs of CSCs, CaPROMISE Services youth, and families.

A statewide conference call for all CaPROMISE interns is conducted monthly and facilitated by CDOR and the Region 2 Manager. During this call, administrative updates are provided by CDOR and interns share materials developed and highlights of their work with CaPROMISE staff, youth, and families. As mentioned in the Online Training section of this Report, the iNIC was developed for interns to facilitate statewide communication, provide them with access to CaPROMISE training materials, and allow them to share materials they have developed for CaPROMISE.



Section 7.

The Challenges, Opportunities and Recommendations for SSI Participants, Family Members and CaPROMISE Partners

The accomplishments of CaPROMISE over the first two years of funding are significant and establish a framework for responsiveness to the CaPROMISE Services Group participants and their families. These accomplishments expanded the engagement and community partnerships with a wide range of service providers, advocates and policy makers. These accomplishments are just the beginning of the impact with youth who are SSI recipients, their family members, and the research and demonstration efforts of CaPROMISE.

Based on these developments, the collective experiences and expertise of the partners, the knowledge learned with the participants and their family members, and the evidence-based practices and interventions of the first two years, we have identified specific actions that address **Challenges, Opportunities** and **Recommendations** for the coming months. Each stated action is accompanied by a brief rationale, and in some instances, specific foci within the action. These actions will serve as a framework to guide our efforts as we continue with CaPROMISE implementation. Finally, we know additional actions will emerge in the coming months. These will be discussed with the partners and addressed in a timely manner. Each of the actions will be addressed through a person-centric focus that will be driven by the emerging and evolving needs of the participants and their family members.

Challenges for CaPROMISE

1) Continuing to sustain and focus on person-centric interventions by:

- Ensuring the engagement of each youth and their family members when there are multiple stressors and demands and when needed resources are not readily available;
- Supporting each youth with significant and/or multiple disabilities to create opportunities for increased self-sufficiency and ensuring family members and providers are in agreement;

- Ensuring that each youth and their family members have opportunities to learn about and use technology that supports short- and long-term employment as well as postsecondary education success;
- Promoting the acquisition of self-determination skills for each youth and their family members; and
- Guiding each youth toward leadership and work experience opportunities while ensuring the necessary academic and training support.

Rationale: The entire premise of CaPROMISE is the development and implementation of person-driven interventions with each SSI youth and their family members. However, many of our local and state agencies are structured to serve groups of individuals with common approaches and services. In most instances, these common approaches and services are linked to legislation, established public policies, and/or implementation practices. Often the enabling legislation and public policies define the criteria for selection and services for groups of individuals. Local agencies work to ensure provision of services for each individual while meeting the letter of the law. Fitting these established policies to the unique needs of the youth and their family members poses a challenge to balance the individual needs with these system-centric long-standing approaches. The above challenge addresses a number of foci that have emerged during the first two years of CaPROMISE. These foci are integral to implementation of person-driven interventions and to maximize the impact and outcomes with youth and their families.

- 2) Maintaining the balance between outreach and recruitment and the implementation of interventions with CaPROMISE youth and their families.

Rationale: Over the past 12 months we have observed that the skill sets and time commitments needed for outreach and recruitment and those for designing and implementing youth and family-centered interventions have been in competition with one another. It is understood that in order to satisfy the CaPROMISE funding requirements, we must meet the recruitment target. However, now that we have attained 70% of the targeted recruitment requirement, there is an increased expectation and demand to provide individualized interventions. Balancing these demands presents a significant challenge for each LEA and their staff. We have seen unique approaches being implemented by individual LEAs that are effective based on their unique communities and resources. This challenge requires constant attention until each LEA meets their targeted enrollment. It is essential and non-negotiable to assure that the full depth and breadth of a comprehensive menu of interventions is made available to all CaPROMISE participants.

- 3) Providing support, continuing engagement, suitability and retention of the Career Service Coordinators, support staff and LEA managers while ensuring fidelity across all partners within the four CaPROMISE service regions.

Rationale: CaPROMISE was fortunate to enable each LEA to hire Career Service Coordinators specifically for this research and demonstration effort. Further, the LEA managers are experienced and understand how they must implement CaPROMISE while conforming to the myriad organizational requirements. Finally, the support staff has ensured that the logistics and daily tasks are completed to support the CSCs and the youth. These dedicated staff members are the key linkage between the CaPROMISE youth, their family members, and the community. Extensive time has been devoted to train the CaPROMISE staff in areas such as benefits planning, person-centered planning and driven approaches, use of the Individual Career Action Plan (ICAP), research ethics, and conformance to all of the security and suitability clearances. As noted in many of the CSC comments, the demands and complexities of the issues confronted by the youth and their families are truly significant. Ensuring the engagement of the CaPROMISE staff, creating ways for their voices to be heard, and continuing to develop their skill sets, is an ongoing challenge. Moreover, we know there will be natural attrition of staff members, which presents the additional challenge of ensuring that new staff are trained and capable of providing the continuity of interventions for the youth and their families. It is critical that both existing and new staff have the information, knowledge, and skills to maintain the fidelity of CaPROMISE interventions that are person-driven and lead to positive performance outcomes.

- 4) Sustaining support, engagement, education and employment from the State Agency partners (i.e., CDOR, EDD' [America's Job Centers], DDS [Regional Centers], etc.), the Federal agencies (i.e., SSA and OSEP), and LEA senior administrators as well as:
- Ensuring a wide variety of business partnerships in each CaPROMISE community to match each CaPROMISE youth and their interested family members to workplace learning opportunities and competitive integrated employment (CIE).
 - Promoting understanding, buy-in, and commitment to CIE for all stakeholders including:
 - Each CaPROMISE youth and their family members,
 - Career Service Coordinators,
 - CDOR Rehabilitation Counselors,
 - Community-based and State agency employment personnel, including Regional Center and America's Job Center service providers,
 - School District staff, and

- Business Partners.
- Facilitating the use and understanding of SSA Work Incentives by all stakeholders.

Rationale: As the youth begin to reach the age of 18, exit high school, and begin post-high school activities, there will be an increasing demand to develop training and employment opportunities. Further, there are current expectations to develop work experiences (paid and unpaid) while the youth are in high school. Finally, many of the interventions with family members involve training, retraining, and employment assistance. The importance of benefits planning and management is critical to short- and long-term employment goals, especially the understanding and use of SSA Work Incentives. These expectations require increasing the engagement of local and statewide partners. It will also require targeting local businesses and developing collaborations with a wide range of community providers. Finally, with the passage of the Workforce Innovation and Opportunity Act (WIOA), specifically Section 511, these employment opportunities must conform to the requirements of CIE. Specific strategies will need to be developed in local communities and through collaborations with various State agencies.

5) Implementing strategies with individual CaPROMISE LEAs for managing geographic spread, a large number of schools within an LEA, and difficulties centralizing activities due to limited participant and/or family member transportation including the following situations:

- Interventions must be tailored to meet the functional and academic needs of individual students, including students with the most significant disabilities.
- When a particular LEA has students assigned to a large number of schools, the travel time for staff to move from site to site can be time consuming and include partnering with multiple community resources.
- Student availability can be challenging, depending on their class schedules and after-school activities.

Rationale: As noted, there are 20 LEAs that are partners in CaPROMISE, however they represent over 130 separate school districts and educational organizations. These school districts and educational organizations have numerous middle and high schools. Many of these are in rural areas with limited transportation. The availability of community resources varies by location. This is also complex because the CaPROMISE Services youth are not concentrated in one locale. Often there are only one or two CaPROMISE youth in a specific school. This circumstance presents scheduling challenges for CaPROMISE staff members and impacts the ability to provide group activities for the CaPROMISE youth

and their families. This challenge demands administrative and intervention creativity to meet the needs of the youth and their family members while being cognizant of financial and community resources.

Opportunities for CaPROMISE

1) Increasing work experiences and educational and training options for CaPROMISE youth and their families including:

- Implementing strategies to support CIE for each CaPROMISE youth.
- Developing creative work-based opportunities for CaPROMISE youth who are nonverbal, violent, and/or who have limited mobility.
- Establishing a network of corporate business partners to support the training and employment opportunities for each CaPROMISE youth through regional business advisory committees and other creative strategies.

Rationale: We know there will be increasing demands for work experiences and training for CaPROMISE youth and their family members. There are a number of factors that will need to be addressed by CaPROMISE staff members as they work with each youth and their family members. We see opportunities to open new partnerships at the local level, consider the use of microenterprises, and develop mentoring programs with local employers. The opportunity to experiment, explore new options, and expand both training and work experience options will be essential. Increasing dialogue among the CaPROMISE staff and linking to partners such as CDOR rehabilitation counselors and One-Stop/America's Job Center personnel are examples of possible expanded opportunities.

2) Supporting each CaPROMISE family through the LEAs and Family Resource Centers in their efforts to learn about new and existing legislative efforts that are intended to improve quality of life outcomes (i.e., WIOA/Rehabilitation Act, Self-Determination, Able Act, Home and Community-Based Services, Employment First, and Special Needs Trusts Fairness Act currently in the U.S. House of Representatives [H.R. 670 and Senate S. 349, etc.]).

Rationale: Educating the youth, and most importantly, their family members, about emerging changes in public policies, services, and opportunities, will be constant. The key will be translating these policies to address the unique situation and needs of each youth and their family members. This opportunity will require a multi-prong approach—educating the LEA staff members, CDOR personnel, and the FRC staff. The next step will be conveying these policies to the youth and family members in a manner that assures that they are optimally informed and well prepared to make decisions and self-advocate

for needed services. There will be increased demands for training and technical assistance and expanding the dialogue with State agency partners to create maximum positive impact. We are excited about these emerging legislative mandates and believe they can facilitate increased opportunities for community integration and self-sufficiency.

- 3) Examining the cost effectiveness of CaPROMISE using evidence-based measures that will demonstrate the importance, human and economic benefits, and sustainability of the interventions with each youth and their family members.

Rationale: Through research and evaluation efforts undertaken thus far, we have identified a number of approaches to measure performance outcomes. We have also discussed how we can measure the return on investment in both quantitative and qualitative terms. Because we have a finite number of CaPROMISE youth and family members and dedicated staff members working with CaPROMISE, we believe we can examine multiple measures of impact. Additionally, through our CaPROMISE Interagency Council, with membership consisting of high-ranking administrative staff from California State agencies, we will have access to information specific to a wide range of service use and costs. During Year 3 we will be examining all facets of this opportunity and implement a pilot effort with four of the LEAs to examine these factors. If successful, we will be able to inform policymakers regarding evidence-based interventions that provide both quantitative as well as qualitative measures of performance.

- 4) Integrating and capitalizing on the skill sets of CSCs regarding transition services, financial and benefits planning, family engagement, and community placement.

Rationale: As cited previously, the CSCs are key in the success of CaPROMISE interventions for youth and their family members. Coupled with the expertise of the FRC staff members, there is a wealth of knowledge and local expertise regarding transition services, benefits, and placement. With the recently enacted WIOA legislation and demands for Transition Services (i.e., implementing Pre-Employment Transition Services [PETS], a 15% set-aside of funding for transition services), there is a natural linkage with the WIOA partners (i.e., CDOR, Youth and Adult WIOA Service Providers, and EDD). Sharing knowledge, ideas, and interventions provides an excellent opportunity for cross-agency and cross-discipline collaborations.

- 5) Sharing best practices, resources, and service options (i.e., assisting the LEAs to become Employment Networks, expanding linkages with WorkAbility and Transition Partnership Programs, etc.) across the four CaPROMISE regions to strengthen sustainability.

Rationale: The funding for CaPROMISE will be completed on September 30, 2018. There are a number of lessons being learned and significant capacity being developed within the LEAs and other State and community partners. There are opportunities to consider consolidations of existing programs with expanded resources, re-allocation of current funding, increasing independent opportunities for specific LEAs (i.e., becoming an Employment Network), and working with State and Federal partners to consider refinements of current practices into funding opportunities. Exploring options with private foundations and integrating interventions into existing LEAs and State agencies are also options. Now is the ideal time to examine all opportunities for sustainability when there are still three additional years of CaPROMISE funding. The key is creating sustainability that will enable the CaPROMISE youth to have an uninterrupted continuum of services and to preserve the best evidence-based practices of the research and demonstration efforts.

- 6) Expanding the on-going design and implementation of the Data Management System to support and verify effective outreach, recruitment, interventions and positive program outcomes for CaPROMISE.

Rationale: The Data Management System has been developed specifically for CaPROMISE. There is a wealth of data being captured for the research and demonstration efforts. Further, the system is fully web-based and meets the integrity and security demands for data management and storage. The design of the system is based on the needs of the users and not driven by the technology. It is also based on a person-driven approach and thereby constructed to capture data that encompasses the range of interventions and support networks available to youth and their families. With the WIOA mandates for Transition Services, there is an opportunity to examine how the CaPROMISE Data Management System can be integrated into existing State agency or LEA systems, expanded to non-CaPROMISE transition youth and/or used for other targeted groups of persons being served through our public and educational agencies.

- 7) Improving and strengthening the partnerships with the local offices representing the CaPROMISE state partners.

Rationale: The sustainability of interventions, services, and support provided to CaPROMISE youth and families is strengthened through the establishment and maintenance of linkages between local office and agencies representing schools, CDOR, DDS, DSS, and EDD. The needs of the youth receiving SSI and their families are extensive and warrant a complex system of support. The stronger the partnership between local programs and agencies, the less daunting it will be for families to access information and services. There is a wealth of resources in our local communities. Determining strategies

and creating enduring partnerships at the local level will truly strengthen the impact on each youth and their family members.

Recommendations for CaPROMISE

- 1) Increasing the person-driven planning and person-centric interventions with each CaPROMISE youth and their family members.

Rationale: The core value of CaPROMISE is to ensure that all efforts are driven by the needs and expectations of the youth and their family members. This value requires constant vigilance and discussion among all partners. Each of the CaPROMISE youth and family members has unique knowledge and skills as well as challenges and demanding stressors that impact their daily lives. If we are strengthening their community inclusion and self-sufficiency, there is a continuous demand to make each intervention specific for the youth and their family. This is a constant and consistent expectation for all CaPROMISE staff members and partners.

- 2) Strengthening the family engagement and involvement with each CaPROMISE youth and their own development that includes:

- Designing and implementing a user-friendly website for continued access to work training; employment; and self-sufficiency resources, services and supports.
- Strengthening connections with local advocacy groups (such as United Cerebral Palsy, Autism Society, etc.) to enhance support for employment opportunities and community inclusion for each CaPROMISE youth.

Rationale: Since the implementation of outreach and recruitment in August 2014, there has been an increasing recognition of the critical role the family plays in the youth's development and increasing opportunities for individual family members. The engagement of the FRCs is of paramount importance. There is also a need to expand the access to resources for family members, engaging with targeted local advocacy groups for information and support, and the need to address the multiplicity of the stressors (i.e., housing, transportation, legal issues, daily survival needs, education and training, and employment, etc.) that each family confronts on any given day. Without active family support and engagement, the opportunity for the CaPROMISE youth to become self-sufficient through employment and postsecondary education to sustain independence is dramatically reduced.

- 3) Revising the CDOR referral and eligibility protocol for each CaPROMISE youth (14 and above) to ensure a continuum of support and services as they transition to postsecondary education, training, employment, and self-sufficiency.

Rationale: A question that continually emerges among CaPROMISE youth and their family members is *'What happens when they complete K-12 education?'* Without some assurances, it is understandable that parents are hesitant to give up the security of the school programs and eventually, SSI. Traditionally, CDOR does not establish eligibility and ensure a continuum of services for transition age youth until they are 16 or 17 years of age. Currently, CDOR can serve students ages 14 through 16, though the primary role of the CDOR counselor will be to provide general coordination, information, and outreach activities about vocational transition planning. For purposes of CaPROMISE, it seems imperative that this eligibility decision be completed upon enrollment in CaPROMISE. This will provide assurances for the youth and family members that they will have a continuum of services and support that transcends the K-12 system.

- 4) Developing benefits planning and management webinars for all stakeholders to ensure a better understanding and use of SSA Work Incentives that promote short- and long-term education and employment outcomes for each CaPROMISE youth and their family members.

Rationale: There are numerous public and private programs that provide support for youth with disabilities, families with economic hardships, and various education, training, and employment efforts. The various parameters and eligibility requirements for these programs and resources are technical and complex. It is virtually impossible for CaPROMISE staff members, community partners and family members to be cognizant of all these requirements. Commencing in Year 3, it is essential that we increase the training, technical assistance, and mentoring of our stakeholders, CaPROMISE staff members, and especially family members regarding benefits planning and management.

Summation

Section 7 is a review of the challenges, opportunities and recommendations that have emerged from the first two years of CaPROMISE. They have been collected from the various activities and data gathering efforts. The voices of the CaPROMISE youth and their family members have been heard and considered. Finally, the CaPROMISE staff members, the partners, and the stakeholders have provided insights and observations that have influenced these statements. We are certain in the coming months that these challenges, opportunities, and recommendations will be addressed, refined, and expanded as we continue to learn. We know that the only viable approach to increasing positive life outcomes with personal development and community inclusion must be addressed through the eyes and the behaviors of each CaPROMISE youth and their family members.

Appendix A.
U.S. Census Data by CaPROMISE Service Area

U.S. Census - Population and Poverty Estimates by CaPROMISE Service Area

Service Area	Estimated Population Ages 5 to 17	Estimated Total Population	Estimated number of children 5 to 17 years old in poverty	Estimated percentage of children 5 to 17 years old in poverty
Centinela Valley UHSD	10,042	166,722	2,730	27.2%
Compton USD	34,747	157,896	11,704	33.7%
Desert Mountain SELPA	98,425	633,078	27,322	27.8%
East Side Union HSD	30,794	547,196	4,858	15.8%
Irvine USD	29,175	192,615	2,821	9.7%
Lodi USD	34,150	169,977	7,505	22.0%
Long Beach USD	87,044	521,264	22,571	25.9%
Los Angeles USD	740,867	4,632,930	232,853	31.4%
Oakland USD	57,818	408,742	14,988	25.9%
Riverside COE	456,706	2,457,362	99,645	21.8%
San Bernardino City USD	56,077	258,319	21,197	37.8%
San Diego USD	139,328	1,053,478	31,967	22.9%
Expandability (Santa Clara USD, Milpitas USD, Santa Clara COE)	315,188	3,044,467	37,160	11.8%
Solano COE	71,580	415,474	11,662	16.3%
Vallejo City USD	19,419	122,315	4,072	21.0%
West Contra Costa USD	40,259	245,963	7,148	17.8%
West End SELPA	100,870	659,275	17,267	17.1%
Whittier UHSD	14,034	222,540	2,219	15.8%

SOURCES: U.S. Census - Small Area Income and Poverty Estimates <<http://www.census.gov/did/www/saipe/data/highlights/2013.html>>

U.S. Census - Overview of School District Estimates <http://www.census.gov/did/www/saipe/methods/schools/data/20102013.html>>

U.S. Census – Racial Demographics by CaPROMISE Service Area

Service Area	White alone	Black or African American	American Indian, Alaska Native	Asian	Native Hawaiian, Other Pacific Islander	Two or More Races	Hispanic or Latino	White alone, not Hispanic or Latino
Centinela Valley UHSD	43.6%	10.1%	0.9%	10.0%	1.1%	5.7%	61.0%	16.2%
Compton USD	25.9%	32.9%	0.7%	0.3%	0.7%	3.4%	65.0%	0.8%
Desert Mountain SELPA	56.7%	8.9%	1.1%	6.3%	0.3%	5.0%	49.2%	33.3%
East Side Union HSD	42.8%	3.2%	0.9%	32.0%	0.4%	5.0%	33.2%	28.7%
Irvine USD	50.5%	1.8%	0.2%	39.2%	0.2%	5.5%	9.2%	45.1%
Lodi USD	68.7%	0.8%	0.9%	6.9%	0.2%	4.6%	36.4%	53.4%
Long Beach USD	46.1%	13.5%	0.7%	12.9%	1.1%	5.3%	40.8%	29.4%
Los Angeles USD	49.8%	9.6%	0.7%	11.3%	0.1%	4.6%	48.5%	28.7%
Oakland USD	34.5%	28.0%	0.8%	16.8%	0.6%	5.6%	25.4%	25.9%
Riverside COE	61.0%	6.4%	1.1%	6.0%	0.3%	4.8%	45.5%	39.7%
San Bernardino City USD	45.6%	15.0%	1.3%	4.0%	0.4%	5.1%	60.0%	19.0%
San Diego USD	58.9%	6.7%	0.6%	15.9%	0.5%	5.1%	28.8%	45.1%
Expandability (Santa Clara USD, Milpitas USD, Santa Clara COE)	47.0%	2.6%	0.7%	32.0%	0.4%	4.9%	26.9%	35.2%
Solano COE	51.0%	14.7%	0.8%	14.6%	0.9%	7.6%	24.0%	40.8%

U.S. Census – Racial Demographics by CaPROMISE Service Area *(cont'd)*

Service Area	White alone	Black or African American	American Indian, Alaska Native	Asian	Native Hawaiian, Other Pacific Islander	Two or More Races	Hispanic or Latino	White alone, not Hispanic or Latino
Vallejo City USD	32.8%	22.1%	0.7%	24.9%	1.1%	7.5%	22.6%	25.0%
West Contra Costa USD	58.6%	9.3%	0.6%	14.4%	0.5%	5.9%	24.4%	47.8%
West End SELPA	56.7%	8.9%	1.1%	6.3%	0.3%	5.0%	49.2%	33.3%
Whittier UHSD	64.6%	1.3%	1.3%	3.8%	0.1%	4.4%	65.7%	28.3%

SOURCE: U.S. Census - State & County QuickFacts <<http://quickfacts.census.gov/qfd/states/06/0666000.html>>

U.S. Census - Other Demographics by CaPROMISE Service Area

Service Area	Language other than English Spoken at Home	High School Graduate or Higher	Bachelor's Degree or Higher	Median Household Income	Persons Below Poverty Level	Unemployment Rate
Centinela Valley UHSD	65.5%	71.4%	15.9%	\$47,769	16.7%	7.5%
Compton USD	63.2%	59.2%	6.7%	\$42,953	26.3%	10.6%
Desert Mountain SELPA	41.1%	78.2%	18.7%	\$54,090	18.7%	8.8%
East Side Union HSD	56.1%	82.3%	37.4%	\$81,829	12.2%	7.3%
Irvine USD	44.8%	96.3%	64.9%	\$90,585	12.2%	4.6%
Lodi USD	34.7%	77.2%	19.3%	\$48,701	18.1%	9.5%
Long Beach USD	44.8%	79.3%	28.5%	\$52,711	20.2%	8.3%
Los Angeles USD	60.2%	74.5%	31.1%	\$49,497	22.0%	8.0%
Oakland USD	39.9%	80.2%	38.1%	\$52,583	20.5%	8.4%
Riverside COE	39.9%	79.6%	20.5%	\$56,529	16.2%	9.1%
San Bernardino City USD	46.7%	67.7%	11.2%	\$38,385	32.4%	10.3%
San Diego USD	39.8%	87.0%	41.7%	\$64,058	15.6%	6.1%
Expandability (Santa Clara USD, Milpitas USD, Santa Clara COE)	51.2%	86.5%	46.5%	\$91,702	10.2%	6.5%
Solano COE	29.6%	87.2%	24.3%	\$67,177	13.0%	7.6%
Vallejo City USD	38.7%	86.4%	23.3%	\$58,371	17.5%	10.3%
West Contra Costa USD	33.3%	88.8%	39.0%	\$78,756	10.5%	6.8%
West End SELPA	41.1%	78.2%	18.7%	\$54,090	18.7%	8.8%
Whittier UHSD	44.1%	83.6%	24.5%	\$68,522	12.4%	5.9%

SOURCE: U.S. Census - State & County QuickFacts <<http://quickfacts.census.gov/qfd/states/06/0666000.html>>

Appendix B.
CaPROMISE Services Youth: Primary Disability
Classification by SSA's Category as of
06/30/2015

Primary Disability Classification by SSA's Category as of 06/30/2015

Disabilities	# of Youth
Autistic disorders	115
Blind	11
Childhood and adolescent disorders not elsewhere classified	131
Circulatory system	2
Congenital anomalies	31
Deaf	15
Developmental disorders	126
Digestive system	2
Diseases of the blood and blood-forming organs	1
Endocrine, nutritional, and metabolic disorders	3
Injuries	3
Intellectual disability	135
Mood disorders	21
Musculoskeletal system and connective tissue	9
Neoplasms	8
Nervous system and sense organs	48
Organic mental disorders	22
Other mental disorders	20
Other/unknown	47
Respiratory system	18
Schizophrenic and other psychotic disorders	9
Skin and subcutaneous tissue/infectious and parasitic diseases	2
Grand Total	779

Appendix C. Intake Document



CaPROMISE Services Group INTAKE FORM

Page 1

YOUTH INFORMATION

Study ID: _____

Primary Disability Code _____ (Refer to [Disability Codes, page 9](#))

Secondary Disability Code (if applicable) _____ (Refer to [Disability Codes, page 9](#))

Contact Info (Update ONLY IF it is different from information provided in the DMS)

Address:	City	Zip:
Phone:	Email:	
Receive text to this phone number? Yes No		

Preferred form of contact (check all that apply):

<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email
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Ethnicity

Hispanic or Latino? Yes No Race

(Check all that apply)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Other: Please describe:	_____		

Preferred Language ([Refer to Languages, pages 9-10](#))

Written:		Spoken:	
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Student Education

Student has a(n): (Check one)

- Individualized Education Plan (IEP)
- Section 504 Plan
- None of the above

School Information: (If the youth has multiple teachers, enter the main/primary teacher.)

School:	Teacher:
---------	----------

Number of Years in HS (Circle one): 0 1 2 3 4 4+ Unknown



CaPROMISE Services Group INTAKE FORM

Page 2

Grade Level based on the Credits Completed (*Circle one*):

6 7 8 9 10 11 12 Ungraded

Anticipated High School Exit Date: _____ Anticipated

Certificate or Degree (*check one*)

- Certificate of Completion
- High School Diploma
- GED
- Other: (If other, specify: _____)

Job Skills Certificate: Yes (if yes, specify: _____) No

Youth Work Experience

Current Work Experience

Currently not working (*If selected, skip this section and proceed to Past Work Experience section*)

Employer/Company: _____

Occupation: _____ (*Select one - Refer to the [Occupation List on page 10](#) and mark the closest category to be selected.*)

Job Title: _____

Start Date: _____ (*Month and Year*)

Hours per Week: _____ (*Round to the nearest whole number*)

Job Duties: _____

Wage per Hour: \$ _____ (*If Zero, put 0 here and mark either 'Unpaid work experience' or 'Volunteer' in the next question.*)

Wages paid by? (*Check one*)

<input type="radio"/> Employer	<input type="radio"/> Unpaid Work Experience
<input type="radio"/> School	<input type="radio"/> Volunteer
<input type="radio"/> Employer AND School	

Employee Benefits (*check all that apply*)

<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> None
<input type="checkbox"/> Paid Sick Leave	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Health Benefits	<input type="checkbox"/> Other (<i>specify</i>): _____



CaPROMISE Services Group INTAKE FORM

Page 3

On the Job Support

Natural Support: Yes (if yes, specify _____) No

Job Coach: Yes (if yes, specify below) No

Job Coach Provided by: (check one)

- Department of Rehabilitation
- Workability I Program (WAI)
- Regional Center
- WIA
- Transition Partnership Project (TPP)
- Other (specify): _____

Past Work Experience

No past work experience. (If checked, skip this section and move to SSA Work Incentives section.)

Employer/Company: _____

Occupation: _____ (Refer to the [Occupation List on page 10](#) and select the closest category.)

Job Title: _____

Start Date: _____ (Month and Year)

Number of Months Worked: _____ (Round to the nearest whole number)

Hours per Week: _____ (Round to the nearest whole number)

Job Duties: _____

Wage per Hour: \$ _____ (If Zero, put 0 here and mark either 'Unpaid work experience' or 'Volunteer' in the next question.)

Wages paid by? (Check one)

<input type="radio"/> Employer	<input type="radio"/> Unpaid Work Experience
<input type="radio"/> School	<input type="radio"/> Volunteer
<input type="radio"/> Employer AND School	

Employee Benefits (Check all that apply)

<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> None
<input type="checkbox"/> Paid Sick Leave	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Health Benefits	<input type="checkbox"/> Other (specify): _____



CaPROMISE Services Group INTAKE FORM

Page 4

On the Job Support

Natural Support: **Yes** (if yes, specify _____) **No**

Job Coach: **Yes** (if yes, specify below) **No**

Job Coach Provided by: *(check one)*

- Department of Rehabilitation
- Workability I Program (WAI)
- Regional Center
- WIA
- Transition Partnership Project (TPP)
- Other *(specify)*: _____
- Other *(specify)*: _____

SSA Work Incentives Currently Using or Used in the Past (check all that apply)

- Student Earned Income Exclusion (SEIE)
- Impairment Related Work Experience (IRWE)
- Plan to Achieve Self-Support (PASS)
- Section 301 Waiver
- Not sure
- None

Services Youth Currently Receiving (check all that apply)

<input type="checkbox"/> Department of Rehabilitation	Counselor:	_____
<input type="checkbox"/> Regional Center	Case Manager:	_____
<input type="checkbox"/> Transition Partnership Program (TPP)	Contact:	_____
<input type="checkbox"/> WorkAbility I Program (WAI)	Contact:	_____
<input type="checkbox"/> Other <i>(specify)</i> :	Contact:	_____
<input type="checkbox"/> Other <i>(specify)</i> :	Contact:	_____

----- CONTINUE TO NEXT PAGE -----



CaPROMISE Services Group INTAKE FORM

Page 5

Benefits Youth Currently Receiving (check all that apply)

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Other Benefits (*specify*): _____

Accommodations needed (if any)

Work Accommodations (<i>specify</i>):	
School (<i>specify</i>):	
Community (<i>specify</i>):	
Other (<i>specify</i>):	

SIBLING ENROLLED IN CaPROMISE (if applicable)

Sibling's Study ID: _____ (*Compare this to DMS record for accuracy*)

PARENT/GUARDIAN INFORMATION

Definition of Parent or Guardian: The adult who will work with the youth and CSC for the life cycle of the project participation.

Youth is in Foster Care Program: Yes No

Parent/Guardian Profile Information

First Name	Middle Name	Last Name

Relationship to Youth: (*Select one*)

<input type="radio"/> Parent	<input type="radio"/> Stepparent	<input type="radio"/> Foster Parent
<input type="radio"/> Grandparent	<input type="radio"/> Sibling	<input type="radio"/> Relatives or Friend
<input type="radio"/> Service Provider*	<input type="radio"/> Emancipated Youth*	

*** NOTE: If Service Provider or Emancipated Youth is selected, proceed to GENERAL QUESTIONS about POST HIGH SCHOOL PLANS section (pages 7-8).**

----- CONTINUED TO NEXT PAGE -----



CaPROMISE Services Group INTAKE FORM

Page 6

Contact Info (Update ONLY IF it is different from information provided in the DMS)

Address:	City	Zip:
Phone:	Email:	
Receive text to this phone number? Yes No		

Preferred form of contact (check all that apply):

<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email
--------------------------------	-------------------------------	--------------------------------

Ethnicity

Hispanic or Latino? Yes No

Race (Check all that apply)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Other: Please describe:	_____		

Preferred Language ([Refer to language, pages 9-10](#))

Written:		Spoken:	
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How many people live in your household? _____

Does youth live in same home as parent?: Yes No (If no, complete information below)

If no, who does youth live with?: (Full Name) _____

Relation to youth: _____

Phone: _____ Receive text to this phone number?: Yes | No

Email: _____

Parent/Guardian Education

Highest Grade/Degree Completed (Mark only one)

- Doctorate
- Masters
- Bachelors
- Associate
- GED
- High school Graduate
- Some education, not a high school graduate
- None



CaPROMISE Services Group INTAKE FORM

Page 7

Parent/Guardian Employment (check one)

- Part-Time
- Full-Time
- Unemployed/looking for work
- Homemaker
- Retired
- Other (*specify*): _____

Services Parent/Guardian Currently Receiving (check all that apply)

<input type="checkbox"/> America’s Job Centers	Contact:	<input type="text"/>
<input type="checkbox"/> Department of Rehabilitation	Counselor:	<input type="text"/>
<input type="checkbox"/> Employment Development Department (EDD)	Contact:	<input type="text"/>
<input type="checkbox"/> Regional Center	Case Manager:	<input type="text"/>
<input type="checkbox"/> Other (<i>specify</i>): _____	Contact:	<input type="text"/>
<input type="checkbox"/> Other(<i>specify</i>): _____	Contact:	<input type="text"/>

Benefits Parent/Guardian Currently Receiving (check all that apply)

<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Social Security Disability Insurance (SSDI)
<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other (<i>specify</i>): _____	

GENERAL QUESTIONS about POST HIGH SCHOOL PLANS

Modified from a survey by the California Employment Consortium for Youth and Young Adults with Intellectual and Other Developmental Disabilities

Has a teacher or counselor at school worked with you (your child) to plan for life after high school?

- Yes
- No
- I don’t know



CaPROMISE Services Group INTAKE FORM

Page 8

Do you (your child) have an Individualized Transition Plan?

- Yes
- No
- I don't know

What activities do you (your child) participate in at school that helps you prepare for a job? *(Check all that apply)*

- Job searching skills
- Practice interviewing
- Resume writing
- Social skills development
- Other *(specify)*: _____

What do you see yourself (your child) doing after they complete high school? *(Service Provider or Emancipated Youth: skip the right side)*

<u>Youth's Response</u>	<u>Parent/Guardian's Response</u>
<input type="checkbox"/> Getting a job	<input type="checkbox"/> Getting a job
<input type="checkbox"/> Going to college	<input type="checkbox"/> Going to college
<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
<input type="checkbox"/> Other <i>(specify)</i> : _____	<input type="checkbox"/> Other <i>(specify)</i> : _____

What types of job do you see yourself (your child) doing after high school? *(Service Provider or Emancipated Youth: skip the right side)*

<u>Youth's Response</u>	<u>Parent/Guardian's Response</u>

Some parents have concerns about their child working. Do you any of the following concerns? *(Check all that apply)*

- Concerned about my child's safety
- Don't think my child will be able to work independently
- Concerned that my child will lose their SSI benefits
- Other *(specify)*: _____
- None



CaPROMISE Services Group INTAKE FORM

Page 9

Intake Form Completion Instruction

Disability Codes

DS1.	Autism
DS2.	Deaf-blindness
DS3.	Deafness
DS4.	Emotional disturbance
DS5.	Hearing impairment
DS6.	Intellectual disability
DS7.	Multiple disabilities
DS8.	Orthopedic impairment
DS9.	Other health impairment
DS10.	Specific learning disability
DS11.	Speech or language impairment
DS12.	Traumatic brain injury
DS13.	Visual impairment

Languages

English and Spanish in the top, then in alphabetical order by columns:

English	German	Norwegian
Spanish	Greek	Pampangan
African, not further spec.	Gujarathi	Pangasinan
Afrikaans	Hawaiian	Panjabi
Albanian	Hebrew	Pashto
American Indian	Hindi	Persian
Amharic	Hungarian	Polish
Arabic	Ilocano	Portuguese
Armenian	India, n.e.c.	Romanian
Bantu	Indonesian	Russian
Bengali	Irish Gaelic	Samoan
Bielorussian	Italian	Sebuano
Bisayan	Jamaican Creole	Serbian
Bulgarian	Japanese	Serbocroatian
Cantonese	Kannada	Sinhalese
Cham	Korean	Slovak
Chamorro	Kru, Ibo, Yoruba	Specified Not Listed
Cherokee	Laotian	Swahili
Chinese	Lettish	Swedish



CaPROMISE Services Group INTAKE FORM

Page 10

Croatian	Lithuanian	Syriac
Czech	Malay	Tagalog
Dakota	Malayalam	Tamil
Danish	Mandarin	Telugu
Dutch	Mande	Tewa
Efik	Marathi	Thai
Fijian	Miao, Hmong	Tongan
Finnish	Miao-Yao, Mien	Turkish
Formosan	Mon-Khmer, Cambodian	Ukrainian
French	Navaho	Urdu
French Creole	Nepali	Vietnamese
		Yiddish

Occupation List

Architecture and Engineering
 Arts, Design, Entertainment, Sports, and Media Building
 and Grounds Cleaning and Maintenance Business and
 Financial Operations
 Community and Social Service
 Computer and Mathematical
 Construction and Extraction Education,
 Training, and Library Farming, Fishing,
 and Forestry
 Food Preparation and Serving Related
 Healthcare Practitioners and Technical
 Healthcare Support
 Installation, Maintenance, and Repair Legal
 Life, Physical, and Social Science
 Management
 Office and Administrative Support
 Personal Care and Service Production
 Protective Service Sales
 and Related
 Transportation and Material Moving

Appendix D.

Intake and Intervention Data for 442 Youth in the CaPROMISE Services Group with Completed Intakes

Table 1: Primary Disability – (OSEP Classification)

PRIMARY DISABILITY (OSEP)	n	%
Autism	99	22.4
Deaf-blindness	4	.9
Deafness	5	1.1
Emotional disturbance	37	8.4
Hearing impairment	4	.9
Intellectual disability	111	25.1
Multiple disabilities	21	4.8
Orthopedic impairment	9	2.0
Other health impairment	87	19.7
Specific learning disability	58	13.1
Speech or language impairment	4	.9
Traumatic brain injury	1	.2
Visual impairment	2	.5
Total	442	100.0

Table 2: Secondary Disability – (OSEP Classification)

SECONDARY DISABILITY (OSEP)	n	%
No documented disability	340	76.9
Autism	5	1.1
Emotional disturbance	15	3.4
Hearing impairment	3	.7
Intellectual disability	10	2.3
Multiple disabilities	7	1.6
Orthopedic impairment	5	1.1
Other health impairment	22	5.0
Specific learning disability	11	2.5
Speech or language impairment	20	4.5
Visual impairment	4	.9
Total	442	100.0

Table 3: Ethnicity as Self-Reported

ETHNICITY	n	%
Hispanic	235	33.3
Asian	9	1.3
American Indian	15	2.1
African-American	132	18.7
Other Pacific Islander	2	0.3
White	191	27.1
Other	121	17.2
Total	705	100.0

Table 4: Age at Enrollment of CAPROMISE Students

AGE	n	%
14	117	26.5
15	150	33.9
16	175	39.6
Total	442	100.0

Table 5: Years of High School Attendance

HIGH SCHOOL YEARS	n	%
None	56	12.7
One	120	27.1
Two	149	33.7
Three	101	22.9
Four	16	3.6
Total	442	100.0

Table 6: Grade level based on Units Completed

GRADE LEVEL	n	%
Sixth	9	2.0
Seventh	12	2.7
Eighth	47	10.6
Ninth	133	30.1
Tenth	133	30.1
Eleventh	90	20.4
Twelfth	14	3.2
Ungraded	4	0.9
Total	442	100.0

Table 7: Anticipated High School Exit Dates

SPRING, ACADEMIC YR.	n	%
Before 2015	3	0.7
2015	22	5.0
2016	93	21.0
2017	128	29.0
2018	119	27.0
2019	47	10.6
2020	20	4.5
2021	8	1.8
2022	2	0.5
Total	442	100

Table 8: Areas of Student Employment at Time of Enrollment

STUDENT EMPLOYMENT	n	%
Food preparation and service	8	29.6
Personal care and service	1	3.7
Arts design entertainment sports and media	1	3.7
Sales and related areas	5	18.5
Building and grounds cleaning and maintenance	5	18.5
Community and social service	3	11.1
Computer and mathematical	1	3.7
Education training and library	2	7.4
Farming fishing and forestry	1	3.7
Total	27	100%

Table 9: Areas of Past Work Experience

OCCUPATIONAL AREAS	n	%
Food preparation and serving related	2	6.1
Healthcare support	1	3.0
Installation maintenance and repair	1	3.0
Office and administrative support	3	9.1
Personal care and service	1	3.0
Sales and related	11	33.3
Building and grounds cleaning and maintenance	6	18.2
Community and social service	3	9.1
Computer and mathematical	1	3.0
Education training and library	2	6.1
Farming fishing and forestry	2	6.1
Total	33	100.0

Table 10: CaPROMISE Services Currently Received

AGENCY	n
California Department of Rehabilitation	6
Regional Center	122
Transition Partnership Program	6
Workability	35
Other sources	46

Table 11: Relationship to CaPROMISE Youth

RELATIONSHIP	n	%
Parent	402	91.0
Stepparent	1	.2
Foster parent	3	.7
Grandparent	26	5.9
Sibling	3	.7
Aunt/Uncle	7	1.6
Total	442	100.0

Table 12: Parent/Guardian Race as Self-Reported

GROUP	n	%
Hispanic	219	32.3
Native Hawaiian	1	0.1
Asian	8	1.2
American Indian	12	1.8
African-American	127	18.7
Other Pacific Islander	2	0.3
White	183	27.0
Other	126	18.6
Total	678	100.0

Table 13: Number of Individuals Per Household

IN HOUSEHOLD	n	%
1	1	0.2
2	48	10.9
3	87	19.7
4	106	24.0
5	94	21.3
6	46	10.4
7	24	5.4
8	19	4.3
9	4	0.9
10	4	0.9
11	3	0.7
12	2	0.5
13	4	0.9

Table 14: Highest level of Education Attained by Parent/Guardian

LEVEL	n	%
None	34	7.7
Some education, not a high school graduate	109	24.7
High school graduate	218	49.3
G.E.D.	18	4.1
Associate degree	41	9.3
Bachelor's degree	15	3.4
Master's degree	7	1.6
Total	442	100.0

Table 15: Parent/Guardian Employment Status

EMPLOYMENT STATUS	n	%
Part-time	58	13.1
Full-time	80	18.1
Unemployed/looking for work	56	12.7
Homemaker	160	36.2
Retired	19	4.3
Other	69	15.6
Total	442	100.0

Table 16: Services Currently received by Parents/Guardians

SERVICE	n	%
California Department of Rehabilitation	2	0.5
Employment Development Department	2	0.5
Other	8	1.8

Table 17: Benefits Currently received by Parents/Guardians

BENEFITS RECEIVED	n	%
Medicaid	21	4.8
MediCal	235	53.2
SNAP	150	33.9
SSDI	31	7.0
SSI	43	9.7
TANF	44	10.0
Unemployment	11	2.5
Other	56	12.7

Table 18: Participation in School-Based Job Skill Training

SKILL TRAINING	n	%
Job searching skills	78	17.6
Practice interviewing	53	12.0
Resume writing	55	12.4
Social skills development	240	54.3
Other skills	191	43.2

Table 19: Post- HS Plans Expressed by CaPROMISE Youth

POST H.S. PLAN	n	%
Get a job	257	58.1
Go to college	243	55.0
Uncertain	60	13.6
Other plan	66	14.9

Table 20: Post- HS Plans Expressed by CaPROMISE Parents/Guardians

POST H.S. PLAN	n	%
Get a job	246	55.7
Go to college	262	59.3
Uncertain	51	11.5
Other plan	68	15.4

Table 21: Parent/Guardian Concerns about Their Children at Work

EXPRESSED CONCERN	n	%
Concern about my child's safety	143	32.4
Don't think my child will be able to work independently	111	25.1
Concern that my child will lose SSI benefits	82	18.6
No expressed concerns	161	36.4
Concerns other than above	132	29.9

Table 22: Number of Interventions per Youth and Family

GROUP	n	%
CaPROMISE youth	3297	47.0
Parent/guardian	3462	49.3
Non-CaPROMISE sibling	123	1.8
CaPROMISE sibling	108	1.5
Other family members	27	0.4
Total	7,017	100.0

Table 23: Case Management/Transition Planning Interventions

IMPLEMENTATION ACTIVITY	n	%
Identify needed services	629	24.7
Coordinate services	1091	42.7
Transition-focused assessment	142	5.6
School based activities	236	9.3
Person driven planning	452	17.7
Total	2,550	100.0

Table 24: Financial Planning/Benefits Management Interventions

IMPLEMENTATION ACTIVITY	n	%
Wage reporting	95	21.0
Work incentives	51	11.3
Benefits planning	213	47.0
Financial planning	94	20.7
Total	453	100.0

Table 25: Career and Work Based Learning Interventions

IMPLEMENTATION ACTIVITY	n	%
Employment preparation activities	731	50.2
Career related training and education	384	26.4
Volunteer work	71	4.9
Unpaid work experience	58	4.0
Paid work experience	143	9.8

Employment	69	4.7
Total	1,456	100.0

Table 26: Parent/Guardian Training & Information Interventions

IMPLEMENTATION ACTIVITY	n	%
Parent/Guardian referral	251	30.7
Parent/guardian coaching	375	45.8
Parent/guardian family resource center support	192	23.5
Total	818	100.0

Table 27: Other Services & Supports Interventions

IMPLEMENTATION ACTIVITY	n	%
Youth development activities	477	31.4
Extended and experiential learning	88	5.8
Self determination skills	207	13.6
Health and wellness	307	20.2
Behavior management	91	6.0
Technology training	34	2.3
Independent living activities	315	20.7
Total	1,519	100.0

Table 28: Gender Differences for Five Core Service Categories

	Gender	n	M	s.d.
All interventions combined	Male	309	15.3172	17.58937
	Female	133	15.5113	13.45397
Case management, transition planning	Male	309	5.9417	5.95790
	Female	133	5.3684	5.70284
Financial planning/benefits management	Male	309	1.0809	2.65981
	Female	133	.8947	1.51389
Career and work-based learning	Male	309	3.3916	6.25477
	Female	133	3.0677	4.25903
Parent/Guardian training and information	Male	309	1.8511	3.80838
	Female	133	1.8496	3.14666
Other services and supports*	Male	309	3.0518	5.07578
	Female	133	4.3308	6.68073

* Significant at the .05 level. However, effect size is 'small'; $\eta^2 = .011$.

Table 29: Descriptive Statistics for Three Age Groups on Interventions

	Age	n	M	s.d.
All interventions combined	14	117	15.0855	14.58127
	15	150	16.1067	18.56212
	16	175	14.9429	15.73185
Case management, transition planning	14	117	5.7265	6.17507
	15	150	5.9333	5.98955
	16	175	5.6571	5.61271
Financial planning/benefits management	14	117	.8205	1.61680
	15	150	1.1533	2.59513
	16	175	1.0514	2.59369
Career and work-based learning	14	117	3.0342	5.83085
	15	150	3.2267	5.85524
	16	175	3.5257	5.56241
Parent/Guardian training and information	14	117	1.8462	3.31562
	15	150	2.3333	4.60765
	16	175	1.4400	2.70283
Other services and supports	14	117	3.6581	5.77474
	15	150	3.4600	5.31255
	16	175	3.2686	5.82029

Table 30: Descriptive Statistics for Anticipated Certificate/Diploma regarding Interventions

	Anticipated:	n	M	s.d.
All interventions combined	Certificate	139	13.8058	18.58193
	Diploma	288	16.4271	15.53062
Case management/transition planning	Certificate	139	5.3022	6.05848
	Diploma	288	6.0764	5.83583
Financial planning/benefits management	Certificate	139	.9209	2.70819
	Diploma	288	1.1146	2.25177
Career & work-based training*	Certificate	139	2.5180	6.32267
	Diploma	288	3.6910	5.51005
Parent/guardian training & information	Certificate	139	2.1295	4.42463
	Diploma	288	1.7257	3.11975
Other services & supports	Certificate	139	2.9353	5.17968
	Diploma	288	3.8194	5.92715

*p=.05

Regarding Interventions

	Parent education	n	M	s.d.
All interventions combined	Masters	7	17.8571	23.42668
	Bachelors	15	15.2667	13.76054
	Associate	41	15.7805	16.06162
	GED	18	14.5000	12.74293
	High school graduate	218	16.6239	15.62480
	not a high school grad	109	13.5321	19.90606
	None	34	12.7941	10.13778
	Total	442	15.3756	16.43979
Case management/ Transition planning	Masters	7	4.2857	4.38613
	Bachelors	15	6.8667	6.01031
	Associate	41	6.4146	5.17675
	GED	18	5.7222	6.45168
	High school graduate	218	5.8073	5.72162
	not a high school grad	109	5.4587	6.60882
	None	34	5.5882	5.42786
	Total	442	5.7692	5.88176
Financial planning/ Benefits management	Masters	7	3.4286	6.21442
	Bachelors	15	.3333	1.04654
	Associate	41	1.3171	2.16147
	GED	18	.8333	1.24853
	High school graduate	218	.9817	1.80108
	not a high school grad	109	1.0367	3.36630
	None	34	.8235	1.14072
	Total	442	1.0249	2.37367
Career & work-based training*	Masters	7	8.1429	15.78426
	Bachelors	15	.8667	1.68466
	Associate	41	3.6585	6.77720
	GED	18	3.5556	4.28708
	High school graduate	218	3.8945	5.32128
	not a high school grad	109	2.3394	6.03266
	None	34	2.0000	2.46183
	Total	442	3.2941	5.72494

Regarding Interventions (cont'd)

	Parent education	n	M	s.d.
Parent/guardian training & information	Masters	7	.5714	.78680
	Bachelors	15	3.1333	4.32380
	Associate	41	1.5854	3.24789
	GED	18	.9444	1.55193
	High school graduate	218	1.8257	3.27353
	not a high school grad	109	1.8257	4.26190
	None	34	2.5882	4.56015
	Total	442	1.8507	3.61847
Other services & supports	Masters	7	1.4286	1.61835
	Bachelors	15	4.0667	5.99365
	Associate	41	2.8049	4.50122
	GED	18	3.4444	4.70572
	High school graduate	218	4.1147	6.55573
	not a high school grad	109	2.8716	4.81722
	None	34	1.7941	2.22628
	Total	442	3.4367	5.63008

*P=.019

Regarding Interventions

	Parent/guardian employment status	n	M	s.d.
All interventions combined	Part-time	58	19.5172	17.58911
	Full-time	80	15.7250	13.62330
	Unemployed	56	17.1964	14.27702
	Homemaker	160	14.4375	18.86152
	Retired	19	16.7368	15.98556
	Other	69	11.8116	13.43424
	Total	442	15.3756	16.43979
Case management/ Transition planning	Part-time	58	6.1379	5.23969
	Full-time	80	6.6000	5.92485
	Unemployed	56	5.6607	5.81933
	Homemaker	160	5.2313	6.07523
	Retired	19	7.5263	7.94683
	Other	69	5.3478	5.24356
	Total	442	5.7692	5.88176
Financial planning/benefits management	Part-time	58	1.0690	1.40003
	Full-time	80	1.4500	2.88997
	Unemployed	56	1.1786	1.82016
	Homemaker	160	.8313	2.40341
	Retired	19	.7895	1.71849
	Other	69	.8841	2.80512
	Total	442	1.0249	2.37367
Career & work-based learning*	Part-time	58	5.3103	6.64965
	Full-time	80	3.1125	4.96314
	Unemployed	56	3.1607	4.10665
	Homemaker	160	3.3938	7.02117
	Retired	19	3.4211	2.93098
	Other	69	1.6522	3.06703
	Total	442	3.2941	5.72494
Parent/Guardian training & information	Part-time	58	2.2586	3.54203
	Full-time	80	1.4375	2.58449
	Unemployed	56	2.4643	3.81368
	Homemaker	160	1.6500	3.97824
	Retired	19	2.5789	4.47606
	Other	69	1.7536	3.41453
	Total	442	1.8507	3.61847

Regarding Interventions (cont'd)

	Parent/guardian employment status	n	M	s.d.
Other services & supports	Part-time	58	4.7414	8.18977
	Full-time	80	3.1250	5.30912
	Unemployed	56	4.7321	6.40878
	Homemaker	160	3.3313	4.85607
	Retired	19	2.4211	3.67145
	Other	69	2.1739	4.44891
	Total	442	3.4367	5.63008

*p=.022

Table 33: Six Disability Categories from Collapsed OSEP Taxonomy

Valid	Autism	99	22.4
	Sensory/communication	19	4.3
	Emotional disturbance	37	8.4
	Intellectual disability	111	25.1
	Orthopedic impairment	9	2.0
	Specific Learning Disability	58	13.1
	Total	333	75.3
Missing	Other undefined	109	24.7
Total		442	100.0

Interventions

	Disability	n	M	s.d.
All interventions combined	Autism	99	15.5859	13.77517
	Sensory/communication	19	16.7895	14.50892
	Emotional disturbance	37	18.9459	18.93548
	Intellectual disability	111	15.6757	21.79790
	Orthopedic impairment	9	14.4444	12.98182
	Specific learning disability	58	14.4138	12.64500
	Total	333	15.8228	17.22814
Case management/ Transition planning	Autism	99	6.1919	5.75818
	Sensory/communication	19	6.4211	6.63589
	Emotional disturbance	37	6.4054	5.83314
	Intellectual disability	111	5.5405	6.50564
	Orthopedic impairment	9	6.1111	6.48931
	Specific learning disability	58	6.9483	6.36168
	Total	333	6.1411	6.17232
Financial planning/benefits management	Autism	99	1.0909	2.47473
	Sensory/communication	19	.7895	1.54844
	Emotional disturbance	37	1.3514	1.82903
	Intellectual disability	111	.9640	2.57586
	Orthopedic impairment	9	1.1111	.92796
	Specific learning disability	58	1.1897	3.34799
	Total	333	1.0781	2.54239
Career & work-based learning*	Autism	99	3.2222	5.03165
	Sensory/communication	19	3.5789	5.90965
	Emotional disturbance	37	2.9459	3.97873
	Intellectual disability	111	3.6306	7.41488
	Orthopedic impairment	9	2.1111	1.69148
	Specific learning disability	58	2.3448	3.55682
	Total	333	3.1652	5.63710
Parent/Guardian training & information	Autism	99	1.7576	2.81429
	Sensory/communication	19	1.6842	3.23269
	Emotional disturbance	37	2.7568	4.15936
	Intellectual disability	111	2.0450	4.58533
	Orthopedic impairment	9	1.4444	2.55495
	Specific learning disability	58	1.4655	2.77340
	Total	333	1.9009	3.65522

Interventions (cont'd)

	Disability	n	M	s.d.
Other services & supports	Autism	99	3.3232	5.71219
	Sensory/communication	19	4.3158	6.37750
	Emotional disturbance	37	5.4865	8.77693
	Intellectual disability	111	3.4955	5.80889
	Orthopedic impairment	9	3.6667	5.26783
	Specific learning disability	58	2.4655	4.35775
	Total	333	3.5375	5.99769

Appendix E.

CaPROMISE Service Areas and Organizational Units



CaPROMISE Service Areas, School Districts, and Organizational Units

18 Service Areas: The service areas below represent 135 School Districts and related organizational units. *NOTE: 1 service area is comprised of 3 LEAs.*

Region 1 - Northern California

61 Districts and Organizational Units

Regional Manager: Joyce Montgomery

- ◆ **Vallejo City Unified School District**
- ◆ **Lodi Unified School District (40)**
 - Lodi Unified School District (K-12) SELPA
 - New Hope Elementary School District (K-8)
 - Oak View Union Elementary School District (K-8)
 - San Joaquin County Office of Education SELPA Banta Elementary School District (K-8)
 - Escalon Unified School District (K-12)
 - Jefferson Elementary School District (K-8)
 - Lammersville Joint Unified School District(K-8)
 - Lincoln Unified School District (K-12)
 - Linden Unified School District (K-12)
 - Manteca Unified School District (K-12)
 - Ripon Unified School District (K-8)
 - Tracy Unified School District (K-12)
 - Stockton Unified School District (K-12) SELPA
 - Stanislaus SELPA Ceres Unified School District
 - Chatom Union School District
 - Denair Unified School District

- Empire Union School District
 - Gratton School District
 - Hart-Ransom Union School District
 - Hickman School District
 - Hughson Unified School District
 - Keyes Unified School District
 - Knights Ferry School District
 - Newman-Crows Landing Unified School District
 - Oakdale Joint Unified School District
 - Paradise Elementary School System (K-8)
 - Patterson Joint Unified School District
 - Riverbank Unified School District
 - Roberts Ferry School District
 - Salida Unified School District
 - Shiloh School District
 - Stanislaus Union School District
 - Sylvan Union School District
 - Turlock Unified School District
 - Valley Home Joint Unified School District
 - Waterford Unified School District
- Modesto City Schools SELPA
- ◆ **West Contra Costa Unified School District**
- ◆ **East Side Unified School District**
- ◆ **Oakland Unified School District**
- ◆ **Solano County Office of Education (5)**
 - Dixon Unified School District
 - Rio Vista Unified School District
 - Benicia Unified School District
 - Fairfield-Suisun Unified School District
 - Vacaville Unified School District
 - Travis Unified School District
- ◆ **Expandability (11)**
 - Santa Clara Unified School District

- Milpitas Unified School District
- Santa Clara County of Education San Jose Unified School District
- Los Altos/Mt View High School District
- Palo Alto Unified School District
- Fremont Unified School District
- Campbell Union High School District
- Los Gatos/Saratoga High School District
- Gilroy Unified School District
- Morgan Hill High School District

Region 2 - Greater Inland

49 Districts and Organizational Units

Regional Manager: Lynn Smith

- ◆ **San Bernardino City Unified School District**
- ◆ **West End SELPA (10)**
 - Alta Loma Unified School District
 - Central Unified School District
 - Chaffey Joint Union High
 - Chino Valley Unified School District
 - Cucamonga Unified School District
 - Etiwanda Unified School District
 - Mountain View Unified School District
 - Mt. Baldy Joint Unified School District
 - Ontario-Montclair Unified School District
 - Upland Unified School District
- ◆ **Desert Mountain SELPA (20)**
 - Academy Academic Excellence Charter School
 - Adelanto Unified School District
 - Apple Valley Unified School District
 - Baker Valley Unified School District
 - Barstow Unified School District
 - Bear Valley Unified School District
 - Encore Charter School

- Helendale School District
- Hesperia Unified School District
- High Tech High Schools
- Lucerne Valley Unified
- Needles Unified School District
- Options for Youth
- Oro Grande School District
- Silver Valley Unified School District
- Snowline Joint Unified School District
- Taylion High desert Academy Charter School
- Trona Joint Unified School District
- Victor Elementary School District
- Victor Valley Union High School District

◆ **Riverside County Office of Education (22)**

- Alvord Unified School District
- Banning Unified School District
- Beaumont Unified School District
- Coachella Valley Unified School District
- Corona-Norco Unified School District
- Desert Center Unified School District
- Desert Sands Unified School District
- Hemet Unified School District
- Jurupa Unified School District
- Lake Elsinore Unified School District
- Menifee Union School District
- Moreno Valley Unified School District
- Murrieta Valley Unified School District
- Nuview Union School District
- Palm Springs Unified School District
- Palo Verde Unified School District
- Perris Elementary School District
- Perris Union School District
- Riverside Unified School District
- San Jacinto Unified School District
- Temecula Valley Unified School District
- Val Verde Unified School District

Region 3 – Greater Los Angeles

4 Districts and Organizational Units

Regional Manager: Richard Rosenberg

- ◆ **Los Angeles Unified School District**
 - Whittier Area Special Education Program Cooperative (WACSEP)
 - Whittier Union High School District
 - El Rancho Unified School District

Region 4 - Southern Coastal

15 Districts and Organizational Units

Regional Manager: Linda O’Neal

- ◆ **Long Beach Unified School District**
- ◆ **Compton Unified School District**
- ◆ **Centinela Valley Union High School District**
- ◆ **San Diego Unified School District**
- ◆ **Orange County Consortium /Irvine Unified School District (10)**
 - Anaheim Union High School District
 - Capistrano Unified School District
 - Garden Grove Unified School District
 - Huntington Beach Union High School District
 - Irvine Unified School District
 - Los Alamitos Unified School District
 - Newport-Mesa Unified School District
 - Placentia Yorba Linda Unified School District
 - Santa Ana Unified School District
 - Saddleback Valley Unified School District

Appendix F.

Family Resource Centers



CaPROMISE
Family Resource Centers and Local Education Agency/School Districts



	FRC	CONTACT INFORMATION	LEA/SCHOOL DISTRICT
1.	CARE Parent Network 1340 Arnold Drive, Suite #115 Martinez, CA 94553 800-281-3023 www.contracostaarc.com	Deborah Penry dpenry@careparentnetwork.org 925-313-0999, x107	West Contra Costa Unified School District 1108 Bissell Avenue Richmond, CA 94801 510-231-1101 www.wccusd.net/
2.	Carolyn Kordich FRC 1135 West 257 th Street Harbor City, CA 90710 310-325-7288 www.ckfrc.org	Dominique DeBorba domckfrc@sbcglobal.net 310-325-7288	Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213- 241-1000 www.lausd.k12.ca.us/
3.	Comfort Connection FRC 1525 North Tustin Drive Santa Ana, CA 92705 714- 558-5400 www.rcocdd.com	Kathleen McFarlin kmcfarlin@rcocdd.com 714-558-5401	Irvine Unified School District 5050 Barranca Parkway Irvine, CA 92604 949-936-5000 www.iusd.org/
4.	Early Start Family Resource Network 1425 S. Waterman Avenue San Bernardino, CA 92408 800-974-5553 www.esfrn.org	Janice Hinton jhinton@inlandrc.org 909-890-4790	West End Special Education Local Plan Area – San Bernardino 8265 Aspen Avenue, Suite 200 Rancho Cucamonga, CA 91730 909-481-4547 www.weselpa.sbcss.k12.ca.us San Bernardino City Unified School District 777 North F Street, San Bernardino, CA 92410 909-381-1100 www.sbcusd.com/ Riverside County Office of Education 3939 13 th Street Riverside, CA 92502-0868 951-826-6530 www.rcoe.us

	Early Start Family Resource Network <i>(cont'd)</i>		Desert Mountain Special Education Local Plan Area – San Bernardino 17800 Highway 18 Apple Valley, CA 92307-1219 760-955-3555 www.sbcss.k12.ca.us/
5.	East LA Family Resource Library 1000 S. Fremont Avenue Suite 6050, Unit 35 Alhambra, CA 91803 626-300-9171 www.frcnca.org	Yvette Baptiste ybaptiste@elafrc.net 626-300-9171, x100	Whittier Union High School District 9401 Painter Avenue Whittier, CA 90605 562-698-8121 www.wuhsd.org Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213- 241-1000 www.lausd.k12.ca.us/
6.	Exceptional Family Resource Center 9245 Sky Park Court, #130 San Diego, CA 92123 800-281-8252 619-594-7416 www.efrconline.org	Sherry Torok storok@mail.sdsu.edu 619-594-7394 Joyce Clark joyce.clark@mail.sdsu.edu 619-594-7416	San Diego Unified School District 4100 Normal Street San Diego, CA 92103 619-725-8000 www.sandi.net/
7.	Family Focus Resource Center – CSUN CA State University, Northridge College of Education, Room E109 18111 Nordhoff Street Northridge, CA 91330-8265 661-294-9715 www.csunfamilyfocus.com	Victoria Berrey victoria.berrey@csun.edu 818-677-7063	Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213-241-1000 www.lausd.k12.ca.us/

8.	Family Resource Network 5250 Claremont Avenue, Suite 148 Stockton, CA 95207 800-847-3030 FRNfamilies@aol.com www.frcn.org	Ann Cirimele annfrn@aol.com 209-472-3974 Lisa Culley lisacfn@yahoo.com 209-472-3974	Lodi Unified School District 1305 E. Vine Street Lodi, CA 95240 209-331-7000 www.lodiusd.net/
9.	Family Resource Network of Alameda County 291 Estudillo Avenue San Leandro, CA 94577 510-547-7322 www.frnoakland.org	Eileen Crumm eileenc@frnoakland.org 510-547-7322	Oakland Unified School District 1000 Broadway Oakland, CA 94607 510-434-7790 www.ousd.k12.ca.us/
10.	Koch-Young Resource Center 3303 Wilshire Blvd., Suite 700 Los Angeles, CA 90010 800-546-3676 www.lanterman.org	Rose Chacana rchacana@lanterman.org 213-252-4980	Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213-241-1000 www.lausd.k12.ca.us/
11.	Long Beach FRC Long Beach Memorial FRC c/o Miller Children's Hospital 2801 Atlantic Avenue Long Beach, CA, 90806 562-933-8050 www.memorialcare.com	Brenda R. Macias bmacias@memorialcare.org 562-933-8050 Martha Dela Torre 562-933-8045	Long Beach Unified School District 1515 Hughes Way Long Beach, CA 90810 562-997-8000 www.lbschools.net Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213- 241-1000 www.lausd.k12.ca.us/

12.	<p>Matrix Parent Network 817 Missouri Street, Suite 2 Fairfield, CA 94533 707-423-2545 www.matrixparents.org</p>	<p>Nora Thompson norat@matrixparents.org 415-475-2114</p>	<p>Vallejo City Unified School District 665 Walnut Avenue Vallejo, CA 94592 707-556-8921 www.vallejo.k12.ca.us</p> <p>Solano County Office of Education 5100 Business Center Drive Fairfield, CA 94534 707-399-4400 www.ousd.k12.ca.us/</p>
13.	<p>Parents Helping Parents, Inc. Sobrato Center for Nonprofits - San Jose 1400 Parkmoor Avenue, Suite 100 San Jose, CA 95126 855-727-5775 www.php.com</p>	<p>Jane Floethe Ford jane@php.com 408-727-5775 x115</p>	<p>Santa Clara County Office of Education 1290 Ridder Park Drive San Jose, CA 95131 408-453-6500 www.sccoe.org/</p> <p>Santa Clara Unified School District 1889 Lawrence Road Santa Clara, CA 95051 408-423-2000 www.santaclarausd.org/</p> <p>East Side Union High School District 830 North Capitol Avenue San Jose, CA 95133 408-347-5000 www.esuhd.org/</p> <p>Milpitas Unified School District 1331 East Calaveras Boulevard Milpitas, CA 95035 408-635-2600 www.musd.org/</p>

	Parents Helping Parents, Inc. (cont'd)		Expandability 1150 S. Bascom Avenue, Suite 7A San Jose, CA 95128 408-278-2014 www.expandability.org
14.	South Central Los Angeles Regional Center 2500 S. Western Avenue Los Angeles, CA 90018 213-744-8882 www.sclarc.org	Monique Watts moniquew@SCLARC.org 213-744-8899	Compton Unified School District 501 S. Santa Fe Compton, CA 90221 310-639-4321 www.web.compton.k12.ca.us/ Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 213-241-1000 www.lausd.k12.ca.us/
15.	Warmline Family Resource Center 2791 24 th Street Sacramento, CA 95818 800-455-9517 www.warmlinefrc.org	Kelly Young kelly@warmlinefrc.org 916-455-9500	Elk Grove Unified School District 9510 Elk Grove Florin Road Elk Grove, CA 95624 916-686-5085 www.egusd.net
16.	Westside Family Resource & Empowerment Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953 310-258-4099 www.wfrec.org	Liz Spencer lspencer@westsiderc.org 310-258-4099	Centinela Valley Union High School District 14901 South Inglewood Avenue Lawndale, CA 90260 310-263-3200 www.centinela.k12.ca.us/ Los Angeles Unified School 333 South Beaudry Avenue Los Angeles, CA 90017 1-213- 241-1000 www.lausd.k12.ca.us/