
YOUNG PARENTS DEMONSTRATION PROGRAM: ROUND III GRANTEE IMPLEMENTATION AND IMPACT RESULTS

FINAL REPORT

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ABSTRACT

The Young Parents Demonstration (YPD) was a federal grant initiative, sponsored by the U.S. Department of Labor's Employment and Training Administration (DOL/ETA) and Chief Evaluation Office (CEO) to test the effectiveness of enhanced services in improving educational and employment outcomes for at-risk parenting and expectant youth. The focus of this final report is on the four Round III community-based organizations awarded three-year grants in June 2011 totaling \$5.5 million. YPD grantees were required to implement a differential experimental research design, whereby treatment group members received an additional level of services above and beyond the base level of services provided to the control group. The treatment intervention, which was mentoring services, was aimed at improving employment and earnings of participants, as well as improving chances that participants would obtain additional educational degrees and certifications. Study findings are based on: (1) a review of the literature on at-risk youth initiatives and YPD grantee documents; (2) collection of participant-level data through a Participant Tracking System (PTS); (3) site visits to each of the Round III grantees; (4) a participant follow-up survey conducted at 18 months after random assignment of program participants; and (5) collection and matching of Unemployment Insurance (UI) wage record data available through the National Directory of New Hires (NDNH).

Using YPD participants' responses to the 18-Month Participant Follow-up Survey, the research team examined the impact of the treatment (mentoring) on the three primary outcomes of interest: employment status, cumulative earnings, and completion of high school (or an equivalent). Evaluation results did not show statistically significant impacts of the YPD treatment intervention (mentoring) on any of these three outcomes at 18 months after random assignment. Using data on a subsample of YPD participants with earnings data from the National Directory of New Hires, the research team found no statistically significant impacts of the YPD Round III treatment (mentoring) on annual earnings in year four after random assignment. The research team conducted additional exploratory analyses to examine impacts of YPD on a range of other outcomes (such as welfare receipt, family composition, food and housing security and having another child), and similarly, found no statistically significant impacts of the treatment. The lack of measureable impacts on key participant outcomes aligns with a number of recent experimental studies of at-risk youth interventions initiatives where no statistically significant impact results were found between the treatment and control groups, though YPD study results contrast with some studies of mentoring that have suggested positive and statistically significant impacts of mentoring services.

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LISTS OF ACRONYMS

Acronym	Description
ABCCM	Asheville-Buncombe Community Christian Ministry (YPD Grantee)
ABE	Adult Basic Education
AFDC	Aid to Families with Dependent Children
AJC	American Job Center
APPAM	Association for Public Policy Analysis and Management
ARRA	American Recovery and Reinvestment Act
BBBSP	Big Brothers Big Sisters Program
BESI	Barriers to Employment Success Inventory
CBO	Community-Based Organization
CDL	Commercial Driver’s License
CEO	Chief Evaluation Office (of the U.S. Department of Labor)
CNA	Certified Nursing Assistant
CSBG	Community Service Block Grants
DOL	U.S. Department of Labor
DOL/ETA	U.S. Department of Labor, Employment and Training Administration
ESL	English as a Second Language
FBO	Faith-Based Organization
FSDC	Family Services of Davidson County
FPLS	Federal Parent Locator Service
FSW	Family Support Worker
GAO	Government Accountability Office (formerly the General Accounting Office)
FY	Fiscal Year
GED	General Educational Development
HSE	High School Equivalency
IFSP	Individual Family Support Plan
ISP	Individualized Service Plan
ITA	Individual Training Account
LEAP	Learning, Earning, and Parenting Program
MA	Medical Assistant
MIHP	Maternal and Infant Health Program
MOU	Memorandum of Understanding
NDNH	National Directory of New Hires
OCSE	Office of Child Support and Enforcement
OJT	On-the-Job-Training
OLS	Ordinary Least Squares
PFF	Partners for Fragile Families
PFS	Parent’s Fair Share
PTS	Participant Tracking System

RA	Random Assignment
RCT	Randomized Controlled Trial
SGA	Solicitation for Grant Applications
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)
SOW	Statement of Work
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TABE	Test of Adult Basic Education
TANF	Temporary Assistance for Needy Families
TPD	Teenage Parent Demonstration
TRA-LARE	Training Resources of America (YPD Grantee)
UI	Unemployment Insurance
DOL	U.S. Department of Labor
WIA	Workforce Investment Act of 1998
WIB	Workforce Investment Board
WIOA	Workforce Innovation and Opportunity Act of 2014
YPD	Young Parents Demonstration

EXECUTIVE SUMMARY

BACKGROUND

The Young Parents Demonstration (YPD) was a federal grant initiative, sponsored by the U.S. Department of Labor’s Employment and Training Administration (DOL/ETA) and Chief Evaluation Office (CEO), to enhance DOL/ETA’s existing programs to better serve at-risk and disadvantaged young parents and expectant parents, ages 16 to 24.¹ In Fiscal Year (FY) 2008, Congress designated Pilot, Demonstration, and Research funds under the Workforce Investment Act of 1998 (WIA) for DOL/ETA to award competitive grants under the YPD initiative. The purpose of these grants was to test the effectiveness of enhanced services in improving educational and employment outcomes for at-risk parenting and expectant youth.²

The four Round III grant recipients were all community-based nonprofit service provider organizations. Periods of performance for the four organizations funded with Round III grants were for four years (from July 2011 through June 2015), with grant awards ranging from \$1,000,000 to \$1,400,161. Exhibit ES-1 provides an overview of the four Round III grantees (and five grantee sites), including the grantee’s name, location, and a brief description of the treatment intervention.

YPD grantees were required to implement a differential experimental research design, whereby the treatment group received an enhanced service intervention – mentoring – above and beyond the base level of services provided to both the treatment and control groups. The treatment intervention was aimed at improving employment, earnings, and educational outcomes for treatment group participants to foster long-term self-sufficiency. Additionally, to varying degrees, grantees had secondary goals of reducing welfare dependency, enhancing parenting skills, reducing at-risk behavior (e.g., substance abuse and criminal activity), and other associated outcomes. A total of 1,721 individuals were randomly assigned to the treatment and control groups (with equal proportion assigned to each group), with the numbers of YPD participants ranging from 399 at Training Resources of America to 509 at AltaMed Health Services.

In 2010, DOL/ETA contracted with Capital Research Corporation and The Urban Institute – along with subcontractors, Abt Associates/Abt SRBI, Westat, Inc., and The George Washington University – to conduct a process/implementation and impact evaluation of YPD. The aim of the implementation evaluation component was to provide DOL/ETA with a detailed description of the treatment and control group interventions as they were implemented in each site, including information about participant recruitment and intake procedures, participant flow

¹ DOL’s Chief Evaluation Office contributed funding for matching participant data with National Directory of New Hires data, as well as Program Year (PY) 2020 funds to complete the evaluation.

² U.S. Department of Labor, Employment and Training Administration, “Notice of Availability of Funds and Solicitation of Grant Applications (SGA) to Fund Demonstration Projects,” *Federal Register*, Vol. 73, No. 193, October 3, 2008, p. 57670 (available at: <https://www.gpo.gov/fdsys/pkg/FR-2008-10-03/pdf/E8-23319.pdf>). Accessed August 28, 2016.

through services, types and intensity of base and enhanced services made available to participants, grantee partnering with other organizations, key implementation challenges and how they were addressed, and program costs. The impact evaluation study component was aimed at estimating net impacts of the treatment intervention on educational, employment and earnings, welfare receipt, and other outcomes.

Exhibit ES-1: Overview of YPD Round III Grantees

Grantee	Location	# of YPD Enrollees	Mentoring Intervention Tested (for Treatment Group Only)
AltaMed Health Services	Los Angeles, CA	509	Two types of mentoring: (1) intensive one-on-one mentoring provided by alumni, community and AmeriCorps volunteers; and (2) group mentoring workshops/classes facilitated by AmeriCorps volunteers.
Dannon Project	Birmingham, AL	413	One-on-one and group mentoring activities focusing on development of participants' communication/emotional skills and support of achievement in program/credential completion, employment, and job retention.
Asheville-Buncombe Community Christian Ministry (ABCCM)	Asheville, NC	400	<i>ABCCM</i> : Modified version of national Circles mentoring program, including assignment to 2-3 mentors and a Coach for one-on-one and group mentoring; participation in community meetings with other mentor/mentee teams. <i>FSDC (Subcontractor)</i> : Modified version of national Circles mentoring program, including assignment to a mentor for one-on-one mentoring; participation in Circle Group meetings for group activities with other mentor/mentee teams
Training Resources of America (TRALARE)	Worcester, MA	399	One-on-one mentoring services focusing on education, career advancement and personal development provided by volunteer mentors.

Note: Enrollment figures are from the Participant Tracking System (PTS) and are based on numbers of youth randomly assigned to treatment and control groups by grantees using the PTS.

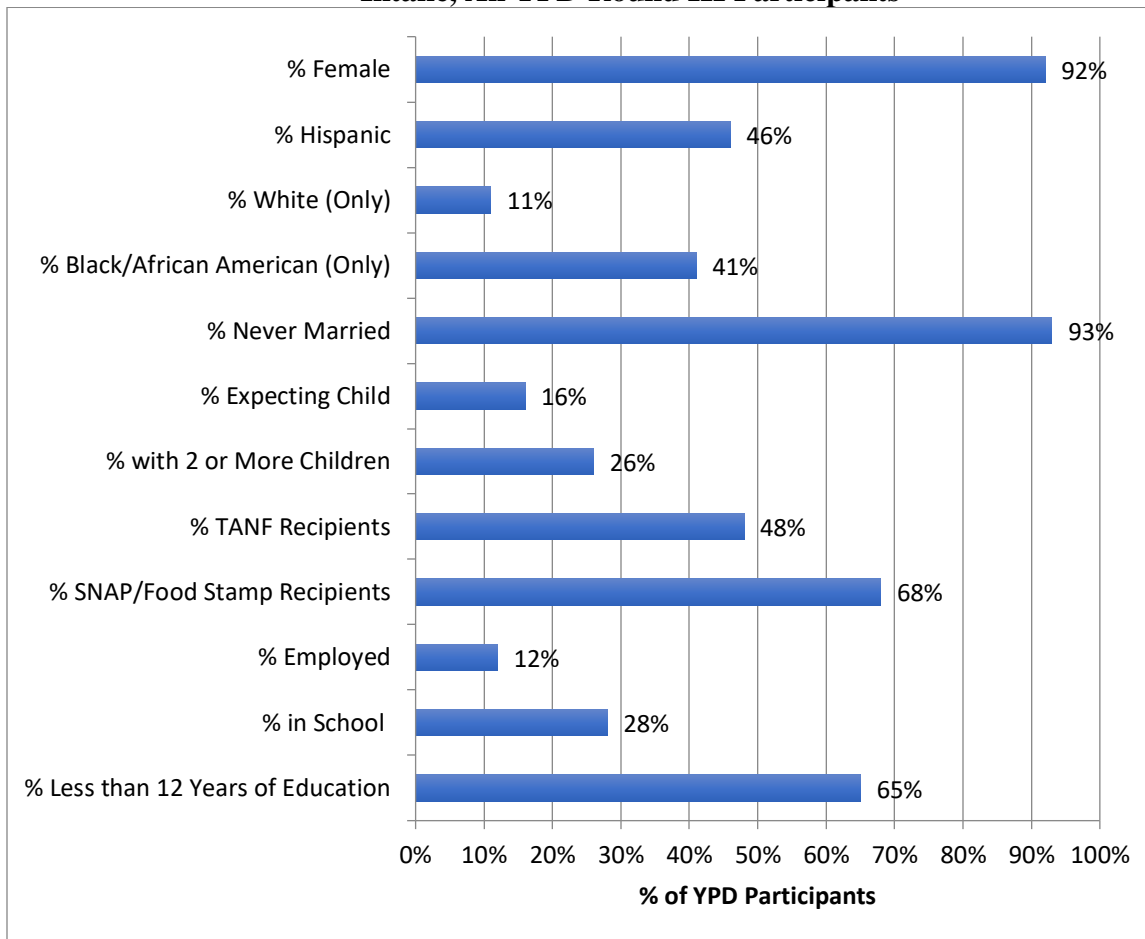
Study results in this report are based on five key data sources: (1) a review of the literature on at-risk youth initiatives and YPD grantee documents; (2) collection of participant-level data through a Participant Tracking System (PTS); (3) site visits to each of the Round III grantees; (4) a participant follow-up survey conducted at 18 months after random assignment of program participants; and (5) collection and matching of Unemployment Insurance (UI) wage record data available through the National Directory of New Hires (NDNH).

KEY STUDY FINDINGS

1. YPD Participant Characteristics

YPD participants were predominantly female (92 percent), never married (93 percent), SNAP recipients (68 percent), unemployed (88 percent), and had less than 12 years of education (65 percent). About half (48 percent) of participants were TANF recipients. On average, participants were 20 years of age at intake. Relatively few participants were employed at intake (12 percent) – and those who were employed had low paying jobs (paying less than \$10 per hour). About one-quarter of YPD participants were enrolled in school at intake (28 percent). Exhibit ES-2 provides an overview of select participant characteristics across the four Round III grantees.

Exhibit ES-2: Overview of Selected YPD Participant Characteristics at the Time of Intake, All YPD Round III Participants



Source: Participant Tracking System (N = 1,595)

2. YPD Intervention Services

The YPD program tested a differential treatment model, whereby both treatment and control group members received a base level of services, with treatment group members receiving an added increment of services in the form of mentoring. The base service package and the added mentoring services varied substantially across Round III grantees, with services provided to YPD participants tailored to individual service needs and preferences, as highlighted below.

Base/Existing Services (Provided for Both the Treatment and Control Groups). The Round III grantees operated programs that offered education, training, and employment-focused services to both the treatment and control groups. The five grantee sites offered a substantial package of base services to both treatment and control groups, including some combination of the following: post-secondary education; basic skills instruction; pre-GED/GED preparation; English as a Second Language (ESL) or English for Speakers of Other Languages (ESOL) classes; tutoring/study skills instruction; job readiness/life skills training/career counseling; occupational skills training (e.g., certified nursing assistant [CNA], patient care technician [PCT], phlebotomy technician, industrial maintenance technician); OJT, work experience, or paid/unpaid internships; job development and placement; job retention services; parenting skills instruction/workshops; supportive services; and financial/budgeting instruction. Though all sites adhered to the differential experimental research design, no two sites were the same in terms of their mix of services offered or how specific services were structured as part of the base services package.

YPD Enhanced Services (Provided for the Treatment Group Only). As DOL/ETA intended under the demonstration, the Round III grantees offered mentoring services to treatment group members as the enhancement to the base service package, but there was considerable variation across the grantee sites in terms of how mentoring services were structured and the extent to which treatment group participants engaged in mentoring services. In general, the goal of the mentoring services in each grantee site was to support mentor-mentee relationships in which the mentor provided ongoing guidance on development of life skills, as well as support and assistance in removing barriers to success and achieving personal, education, employment, and career advancement goals. Nearly half (48 percent) of treatment group members received individual mentoring services (compared with one percent of control group members, who received mentoring services from sources other than the YPD grantee). Receipt of mentoring services ranged from as low as 32 percent (at FSDC) to as high as 75 percent (at Dannon). Treatment group members receiving individual mentoring services had (on average) 19.5 contacts with their mentors and received 12.7 hours of mentoring services during their involvement in the demonstration. The number of hours of mentoring received fell well short of the dosage of mentoring intended under the demonstration, which was four hours per month over 18 months for each treatment group member (i.e., 72 hours).

3. YPD Estimated Impacts on Treatment Group Participants

Using YPD participants’ responses to the 18-Month Participant Follow-up Survey, the research team examined the impact of YPD on the three primary outcomes of interest: employment status, cumulative earnings, and completion of high school (or an equivalent). Evaluation results did not show statistically significant impacts of the YPD treatment intervention (mentoring) on any of these three outcomes at 18 months after random assignment (see Exhibit ES-3). YPD participants (in both the treatment and control groups) continued to exhibit economic disadvantage 18 months after random assignment (as they did at the time of YPD intake), even after receiving base and enhanced services from YPD grantees. For example, only 40 percent of the treatment group was employed at 18 months, and average 18-month cumulative earnings – \$4,044 – were well below the poverty level. Additionally, only about half (54 percent) of YPD treatment group participants had finished high school (or equivalent) at 18 months after random assignment.

Exhibit ES-3: Estimated Impact of YPD on Employment, Earnings and Education 18 Months after Random Assignment [Using Regression-Adjusted Means]

Employment, Earnings and Educational Attainment	Number of Observations Used	Treatment Group: Observed Mean	Treatment Group: Estimated Mean without YPD, Regression-Adjusted	Estimated Impact (Standard Error)	P-Value
Employed (%)	724	40.2	42.5	-2.4 (0.16)	0.609
Cumulative earnings (\$)	741	4,044	3,484	560 (589)	0.242
Obtained high school diploma, GED, or some college (%)	720	53.6	58.1	-4.5 (0.16)	0.332

Source: Authors’ analysis of the 18-Month Follow-up Survey; n = 744.

Notes: Logistic regression analysis was used to estimate the impacts of YPD on binary outcomes; Ordinary Least Squares regression was used to estimate the impact of YPD on continuous outcomes. Regression analyses included the following controls: characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects. Analyses were weighted to account for survey non-response. *<0.1; **<0.05; ***<0.01

Using data on a subsample of YPD participants (43 percent) with earnings data from the National Directory of New Hires, the research team examined annual earnings for the fourth year after random assignment. As shown in Exhibit ES-4, no measurable impacts of the YPD Round III treatment (mentoring) on annual earnings in year four after random assignment were found. The impact of YPD on earnings in year four was -\$257. The treatment group earned \$7,771 in year four; without YPD, the treatment group would have earned \$8,028. The impact estimate was small in magnitude and not statistically significant.³ The evaluation also examined the

³ The research team also conducted a sensitivity analysis to determine whether small sample sizes could be impeding ability to detect statistically significant findings. For one quarter – quarter 13 after random assignment – all but two YPD participants had quarterly earnings records. The research team estimated the impact of the YPD treatment (mentoring) on quarterly earnings in quarter 13 after random assignment and found no measurable impact. This result taken together with the small impact estimate on earnings in year four provides more evidence that YPD did not have a measurable impact on earnings.

impact of the YPD treatment on annual earnings in year four (using unadjusted means) by participants' age at intake into the program and by grantee. No measureable impacts of the treatment intervention on annual earnings in year four by age of participants or by grantee were found.

Exhibit ES-4: Estimated Impact of YPD on Annual Earnings in Year Four after Random Assignment [Using Regression-Adjusted Means]

Earnings	Number of Observations Used	Treatment Group: Observed Mean (\$)	Treatment Group: Estimated Mean without YPD, Regression-Adjusted (\$)	Estimated Impact (\$) (Standard Error)	P-Value
Annual Earnings in Year 4	658	7771	8028	-257 (732)	0.821

Source: Authors' analysis of National Directory of New Hires data. N = 685.

Notes: Regression analysis, controlling for characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects, is used to assess statistical significance. *<0.1; **<0.05; ***<0.01

The research team conducted additional exploratory analyses to examine impacts of YPD on a range of other outcomes (such as economic stability and having another child), and also did not find any statistically significant impacts. As shown in Exhibit ES-5, both YPD treatment and control group participants experienced challenges on several economic and social indicators at 18 months after random assignment. Family income was very low – on average, treatment group household income (cumulative) was \$11,458 (versus \$10,308 for the control group) over the 18-month period following random assignment. Though family income was below the poverty level, less than half (41 percent) of YPD treatment group participants (compared with 43 percent of the control group) received governmental cash assistance. Slightly less than three quarters of YPD treatment group participants (72 percent for both the treatment and control groups) received SNAP assistance; and the same proportions of treatment and control group members (70 percent) received Medicaid at some point during the 18 months following random assignment. Despite many receiving SNAP and Medicaid, the low resources of these households likely drove other participant outcomes during the 18-month period – only 41 percent of YPD treatment group participants (versus 37 percent of the control group) reported being food secure and one-third reported that at some point since random assignment they had been unable to pay their mortgage, rent, or utility bills.

**Exhibit ES-5: Estimated Impact of YPD on Other Outcomes 18 Months
after Random Assignment [Unadjusted Means]**

Characteristic	Number of Observations Used	Treatment Group: Observed Mean	Treatment Group: Estimated Mean without YPD, Regression-Adjusted	Estimated Impact (Standard Error)	P-Value
Family income during the past 18 months (mean \$)	614	11,458	10,308	1,150 (1267)	0.293
Received cash assistance from a state or county welfare program in the past 18 months (%)	717	40.9	43.0	-2.1 (0.17)	0.470
Received SNAP in the past 18 months (%)	724	72.3	72.4	-0.1 (0.18)	0.796
Food secure in the past 18 months (%)	723	41.1	37.2	3.9 (0.15)	0.346
YPD participant covered by Medicaid or a similar state program (%)	716	70.2	69.8	0.5 (0.17)	0.799
YPD participants' children covered by Medicaid or a similar state program in the past 18 months (%)	718	87.9	87.2	0.8 (0.24)	0.528
Received child care assistance in the past 18 months (%)	724	38.6	35.5	3.1 (0.16)	0.286
Had (or expecting) another child in the past 18 months (%)	720	43.6	41.2	2.4 (0.16)	0.442
Receives (or pays) child support in the past 18 months (%)	716	18.2	18.7	-0.5 (0.20)	0.913
Able to pay mortgage, rent or utility bills in the past 18 months (%)	721	67.2	67.7	-0.5 (0.16)	0.942

Source: Authors' analysis of the 18-Month Follow-up Survey; n = 744.

Notes: Logistic regression analysis was used to estimate the impacts of YPD on binary outcomes; Ordinary Least Squares regression was used to estimate the impact of YPD on continuous outcomes. Regression analyses included the following controls: characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects. Analyses were weighted to account for survey non-response. *<0.1; **<0.05; ***<0.01

KEY STUDY CONCLUSIONS AND IMPLICATIONS

Overall, the findings from the YPD evaluation (across the 17 YPD Rounds I through III grantees) show that the provision of enhanced services to young parents, on top of a substantial set of base services, had no measurable effect or a short-run effect that faded over time on participants' earnings. In the case where mentoring was the enhanced service, YPD also did not have a measurable effect on other key outcomes such as educational attainment, public assistance receipt, family income, economic stability and family composition. While the findings may lead one to believe that the treatment – the enhanced services – did not work for helping young parents, the implementation and evaluation challenges may underlie the YPD results.

The YPD impact findings, especially on employment and earnings, are not surprising. First, few impact studies on at-risk youth interventions examine employment and earnings outcomes, especially over a long follow-up period similar to the YPD evaluation. The lack of measurable impacts on employment and earnings aligns with a number of recent experimental studies of at-risk youth interventions where either no measurable impacts were found or where early positive measurable impacts were found to fade over time, such as in RCTs of Job Corps, the Teenage Parent Demonstration, the Quantum Opportunities Project, Upward Bound, the Latin American Youth Center's Promoter Pathway Program, and the Summer Career Exploration Program in Philadelphia.

However, the YPD Round III findings on the impacts of mentoring contrast with some of the positive and measurable findings on education, employment, behavioral, or other relevant outcomes for at-risk youth from studies of the Big Brothers Big Sisters Program and other mentoring initiatives. These studies found positive and measurable impacts on a range of educational outcomes, as well as a reduced likelihood of youth becoming involved in or remaining involved in criminal activity or beginning to abuse substances. While YPD's assessed these types of outcomes, data limitations, the low dosage of mentoring that the grantees provided, and the "newness" of the mentoring services implemented (not at a "steady state") may explain the null effects of the treatment.

Moving forward, the YPD demonstration – and specifically the lack of measurable participant impacts on employment and earnings, educational attainment, and a range of other outcomes – while not providing a roadmap for effective strategies for serving at-risk parenting youth, does suggest how DOL/ETA, other human services organizations, and foundations might identify and test other effective approaches to serving at-risk youth in the future. It is possible that future studies of mentoring (and other interventions grantees tested during YPD) could yield positive, measurable impacts for at-risk youth not found in YPD if: (1) sample sizes are larger to provide better powered analyses to more precisely estimate impacts between the treatment and control groups; (2) demonstration sites are able to better engage participants in mentoring and provide a more substantial dosage of mentoring to participants, develop their programs and services more fully, and serve young parents for a longer period of time; (3) to the extent feasible, demonstration sites ensure that the contrast between the services to the treatment and control groups are more distinct and consistent across sites so the evaluation can more strongly tie measurable impacts to specific interventions; and (4) participant outcomes (including educational attainment, employment and earnings, involvement with the criminal justice system, and other outcomes associated with long-term self-sufficiency) are followed for a period of five or more years to determine what may appear to be early impacts fade over time.

CHAPTER 1: INTRODUCTION

The Young Parents Demonstration (YPD) was a federal grant initiative, sponsored by the U.S. Department of Labor’s Employment and Training Administration (DOL/ETA), to enhance DOL/ETA’s existing programs to better serve at-risk and disadvantaged young parents and expectant parents. YPD was intended to “provide educational and occupational skills training leading to family economic self-sufficiency” to both mothers and fathers, and expectant parents, ages 16 to 24, including those in high-risk categories such as: victims of child abuse; children of incarcerated parents; court-involved youth; youth at risk of court involvement; homeless and runaway youth; Native American youth; migrant youth; youth in, or aging out of, foster care; low-income youth, and; youth with disabilities⁴ (DOL/ETA 2008).

DOL/ETA issued a Solicitation for Grant Applications (SGA) for the demonstration effort in October 2008 (DOL/ETA 2008), which resulted in three-year grant awards in June 2009 to 13 grantees (referred to as Rounds I and II grantees) (DOL/ETA 2009). These initial grant awards to Rounds I and II grantees are the focus of a separate report (Trutko et al. 2018). In March 2011, DOL/ETA issued a second SGA for a third round of YPD grants (DOL/ETA 2011a), with awards issued to four new grantees in June 2011 (DOL/ETA 2011b). The four grantees funded under the third round of grants had four-year periods of performance (from July 2011 through June 2015).⁵ This third round of grants is the focus of this report.

⁴ The Fiscal Year 2008 Department of Labor Appropriations Act provided funding (in Workforce Investment Act (WIA) Pilot, Demonstration and Research funds) to conduct a new demonstration program of competitive grants to address the employment and training needs of young parents.

⁵ Three of the four Round III grantees received extensions ranging from three to five months, with the latest extension through November 2015. Additional details about the YPD program and the evaluation effort are presented later in this chapter.

This report presents impact study results for the Round III YPD grantees, examining employment and earnings, educational outcomes, and other selected outcomes for young parents randomly assigned under the demonstration effort to treatment and control groups. Additionally, this report presents key findings and lessons learned from the implementation study component of the evaluation, which focused on the types and intensity of services provided under the intervention, as well as contextual factors and implementation challenges faced by the four Round III grantees. This chapter begins with a review of the literature on at-risk youth, with a particular focus on the results of experimental studies providing a range of employment, training, education, and mentoring services. This discussion is followed by additional background on YPD and the evaluation effort.

A. LESSONS FROM PRIOR EFFORTS TO IMPROVE THE WELL-BEING OF AT-RISK YOUTH

There are many programs that serve at-risk youth, including young parents, that aim to improve their life chances by ensuring they have the basic education, technical skills, and life skills that will help them succeed. This section first highlights the issue of teen pregnancy and its effects on the well-being of young parents and children, then reviews key findings from experimental studies of interventions to assist at-risk youth and young parents.

Teenage Pregnancy and Well-Being of Young Parents and Their Children. YPD was initiated to test innovative approaches that address the persistent challenges associated with teenage pregnancy and parenting in the United States. While the birth rate has declined almost continuously over the past 20 years, the teen birth rate is still higher in the U.S. than many other developed countries, including Canada and the United Kingdom (United Nations Statistics Division 2015). In 2013 there were 26.5 births for every 1,000 females ages 15 to 19, or 273,105

births nationwide by females in this age group. Nearly 9 in 10 (89 percent) of those births occurred outside of marriage (Hamilton et al. 2015). As underscored in DOL/ETA's grant solicitation for YPD, early pregnancy and childbearing is connected to a range of challenges that affect the long-term well-being of mothers and their children:

...Early pregnancy and childbearing is closely linked to a host of critical social issues reflecting both the disadvantaged backgrounds of most teen parents and the consequences of early childbearing. Teenage mothers and their children experience more negative outcomes than mothers who delay childbearing until they are older. Children of teen mothers are more likely to be born prematurely and at low birth weight, to suffer higher rates of neglect and abuse, to perform poorly in school, and to become teen parents themselves. Teen mothers are more likely to drop out of school, live in poverty, have lower overall educational attainment, and be dependent on public assistance at some point in their lives. (DOL/ETA 2008, p. 57670)

Seven in 10 children living with a single mother are poor or low-income, compared to less than one-third (32 percent) of children living in other types of families (Mather 2010). Many of these families are dependent on public assistance at some point in their lives, and they are more likely to experience poor nutrition, education, and health outcomes. The educational levels and earnings of men who become fathers during their teen years are also lower than their counterparts. Compared to men who do not have children during their teen years, men who have a child with a teen mother tend to complete fewer years of education, are less likely to receive a high school diploma or high school equivalency credential, and earn 10 to 15 percent less (Brein and Willis 1997; Hoffman 2006). A recent review of the literature by Sick et al. (2018) highlights some of the key challenges faced by young parents:

...Adolescents who have children while in high school face unique obstacles to completing their education as they must balance their complex needs as a student with the needs of their children. Indeed, only about half of mothers who have children in their teens finish high school (Center for the Study of Social Policy 2015). Reliable child care is often a major determining factor of young parents' success in school, and teen parents commonly struggle to find stable, affordable, high-quality child care that meets their scheduling needs (Sadler et al. 2007). Young parents also have lower levels of social support (such as networks of family, friends, and neighbors that can provide emotional

and practical support in times of need) than older mothers (Albritton et al. 2014; Ozbay et al. 2007), making it even more challenging for them to balance their complex demands. Many schools are not equipped to address teen parents' needs for flexible hours, alternative courses, and on-site child care (Aron and Zweig 2003). Further, young parents who do not complete high school have especially low basic skills. That, coupled with the effects of parenting responsibilities, limits their employment opportunities beyond low-wage jobs (Maynard 1995).⁶

Teen childbearing also has costs for society at large.⁷ Major costs include public sector services addressing health care, increased use of child welfare services, and lost tax revenue from absent or reduced engagement in the workforce by parenting teens. Taken together, the poor outcomes of young parents and high societal costs call for interventions that offer these youth better opportunities for supporting their families and contributing to their communities.

Experimental Studies of Interventions Aimed at Improving Outcomes of At-Risk Youth. Many programs have targeted pregnant and parenting teens, providing health and prenatal services, parenting and social supports, and resources to allow them to complete their education or participate in job training. In planning YPD, DOL/ETA structured its goals and services based on randomized controlled trial (RCT) studies that had targeted youth and parenting teens. These earlier initiatives, several of which were cited in the original YPD grant solicitation,⁸ focused on keeping youth in school and reducing the likelihood of dropping out of school before attaining a high school diploma, helping youth to attain additional educational degrees or other credentials/certificates, improving job readiness, and providing parenting skills. A common emphasis of these initiatives was on the importance of obtaining high school

⁶ See Sick et al. (2018) for a more detailed discussion of young parent families, ages 18 to 24, using data from the Survey of Income and Program Participation (SIPP).

⁷ For example, Hoffman (2006) estimated annual costs to taxpayers of approximately \$9.1 billion related to teen childbearing.

⁸ Programs cited in the SGA included: New Chance, Teenage Parent Demonstration (TPD), Learning, Earning, and Parenting (LEAP), Parents' Fair Share, and Partners for Fragile Families (DOL/ETA 2008).

diplomas and pursuing further education or job training to improve short- and long-term employability, earnings, and self-sufficiency.

Experimental impact studies (involving random assignment of youth to treatment and control groups) of initiatives to assist at-risk youth improve their education, employment, and a range of other outcomes have had mixed results. Some studies have found no significant impacts of intervention services, while others have found positive impacts for certain participant outcomes, but not others. Key impact findings from several of the programs that DOL/ETA cited in its SGA were the following:

- Treatment group participants in the *New Chance Program*, which focused on providing young mothers with educational, vocational, and parenting skills training, were, in fact, more likely to have problems finding a place to live, birth a second child sooner, and report experiencing parenting stresses. Child developmental outcomes did not appear to be improved for the treatment group participants' children (Quint et al. 1997).
- Although the *Teenage Parent Demonstration* for teen mothers receiving Aid to Families with Dependent Children (AFDC) led to increased school attendance, job training completion, and employment initially, effects quickly faded after the program's conclusion (Kisker et al. 1998).
- Experimental studies of *Parents' Fair Share* and *Partners for Fragile Families*, which served young noncustodial fathers to help increase their child support payments, showed increased employment and earnings (although modest for *Partners for Fragile Families*). In the case of *Parents' Fair Share*, the earnings increases were experienced by the least-employable men who needed assistance finding jobs. Both studies showed increased child support payments (Miller and Knox 2001; Martinson et al. 2007).
- Bos and Fellerath's (1997) experimental evaluation of *Learning, Earning, and Parenting (LEAP)* programs found that enrollment in LEAP led to increased high school and GED program attendance, and successful completion of additional school years.

Findings from several other impact studies of initiatives targeted on at-risk youth identified participant impacts on some outcome measures but not others, indicating the possibility that early impacts of programs may fade over time, and general challenges to serving this at-risk youth:

- An MDRC study of the *ChalleNGe* initiative, which targeted high school dropouts (16 to 18 years of age), found randomly assigned treatment group participants were much more likely than those assigned to the control group to have obtained a GED, to have earned college credits, and be employed. There were, however, few statistically significant differences between groups on measures of crime, delinquency, health, or lifestyle outcomes (Millenky et al. 2011).
- A Mathematica Policy Research study of the *Job Corps*, targeting youth 16 to 24 years of age, found that program participants were more likely than those in the control group to receive a GED and vocational certificates, and to spend more hours in vocational training. However, participation in Job Corps did not improve college attendance, and it had negative impacts on the likelihood of receiving a high school diploma for those enrolled in school at the time they were assigned to the treatment group. Job Corps participants received intensive vocational/job and life skills training through a residential component to prepare youth for work in a specific trade. The program also provides basic skills training, assistance with housing, referrals for substance abuse treatment, and other supports. The program increased average weekly earnings about two years after random assignment. In the last quarter of the 30-month follow-up period, the gain in average weekly earnings per participant was \$18, or 11 percent, compared to the control group (average earnings for all participants were \$13 higher). The program provided greater gains for very young students, female participants with children, and older youth who did not possess a high school diploma or GED at enrollment. Arrest rates were reduced by 22 percent. For participants ages 16 and 17, arrest rate reductions were largest in the early follow-up period (about 40 percent), before they started leaving the program. Impacts were more sustained for older applicants – the arrest rate for this group did not increase as much after they left the program (Schochet et al. 2000). However, a follow-up study by Schochet et al. (2006) found that earlier earnings gains for the treatment group faded five years after random assignment and were not significantly different from the control group results.
- A MDRC study of *Career Academies*, serving in-school youth ages 14 to 18, found mixed results for different types of youth, with those identified as “at high-risk” of dropping out of school benefiting the most from the intervention.⁹ Among students identified as at high-risk of school failure (about one-fourth of the study sample), Career Academies significantly cut dropout rates and increased attendance, credits earned toward graduation, and preparation for post-secondary education. When the experimental study results were averaged across the diverse groups of students in the full study sample, however, MDRC concluded that “it appears that the Career Academies produced only slight reductions in dropout rates, and modest increases in other measures of school engagement” (Kemple & Snipes 2000).

⁹ The “high-risk” subgroup was defined as students in the study sample (approximately 25 percent of both the Academy and the non-Academy groups) with the combination of characteristics associated with the highest likelihood of dropping out of high school. Six characteristics (such as average daily attendance in the year before the student applied to the Academy) were included in this determination. See Kemple and Snipes 2000, pp. 26-27, for the six factors used.

- A random assignment evaluation of the *Quantum Opportunities Project (QOP)*, in which 1,100 9th graders from 11 high schools were randomly assigned to a treatment or control group, explored impacts of case management and mentoring, education, developmental activities, community service, supportive services, and financial incentives on educational attainment and labor market participation nine years after program enrollment. The study reported no statistically significant impacts of participation in QOP on postsecondary educational attainment, likelihood of employment, or earnings for the full sample (Schirm and McKie 2006).
- A random assignment study of *Upward Bound* -- one of the largest and longest-running federal programs designed to help economically disadvantaged students prepare for, enter, and succeed in college -- found no overall impacts of the intervention on high school graduation or college enrollment. About 1,500 applicants were assigned to the treatment group and about 1,300 to the control group. Upward Bound projects provide students with a variety of services, including instruction, tutoring, and counseling. In addition to regularly scheduled meetings throughout the school year, projects offered an intensive instructional program that met daily for about six weeks during the summer. Despite no overall statistically significant impacts, the evaluation found for the subgroup of students with lower educational expectations at baseline – that is, the students who did not expect to complete a bachelor’s degree – Upward Bound increased the rate of postsecondary enrollment and the likelihood of receiving a degree, license, or certificate by 6 and 12 percentage points, respectively, raising the overall postsecondary completion rate to about the level observed for students with higher expectations. (Myers et al. 2004; Seftor et al. 2009).
- A RCT to examine the effects of the *Summer Career Exploration Program (SCEP)* in Philadelphia - a program to provide high school students with a summer job in the private sector, pre-employment training, and a college-student mentor - found statistically significant, positive impacts of SCEP on participants’ employment and earnings over the summer that the evaluation occurred; however, these impacts on employment and earnings were not sustained over the one-year follow-up period. The study also found SCEP participants were no more likely to exhibit a stronger orientation toward work and careers than those who did not participate; SCEP did not increase employment rates of participants after they left the program; and SCEP did not foster a more positive outlook toward academic achievement. (McClanahan, Sipe, and Smith 2004).

The evaluations of these initiatives serving at-risk youth indicate overall that at-risk youth can be challenging to recruit and engage in intervention services, and that even when they are fully engaged, there may be few measureable long-term impacts, and early participant impacts may fade over time. In conducting an review of youth development, in-school, and out-of-school youth interventions aimed at improving education and employment for disadvantaged youth, Heinrich and Holzer (2011) highlight both the challenges and the potential for

interventions improving outcomes:

...On the basis of the programs and evidence reviewed above, what can we say about policies and programs to reduce disconnection and improve education and employment outcomes of disadvantaged youths? While the results in every category of programs are mixed, and the exact mechanisms that generate success in some cases are not well understood, some positive findings do emerge. Investments in youth development and mentoring efforts for adolescents can be quite cost-effective, even though the impacts are modest and tend to fade over time. Paid work experience, especially when combined with high-quality career and technical education, can be quite successful for at-risk students in high school, both by effectively engaging them in the short term and giving them valuable skills and labor market experience that can improve their earnings over time.¹⁰

Though some of these interventions discussed above provided mentoring services, most services provided under the programs and initiatives highlighted are more comprehensive (with mentoring sometimes provided as complementary part of a package of services). These impact study results are generally more useful in terms of understanding potential impacts of the base package of services offered by Round III grantees, rather than mentoring service provided to treatment group participants as the service enhancement under YPD. The next section provides findings from studies that have focused more directly on the measurable effects of mentoring for at-risk youth.

Mentoring Services as an Approach to Improving the Outcomes for At-Risk Youth.

Mentoring, an approach that was the focus of the enhanced services for all four Round III YPD grantees, is a strategy for helping at-risk youth succeed in their transition to adulthood by providing individualized support and guidance (DuBois et al. 2002; Grossman & Rhodes 2002; Thompson & Kelly-Vance 2001). Jekielek et al. (2002) provides a useful working definition of “mentoring” in the context of serving youth:

“...Mentoring is often defined as a sustained relationship between a young person and an

¹⁰ See Heinrich and Holtzer (2011) for a summary of findings from studies of youth development, in-school, and out-of-school initiatives. The appendix to this article provides a table that summarizes a variety of at-risk youth interventions, along with an overview of each initiative’s services and outcome measures examined.

adult in which the adult provides the young person with support, guidance, and assistance.”

Research on the benefits of mentoring in school and other setting suggests that employment-focused mentoring can be beneficial for young parents, in combination with parenting and social support mentoring. For example, Catalano et al. (1998) suggested that mentoring may play a role in helping disadvantaged youth complete school, build positive relationships with adults in their community, and reduce or prevent high-risk behavior. High-quality mentoring improves youth relationships with friends and family, “attitudes toward school and their future, and often improve[s] their behavior and performance as well, regardless of the programs’ explicit goals” (Grossman and Johnson 1998).

Several studies have indicated that youth mentoring programs can have substantial effects on academic achievement. Such programs can contribute to the likelihood that youth will complete high school and attend institutions of higher education (Cave and Quint 1990; Jacobi 1991). General attitudes of youth towards attending school, and successfully meeting academic goals, have also been found to be positively influenced by mentoring interventions (Jekielek et al. 2002). Mentored youth reported more positive interactions with classmates and teachers in school, as well as becoming more engaged with administered curriculums (Grossman and Tierney 1998).

A few studies have examined mentoring in the *Big Brothers Big Sisters Program (BBBSP)*. Grossman and Tierney’s (1998) impact study of mentoring provided through BBBSP found that youth mentoring had positive impacts upon the educational experiences of participants. As compared to control group participants, at the conclusion of the 18-month mentoring intervention, treatment group participants recorded roughly half as many days of school skipped (Grossman & Tierney 1998). Rhodes et al.’s (2000) study of BBBSP concluded

that mentoring services provided youth with support that resulted in significantly increased school attendance and helped youth attain higher grade point averages.

Mentoring programs can also positively affect social behaviors and the health of participants, which in turn may help them succeed academically and in the workforce as well (Grossman and Rhodes 2002; Grossman and Tierney 1998; Jekielek et al. 2002; Rhodes et al. 2005; Taussig and Culhane 2010). Youth that received mentoring in the BBBSP reported that they had better relationships with their parents and peers, and felt as though they could more openly communicate with these individuals after program completion (Grossman and Tierney 1998; Rhodes et al. 2000). According to Keating et al. (2002), teachers reported half as many occurrences of problematic behavioral episodes by at-risk youth who were enrolled in a mentoring program. Their parents also related fewer instances of anti-social behavior by the youth. Studying seven mentoring programs in Washington state, Herrera, DuBois, and Grossman (2013) found that, compared with the control group, youth receiving mentoring experienced fewer depressive symptoms and a greater likelihood of positive change at a 13-month follow-up in at least one of the study outcomes (including depressive symptoms, parent trust, social acceptance, self-perceptions of academic abilities, grades, skipping school, misconduct, and pro-social behavior). Herrera et al. (2013) study findings also indicated that mentors who received early-match training and consistent program support met more frequently and had longer-lasting relationships with their mentees. Youth whose mentors received training also reported higher-quality relationships. Heinrich and Holzer (2011), in their review of the literature on at-risk youth interventions, note the importance of the frequency and intensity of mentoring services in terms of effects of such services:

... Two key features of youth development programs that appear to increase program effectiveness are the frequency and intensity with which these programs engage youth in

activities (academic and nonacademic), particularly in their relationships with mentors. Although the experimental evaluations do not allow for the identification of specific components that contribute to the academic and behavioral/social impacts, the quality and length of relationships that youths develop with their mentors is cited as an important factor in studies of Big Brothers Big Sisters, the Boys and Girls Clubs of America, and Children's Aid Society/Carrera programs, as well as in the meta-analyses of mentoring programs.

A 2011 RCT investigated impacts of the *Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care (Outreach)*, a relationship-based program in which youth in foster care receive mentoring support (Courtney et al. 2011). The study found that the Outreach intervention significantly increased college enrollment and persistence. For example, significantly more Outreach youth reported being enrolled in college than youth in the regular foster care group (55.7 versus 37.4 percent), and a significantly greater percentage of Outreach youth persisted in college for at least one year compared with youth in the regular foster care group (48.9 versus 30.8 percent). However, the researchers also found that none of the other outcomes of interest (including grade completion, diploma/GED attainment, employment, earnings, and benefit receipt) were significantly different for the treatment and control groups.

A RCT evaluation of *InsideTrack*, a student coaching service providing mentoring to non-traditional college students through their first year of a degree program, found that while coaching was taking place during the first year, coached students were about five percentage points more likely to persist in college. The researchers also found that the effect of coaching on persistence did not disappear after the treatment, with coached students three to four percentage points more likely to persist in college after 18 months and 24 months (Bettinger & Baker, 2014).

Several impact studies of mentoring programs also found that mentored youth are less likely to become or remain involved in criminal activity (Grossman & Rhodes 2002; Grossman

and Tierney 1998; Rhodes et al. 2005). For example, youth that received mentoring through the BBBS were nearly one-third (32 percent) less likely to hit someone during program participation than their control group counterparts. However, the mentoring intervention presented in the BBBS study had little influence on deterring theft and property damage by participants (Grossman and Tierney, 1998). Youth mentoring programs may also be effective in reducing the likelihood that youth will begin to abuse substances. For example, youth enrolled in the BBBS who received the mentoring intervention were 45.8 percent less likely than their control group counterparts to begin using illegal drugs (Grossman and Tierney 1998). A long-term RCT of the *Buddy System*, a one-on-one youth mentoring program in Hawaii designed to prevent juvenile delinquency, found that, among study participants who were arrested before referral to the program, 55 percent of the treatment group were arrested in the next 35 years compared with 75 percent of the control group (O'Donnell and Williams 2013).

A recent RCT examining the effects of the Latin American Youth Center's Promotor Pathway Program (PPP) – a program intended to provide Latino youth ages 16 to 24 in the District of Columbia and Maryland with intensive client management (mentoring) to overcome significant life obstacles (including lack of education, homelessness, substance abuse, criminal convictions, etc.) – found that youth mentoring (treatment group service) did not result in significant or sustained positive impacts in many key outcomes areas that were tracked. Although mentor and mentee engagement across the treatment group was high (94 percent of youth engaged the mentor at least once) employment, substance abuse, and violence and delinquency outcomes were not significantly impacted. Slightly higher rates of school engagement, reduced instances of pregnancy, and increased housing stability were found among treatment group participants (Theodos et al., 2016).

Finally, meta-analyses of mentoring programs have concluded that mentoring programs can positively affect youth development. Tolan et al. (2008) conducted a meta-analytic review of selective mentoring interventions that have been evaluated for their effects on delinquency outcomes for youth (e.g., arrest or conviction, self-reported involvement) and key associated outcomes (e.g., aggression, drug use, academic functioning). Of 112 identified studies published between 1970 and 2005, 39 met criteria for inclusion in this meta-analysis. The authors found mean effects sizes were significant and positive for each outcome category, with effects largest for delinquency and aggression. The authors concluded that the obtained patterns of effects suggested mentoring may be valuable for those at risk or already involved in delinquency and for associated outcomes. A second meta-analyses by Dubois et al. (2011) of 73 previous studies (published between 1999 and 2010) found that, on average, mentored youth scored about nine percentile points higher than non-mentored youth on behavioral, social, emotional, and academic measures. Across these 73 studies, the researcher concluded:

...It appears then that mentoring as an intervention strategy has the capacity to serve both promotion and prevention aims. Programs also show evidence of being able to affect multiple domains of youth functioning simultaneously and to improve selected outcomes of policy interest (e.g., academic achievement test scores). From a developmental standpoint, benefits of participation in mentoring programs are apparent from early childhood to adolescence and thus not confined to a particular stage of development. Similarly, although programs typically have utilized adult volunteers and focused on cultivating one-to-one relationships, those that have engaged older peers as mentors or used group formats show comparable levels of effectiveness. Collectively, these findings point toward the flexibility and broad applicability of mentoring as an approach for supporting positive youth development...Several other aspects of our findings, however, underscore a need for caution. These include a failure of evaluations to assess several key outcomes of policy interest (e.g., juvenile offending, obesity prevention) or to determine whether benefits for youth are sustained at later points in their development. More generally, we find that gains on outcome measures for the typical young person in a mentoring program have been modest (equivalent to a difference of 9 percentile points from scores of non-mentored youth on the same measures) (Dubois et al. 2011).

Overall, there have been many initiatives and associated studies over the past quarter

century aimed at improving the employment, educational, health, and social outcomes for at-risk young parents. Some of these studies have also assessed effectiveness of mentoring – a key focus of grantees under Round III of YPD. Findings from these studies of interventions targeting parenting youth have sometimes demonstrated promising results, though the results are often mixed (e.g., providing evidence of perhaps short-term impacts, which fade over time) or in some cases reveal little or no substantive impact of intervention services on participants. As highlighted in the original SGA for YPD, a review of the literature (conducted by DOL/ETA in preparing the SGA) suggested the need for additional rigorous evaluation of initiatives serving at-risk expectant/parenting youth, with a focus on exploring longer-term employment and earnings impacts:

...In the welfare reforms of the early 1990's, teen parents were required to remain in school and most were expected to live at home with parents or relatives. Due to this focus on school completion, few programs for teen mothers have been rigorously evaluated in terms of employment and earnings outcomes since the 1990's, although the findings from the early studies remain informative (DOL/ETA 2008).

As discussed in the next section, an important focus of the YPD evaluation effort was to rigorously evaluate the impacts of intervention services (in particular, mentoring under Round III) on short- and long-term employment and earnings, as well as an array of other outcomes.

B. OVERVIEW OF YOUNG PARENTS DEMONSTRATION (YPD) PROGRAM

Through two grant competitions, DOL/ETA issued three rounds of awards to a total of 17 organizations under the YPD initiative, with the four Round III grants, the focus of this report, awarded in June 2011.¹¹ According to the original SGA (DOL/ETA 2008), the central objective of the YPD initiative was “to provide educational and occupational skills training leading to economic self-sufficiency” to both mothers and fathers and expectant parents, 16 to 24 years of age. The four Round III grant recipients were all community-based nonprofit organizations. Grant periods of performance for the four organizations funded with Round III grants were for four years, with grant amounts ranging from \$1,000,000 to \$1,400,161.¹² Minimum enrollment requirements were 400 participants per grantee during Round III.¹³

Exhibit 1-1 provides an overview of the four Rounds III grantees, including the grantee name, location, enrollment, and a brief description of the treatment group intervention tested by each grantee.¹⁴ As shown in the exhibit, during Round III (with increased budgets and higher targets set for enrollment compared with Rounds I and II), enrollment across the four grantees ranged from 399 at TRA-LARE to 509 at AltaMed.¹⁵ Although discussed in greater detail in Chapter 3 of this report, YPD grantees were required to implement a differential experimental research design, whereby the treatment group received an enhanced service intervention (i.e.,

¹¹ Family Services of Davidson County (FSDC) was a sub-grantee to Asheville-Buncombe Community Christian Ministry (ABCCM). For some descriptive purposes the two sites will be described separately, but they are still considered a single grantee. Hence, in some instances, this report refers to four Round III grantees and in others to five Round III sites (which includes the two ABCCM sites and the three other Round III grantees).

¹² Three of the four Round III grantees received extensions ranging from three to five months, with the latest extension through November 2015.

¹³ The minimum enrollment goal was increased from 100 for Rounds I and II grantees to 400 for Round III grantees.

¹⁴ Appendix A provides project descriptions of each grantee site, including an overview of recruitment and intervention services.

¹⁵ Enrollment goals and trends for each site, along with characteristics of those enrolled, are discussed in greater detail in Chapter 2.

providing treatment group members with an additional level of services above and beyond the base level of services provided to both the treatment and control groups).¹⁶

Exhibit 1-1: Overview of YPD Round III Grantees

Grantee	Location	# of YPD Enrollees	Mentoring Intervention Tested (for Treatment Group Only)
AltaMed Health Services	Los Angeles, CA	509	Two types of mentoring: (1) intensive one-on-one mentoring provided by alumni, community and AmeriCorps volunteers; and (2) group mentoring workshops/classes facilitated by AmeriCorps volunteers.
Dannon Project	Birmingham, AL	413	One-on-one and group mentoring activities focusing on development of participants’ communication/emotional skills and support of achievement in program/credential completion, employment, and job retention.
Training Resources of America (TRALARE)	Worcester, MA	399	One-on-one mentoring services focusing on education, career advancement and personal development provided by volunteer mentors.
Asheville-Buncombe Community Christian Ministry (ABCCM)	Asheville, NC	400	<i>ABCCM</i> : Modified version of national Circles mentoring program, including assignment to 2-3 mentors and a Coach for one-on-one and group mentoring; participation in community meetings with other mentor/mentee teams. <i>FSDC (Subcontractor)</i> : Modified version of national Circles mentoring program, including assignment to a mentor for one-on-one mentoring; participation in Circle Group meetings for group activities with other mentor/mentee teams

Note: Enrollment figures are from the Participant Tracking System (PTS) and are based on numbers of youth randomly assigned to treatment and control groups by grantees using the PTS. Some of these enrolled youth were subsequently excluded from the impact analysis because they were partners of previously randomly assigned participants. Additionally, some were not included in the impact analysis because they could not be matched with National Directory of New Hires (NDNH) data because of missing or incorrect Social Security numbers (SSNs). Additional details about exclusion of individuals from the impact study sample are provided in Chapter 4. Additional details about the treatment group interventions at each grantee site are described in Chapter 3.

The treatment intervention, which was mentoring activities for all Round III grantees, was aimed at primarily improving employment, earnings, and educational outcomes for treatment group participants to foster long-term self-sufficiency. Additionally, grantees to varying degrees had secondary goals, such as reducing welfare dependency, enhancing parenting

¹⁶ The Solicitation for Grant Applications (SGA) for Round I and II grantees established the differential experimental design to be implemented by YPD grantees during the three grant rounds: “To ensure rigorous, valid results from the Young Parent Demonstration, each grantee must agree to participate in an innovative random assignment technique called a “bump-up” experiment. A “bump-up” experiment is a random assignment experiment that provides an additional level of services above and beyond what exists in the current environment (the bump).” (DOL/ETA 2008)

skills, and reducing at-risk behavior. As a result of the random assignment process, the at-risk youth recruited and screened by individual grantees had a 50 percent chance of being enrolled into the treatment group versus the control group.¹⁷

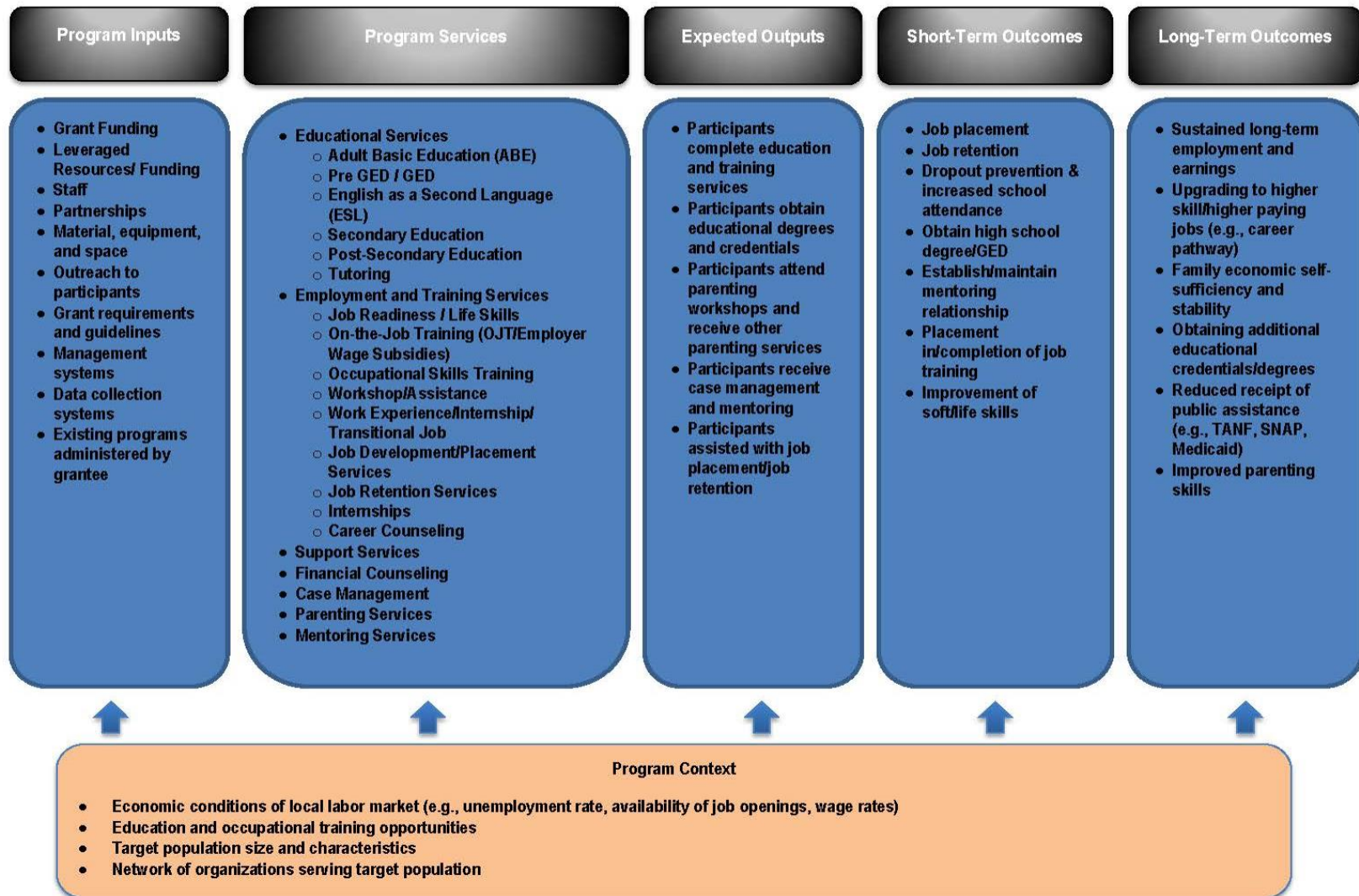
Each grantee determined the specific array of services that constituted the base services and enhanced services provided to YPD participants. The base package of services, which were to be tailored to the individual needs of treatment and control group participants in each site, were to include the following types of services: education, training, employment services, case management, supportive services, and follow-up and post-program transition services. The analyses discussed in this report measure the impact of an enhanced service level (i.e., mentoring) compared to the basic service package received by treatment and control group members (i.e., rather than to the absence of services for control group members).¹⁸

Exhibit 1-2 presents a logic model, which describes how the YPD intervention is hypothesized to result in short- and long-term changes in educational, employment, earnings, and parenting outcomes of parenting and expectant youth served by YPD grantees. The model begins with grantee inputs needed to operate the program, which include funding (including pre-existing grants), staff, material resources, external partnerships, and an organizational structure. Next are the grantee services, which include educational services; employment and training services; case management; financial counseling; guidance in parenting skills; establishment and utilization of employer relationships; job placement, development, and retention services; and for the treatment group only, mentoring services.

¹⁷ The algorithm used in the random assignment process was a 50/50 chance of being assigned to the treatment or control group, with a slight adjustment so that the actual numbers assigned to the treatment and control groups did not skew too far from the 50/50 composition at the individual site level.

¹⁸ More details about the structure and types of services made available for YPD participants at each of the YPD grantee sites are presented in Chapter 3 of this report. Net impact estimates of the treatment group intervention implemented across the four Round III grantees are presented in Chapter 4 of this report.

Exhibit 1-2: Logic Model of the Young Parent Demonstration (YPD) Program



As shown in the logic model, outputs for the grantees feature participant receipt of case management services, completion of training and educational goals, involvement with parenting activities, and assistance with job placement and retention. For the treatment group only, a key output was engagement in mentoring activities, which featured individual mentoring services, and in some sites, associated group mentoring activities.

Anticipated short-term outcomes for grantees and YPD participants are increased attendance and involvement in school (resulting in attainment of a high school diploma or its equivalent), the establishment and maintenance of a meaningful mentoring relationship (for treatment group members), improved soft skills, placement in and completion of job training, placement in a job, and retention of employment once placed. Expected long-term outcomes for YPD participants include: sustained employment, increased and sustained earnings, long-term economic self-sufficiency for participants and their families, the ability of participants to progress along their chosen career pathways, reduced reliance of participants upon public assistance funds, attainment of (additional) educational/vocational degrees and credentials, and participant development of parenting skills.

C. OVERVIEW OF YPD EVALUATION

In 2010, DOL/ETA contracted with Capital Research Corporation and the Urban Institute – along with subcontractors, Abt Associates/Abt SRBI, Westat, Inc., and the George Washington University – to conduct implementation and impact evaluations of YPD. The aim of the process/implementation evaluation component was to provide DOL/ETA with a detailed description of the treatment and control group interventions as they were implemented in each site. Key areas of interest for the implementation study included: participant recruitment and intake procedures, participant flow through services, types and intensity of base and enhanced

services made available to participants, grantee partnering with other organizations, and key implementation challenges and how they were overcome. The impact evaluation study component was aimed at estimating net impacts of the treatment – mentoring services – on educational, employment and earnings, welfare receipt, and other outcomes, using a randomized controlled trial with a differential treatment design.

Exhibit 1-3 displays a matrix of key study questions to be addressed by the evaluation effort, as well as the principal data sources used to examine each of these study questions. To address the key evaluation questions, the research team used five main data sources: (1) a review of the literature on at-risk youth initiatives and mentoring, as well as demonstration and grantee-specific documentation; (2) YPD participant-level data (collected via an automated Participant Tracking System [PTS]); (3) site visits conducted to each YPD grantee site; (4) employment and earnings data, collected through the National Directory of New Hires (NDNH); and (5) a participant follow-up survey conducted with Round III YPD participants at 18 months after random assignment. The primary data collection activities are highlighted below.¹⁹

Participant Tracking System (PTS). The evaluation research team developed a web-based Participant Tracking System for use by each YPD grantee to execute random assignment and collect participant-level demographic, service receipt, and employment outcomes data.²⁰ All grantees implemented the web-based PTS prior to the start of random assignment in each site.

¹⁹ The purpose of the first data collection activity was to collect and review background documentation on the demonstration effort overall and individual grantees (e.g., the SGA, grantee applications, grantee quarterly progress reports and expenditure reports, and other documents produced by each grantee). Additionally, to place research findings from the YPD evaluation into the context of earlier studies, the research team conducted a review of the literature on experimental studies aimed at improving employment, earnings, educational outcomes, and long-term self-sufficiency for at-risk youth and young parents.

²⁰ PTS data collection forms are attached in Appendix B.

Exhibit 1-3: Overview of Key Study Questions and Data Sources

Key Evaluation Questions	Literature & Document Review	Participant Tracking System (PTS)	Site Visits	UI Wage Records	18-Month Follow-up Participant Survey
Question #1: What were the enrollment goals under the demonstration effort, and did grantees achieve them? What were the key recruitment challenges grantees encountered in achieving their enrollment goals and how did grantees overcome these challenges? (See Chapter 2)	X	X	X		
Question #2: What were the characteristics of participants served by YPD and how did these characteristics vary across grantees? Did grantees recruit the types of at-risk youth the demonstration was intended to serve? (See Chapter 2)		X	X		
Question #3: What types of services/assistance did treatment and control group participants receive under the demonstration? Did grantees make available both base services for the treatment and control groups and an added increment of services (i.e., in Round III, mentoring) as specified in the differential experimental design for the demonstration effort? What were the patterns of service utilization for treatment and control group participants under the demonstration? Did grantee sites encounter the challenge of participant attrition (e.g., participants not receiving the full dosage of services expected under the demonstration)? (See Chapter 3)	X	X	X		
Question #4: Were participants satisfied with the services they received? (See Chapter 3)					X
Question #5: What were the overall costs and per-participant costs of serving YPD participants and how did these costs vary across grantees? (See Chapter 3)	X				
Question #6: To what extent were there statistically significant differences in employment, earnings, education, and other outcomes for the treatment and control groups? What were the potential reasons for variation in net impacts for treatment and control groups? (See Chapter 4)		X	X	X	X
Question #7: How did net impacts on key outcomes of interest vary across YPD sites for the treatment and control groups? How did net impacts on key outcomes of interest vary for specific subpopulations of the youth served? What were the potential reasons for variation in net impacts across sites and subpopulations? (See Chapter 4)		X	X	X	X
Question #8: If net impacts were found between the treatment and control group in the short-term (e.g., two years after random assignment), were they sustained over a longer period of time (e.g., at five or more years after random assignment)? If net impacts were not sustained over the long-term what were the potential		X	X	X	

Key Evaluation Questions	Literature & Document Review	Participant Tracking System (PTS)	Site Visits	UI Wage Records	18-Month Follow-up Participant Survey
reasons that they were not sustained? (See Chapter 4)					
<p>Question 9: How did YPD impact results compare to results in past experimental studies targeting at-risk youth and young parents? Based on YPD net impact and implementation study results what are the most effective strategies for delivery of services to improve employment, education, and other outcomes for at-risk parents? Are there specific strategies that should be adopted to meet the needs of specific subpopulations of youth? Are there some strategies or subgroups for which the intervention appears ineffective? Are there ways that future interventions for at-risk parenting youth can be improved based on YPD evaluation findings? (See Chapter 5)</p>	X		X	X	

For the impact study analysis, the PTS data was particularly critical in terms of collecting participant characteristics data at the time of intake, as well as documenting patterns of utilization of program services by individual YPD participants (i.e., to determine at the participant level whether treatment and control group services were being provided and utilized). The PTS also enabled YPD grantee staff to collect and input data on several employment and earnings outcomes, though there were several constraints to using these data for the impact analysis. The first constraint is that employment and earnings data were self-reported by YPD participants and found to be unreliable, especially for the control group. YPD staff collected data on employment status, hours worked, and hourly wages at six, 12, and 18 months after random assignment through contacts with participants, and in some cases, through contacts with employers. In some, but not all, cases, sites requested back-up documentation (such as pay stubs) to validate employment status. Second, grantees experienced substantial difficulties in locating YPD participants at each of the three data collection follow-up points, with increasing challenges as time passed from the point of random assignment. Because of significant amounts of missing follow-up data at 12 and 18 months after random assignment in the PTS, participant data collected via the follow-up survey and NDNH were the sources of employment and earnings outcome data used in this report, rather than data collected via the PTS (see Chapter 4). However, the participant demographic characteristics and service utilization data collected as part of the PTS were important sources for the analysis effort, including facilitating the analysis of impacts for various population subgroups.

Field-based Implementation Site Visits. A second major data collection activity involved site visits conducted with YPD grantee sites. These site visits documented the environment in which each of the programs operated, the flow of YPD participants through the

random assignment process and program services, the types of services available for the treatment and control groups (i.e., existing and additional services for the treatment group), the degree to which planned program components were actually received by participants, and other programmatic characteristics.

Three rounds of site visits were conducted by the evaluation team to each of the four Round III grantees, with visits conducted in spring 2012 to assist sites with implementing the PTS and random assignment procedures; in the summer 2013 to document start-up and early implementation of grant activities (i.e., about 12 to 18 months after the start of random assignment at each site); and in the spring/summer 2015 as grantees were entering their final phase of operations to document how grant activities might have changed (or remained the same) and grantee accomplishments and challenges. The site visits to Round III grantee sites included interviews with grantee program administrators and staff, and staff with key partner organizations; focus groups with YPD participants; and observations of key YPD program activities (e.g., job readiness workshops). Interviews conducted during the site visits were structured to obtain details about the program interventions, including site-level characteristics, participant flow through the intervention, specifics about base and enhanced services available to treatment and control group members, implementation issues and challenges, and views on effects of the program services on participants.²¹

Unemployment Insurance (UI) Wage Record Data Collected from the National Directory of New Hires. Because one of the key goals of the YPD initiative was to improve employment and earnings outcomes for participants – and ultimately, to increase family economic self-sufficiency for at-risk young parents – the research team sought access to data from the Federal Parent Locator Service (FPLS)/National Directory of New Hires (NDNH) wage

²¹ Appendix C provides a copy of the site visit discussion guide.

record data, maintained by the Office of Child Support Enforcement (OCSE) at the U.S. Department of Health and Human Services (DHHS). For each of the Round III participants, the research team (through DOL/ETA) received a download of eight quarters of NDNH data covering the 2nd Quarter 2015 through the 1st Quarter 2017 (i.e., beginning April 2015 and ending March 2017).²² With NDNH quarterly earnings data matched to data available in the PTS, it was possible to analyze YPD treatment versus control group annual earnings and employment outcomes.²³ Together, with data collected through the PTS on the demographic characteristics of participants at the time of entry into the demonstration, it was possible to analyze employment and earnings outcomes for YPD treatment and control groups by site and selected participant characteristics (e.g., younger and older participants).

Participant 18-Month Follow-up Survey. A fourth source of data for the evaluation effort, a participant follow-up telephone survey, was conducted with Round III treatment and control group members at 18 months after random assignment. Surveying of Round III participants began in August 2013 and concluded in May 2015. The general topics covered in the survey included the following: (1) service receipt and satisfaction with services received; (2) educational attainment; (3) employment and earnings; (4) receipt of cash assistance; (5) receipt of food stamps and other assistance; (6) family composition/change; (7) relationship/engagement with children; (8) food security; (9) housing status; and (10) family income. Data collection efforts included telephone and in-person locating for survey non-responders. If the contact information provided by the grantee programs was inaccurate or incomplete, telephone locators

²² The NDNH is a useful source for employment and earnings data because the dataset comprehensively covers wage earners over time regardless of whether they stay within a given locality or state or move to another state. The data also are collected systematically and consistently on a quarterly basis by all states (from employers) on wage earners. Hence, this database is well-suited for tracking employment and earnings on a quarterly basis over an extended time period for the randomly assigned parenting youth that are the focus of this demonstration effort. However, the database does not include earnings from self-employment or informal employment.

²³ See Chapter 4 for specific employment and earnings outcomes analyzed, as well as a discussion of the limitations and constraints faced in using wage record data for this evaluation effort.

attempted to locate participants by contacting up to three secondary contacts. If telephone locating efforts did not yield a completed interview, cases were turned over to in-person locators for additional locating efforts. In the original locating protocol, after 12 attempts to reach the respondent, cases were transferred from telephone locators to in-person locators. Once the interview was completed, a \$25 incentive payment (in the form of a pre-paid debit card) was made to the respondent. Overall, the YPD 18-month follow-up survey achieved a 58.5 percent response rate.²⁴

D. ORGANIZATION OF THE REPORT

This report focuses on the implementation experiences and participant outcomes/net impacts for the four grantees funded under Round III. The remainder of this report is organized into four chapters. **Chapter 2** provides an overview of how participants were recruited and an analysis of enrollment levels and participant characteristics across YPD sites. **Chapter 3** examines variation in grantee program models and services provided to treatment and control group members, including participant flow through intake, assessment, and random assignment; the intervention services provided to YPD participants; analysis of service utilization and participant satisfaction; grantee collaboration/partnerships; and analysis of grantee expenditures. **Chapter 4** presents impact estimates for key participant outcomes based primarily upon NDNH data and the follow-up participant survey, with a focus on estimating differences between treatment and control group members on employment, earnings, education, welfare receipt, and several other outcome measures. Finally, **Chapter 5** presents study conclusions, implications, and lessons learned based on YPD grantee experiences.

²⁴ Appendix D provides a copy of the survey instrument, as well as additional details about the administration of the follow-up survey and response rates for the four Round III grantees. Appendix E provides details about the weighting of survey responses

CHAPTER 2: YPD PARTICIPANT RECRUITMENT AND CHARACTERISTICS OF ENROLLEES

This chapter begins with an overview of key outreach and recruitment methods, referral arrangements, and challenges that the Round III YPD grantees encountered in achieving their enrollment goals. It then highlights key characteristics of the at-risk youth enrolled in the Round III grantee sites. This chapter addresses two of the nine key study questions.

Question #1: What were the enrollment goals under the demonstration effort and did grantees achieve them? What were the key recruitment challenges grantees encountered in achieving their enrollment goals and how did grantees overcome these challenges?

Question #2: What were the characteristics of participants served by YPD and how did these characteristics vary across grantees? Did grantees recruit the types of at-risk youth the demonstration was intended to serve?

A. YPD OUTREACH, RECRUITMENT, AND REFERRALS

Under the grant solicitation, DOL/ETA required YPD grantees to develop and implement a recruitment strategy that included methods for outreach, referral, and selection that would enable sites to meet their goal of enrolling at least 400 participants. Grantees targeted their recruitment activities on low-income young parents (both mothers and fathers) and expectant parents (16 to 24 years of age) from the high risk categories identified in the SGA, including those who were victims of child abuse, children of incarcerated parents, court-involved youth, youth at-risk of court involvement, homeless and runaway youth, Indian and Native American Youth, migrant youth, youth in or aging out of foster care, and youth with disabilities (DOL/ETA 2011). While recruitment strategies varied, grantees used a combination of outreach/marketing and establishment of referral arrangements within their own organizations, or with other workforce and human service organizations within their communities, to identify and recruit young parents to their YPD programs. Although the grantees were largely successful in their

recruitment efforts and in meeting their enrollment targets, grantees nonetheless experienced recruitment challenges and adjusted their methods during the demonstration effort, as discussed below.

Outreach and Recruitment Efforts. Because grantees operated other programs that served youth, they typically relied upon the same or similar methods used by their organizations in recruiting youth for their other program initiatives. In some sites, grantees carefully coordinated recruitment for their YPD initiative with recruitment efforts for other youth-serving programs they directly operated or collaborated on with other organizations (e.g., TRA-LARE’s Young Parents Program, Dannon’s Workforce Investment Act [WIA] Youth Program).²⁵ The most common outreach strategies utilized across grantees were the following (see Exhibit 2-1 for examples of outreach approaches two grantee sites utilized):

- *Dissemination of flyers/brochures* describing YPD program eligibility requirements and services to at-risk youth already being served by the grantee organization, as well as to an array of other public sector and community-based organizations serving the targeted population within the service area – for example, program brochures and other informational materials were often distributed at job fairs, school resource fairs, and other community events, as well as at other locations frequented by the target population such as health clinics, beauty salons, child care centers, and food pantries;
- *YPD administrator/staff presentations at other public and nonprofit workforce and human services agencies* within the service area to inform other agency administrators/staff and youth served by these organizations about YPD eligibility requirements and the range of available services;
- *Information posted on grantee and other partner organization websites and via social media, such as Facebook and Twitter* about YPD (e.g., in the form of a flyer, announcement of upcoming orientations, or highlights of recent program events or participant achievements/success stories); and

²⁵ Round III grants largely operated while the Workforce Investment Act (WIA) was in effect; the Workforce Innovation and Opportunity Act (WIOA) was enacted into law on June 22, 2014, with key provisions of the WIOA going into effect July 1, 2015. The Round III grantee initial period of performance ended June 30, 2015, though three of the four grantees received extensions to their grant period (with the last grantee completing its grant in November 2015).

- *Appearances on local media (e.g., TV, radio talk shows) by YPD administrators and staff to showcase YPD services available and participants’ experiences.*

Other outreach methods implemented by grantee sites included door-to-door outreach, with program staff visiting low-income housing units, bus stations and other community locations to talk directly to potential recruits and encourage participation in YPD. Two sites (i.e., ABCCM and FSDC) leveraged connections with the local public housing authorities to enlist their help in sharing information about YPD services and recruiting participants. In

Exhibit 2-1: Examples of Grantee Outreach and Recruitment Strategies

ABCCM: The YPD staff member responsible for outreach and recruitment distributed flyers and shared information about the program at family health clinics, ob-gyn clinics, WIC locations, beauty salons and the mall, and also conducted door-to-door outreach at Asheville’s housing projects, at bus stops and other locations in the community where at-risk youth might be found. Early in the grant period, the outreach specialist also met with a local judge to explain the program and establish contacts for referrals from the court system. Information about YPD was also posted on Facebook.

Dannon: Information about Dannon’s YPD program was made available to eligible participants via social media (e.g., Facebook and Twitter) and spots on local radio stations. Dannon’s Executive Director participated in monthly radio interviews during which she shared information about YPD program services and participants’ experiences. Dannon also produced a monthly newsletter which included a description of YPD services; this information was also available on the organization’s website. Finally, Dannon’s court advocate, who worked with at-risk youth involved with the local criminal justice system, also identified and referred potential YPD participants.

Source: Based on interviews conducted during site visits to YPD grantee sites.

fact, at one point during the grant period, staff at FSDC’s local housing authority reviewed their caseload to identify potentially eligible individuals and posted YPD informational flyers on their doors. Once programs were established within their communities, YPD grantees found that word-of-mouth became an increasingly important and cost-effective approach, with current and former YPD participants informing family members, relatives, and friends about the value of YPD program services.

As part of their outreach and recruitment efforts, all grantee sites offered monetary incentives (or the promise of monetary incentives) to entice eligible youth to take advantage of the opportunities available through their YPD programs. AltaMed provided gift cards in small amounts (e.g., for movie tickets, sandwich shops) to partner staff as incentives for referred participants to persuade them to follow-up on referrals to the Escalera YPD program. ABCCM and FSDC included information about the availability of monetary incentives for completion of YPD work readiness class sessions in their outreach and recruitment materials.

Referrals from Other Sources Internal and External to the Grantee. In addition to conducting direct outreach, grantees depended upon referrals from other programs either concurrently operated by the grantee organization or from other public and nonprofit human service organizations within their communities. For example, AltaMed’s YPD program relied heavily on interdepartmental referrals from two in-house programs that also targeted pregnant and parenting teens - the federally-funded Adolescent Family Life Program (AFLP) and the state-funded CalLearn program.²⁶ TRA-LARE, whose Massachusetts Department of Transitional Assistance (DTA)-funded Young Parents Program (YPP) for Transitional Aid to Families with Dependent Children (TAFDC)/TANF-eligible pregnant and parenting teens served as the existing services for all YPD participants, counted on DTA for the majority of the referrals to YPP and YPD. Dannon worked closely with the local WIA agency to obtain participant referrals for their WIA Youth/YPD program. Although co-enrollment in WIA was not a prerequisite for YPD enrollment, Dannon staff referred individuals recruited for YPD who were potentially WIA-eligible to the WIA agency for eligibility determination; those who were

²⁶ CalLearn is a statewide program for pregnant and parenting teens enrolled in the California Work Opportunity and Responsibility to Kids (CalWORKs) program. It is designed to encourage pregnant and parenting teens to graduate from high school or the equivalent, become independent, and form healthy families. Services provided to help teens become self-sufficient adults and responsible parents include intensive case management, support services (e.g., child care, transportation) and bonuses and sanctions to encourage school attendance and good grades.

enrolled in WIA were subsequently referred back to Dannon for enrollment in their WIA Youth/YPD program. Other WIA enrollees who were eligible for Dannon’s YPD program were also referred to Dannon directly by the same local WIA agency. ABCCM relied on the local housing authority for referrals of disadvantaged young parents, especially near the end of the grant period when staff identified that agency as the major source of their YPD referrals.

Overall, all YPD grantees relied on both pre-existing and newly-created arrangements with a wide variety of

community partners to recruit and refer young parents (and expectant youth) meeting YPD eligibility requirements.

Exhibit 2-2 provides an illustration of referral

arrangements in three YPD sites.²⁷ These organizations

included: local workforce investment boards (WIBs);

One-Stop Career

Centers/American Job Centers;

public assistance agencies

(especially TANF and SNAP

agencies); child care agencies;

Exhibit 2-2: Examples of Key Referral Arrangements

AltaMed: The major sources for Escalera YPD program participants were in-house referrals from the CalLearn and AFLP programs, also operated by AltaMed. Case managers with these programs identified current participants who were potentially-eligible candidates for the Escalera YPD program and made direct referrals to YPD staff. Referrals also came from school counselors at public and charter high schools, occupational training schools and from other partners (e.g., WIA, CBOs) throughout the area. Self-referral walk-ins were also accepted.

TRA-LARE: Potential participants for YPP and YPD were primarily recruited and referred through relationships established with local DTA offices. TRA-LARE staff communicated via phone and in person with DTA staff on a regular basis and also attended monthly orientation sessions at DTA offices to provide information about YPP and to meet one-on-one with potential participants.

FSDC: Potential participants were recruited and referred for FSDC’s YPD/Circles program through partnerships with a variety of government and private agencies, including the Department of Social Services (DSS), JobLink Career Centers, Department of Juvenile Justice, the local school systems, community colleges, the local health department (Baby Love program), the local housing authority, Head Start, homeless shelters, churches and faith-based organizations, food pantries and feeding programs, Smart Start, (for children), and Get Real (for youth 16-21). Word-of-mouth and person-to-person networking were reportedly key sources for referrals.

Source: Based on interviews conducted during site visits to YPD grantee sites.

²⁷ The site summaries, attached in Appendix A, provide descriptions of key outreach and referral approaches implemented in each of the YPD sites

health care clinics; educational institutions (including high schools, alternative schools, Adult Basic Education/General Educational Development (ABE/GED) programs, and community colleges); Head Start centers; Goodwill; Women, Infants, and Children (WIC) programs, Healthy Start/Maternal and Child Health programs; homeless and domestic abuse shelters; housing authorities; courts; food pantries; and churches and other faith- and community-based organizations (CBOs).

B. ENROLLMENT LEVELS AND KEY RECRUITMENT CHALLENGES

The four Round III grantees randomly assigned and enrolled a total of 1,721 YPD participants, slightly exceeding (108 percent) the original enrollment goal (i.e., a goal of 400 per site or 1,600 across the four grantees). As shown in Exhibit 2-3, three of the four Round III grantees were at, or near, the 400 enrollments expected for each grantee, while AltaMed exceeded its enrollment goal by slightly over 100 participants, randomly assigning 509 individuals.

Exhibit 2-3: Planned Enrollment Versus Actual Enrollment, Round III Grantees

YPD Grantee	Enrollment Goal	# of YPD Enrollments	Percent of Enrollment Goal Achieved
AltaMed Health Services	400	509	127%
Dannon Project	400	413	103%
Asheville-Buncombe Community Christian Ministry (ABCCM)	400	400	100%
Training Resources of America (TRA-LARE)	400	399	99%
Total (Round III Grantees)	1,600	1,721	108%

Source: YPD Participant Tracking System.

Note: TRA-LARE had reached its enrollment goal, but subsequently after the enrollment phase of the project had been completed, it was determined that one of the enrollments in the PTS was for the same individual, leaving the site one short of achieving its goal.

Despite overall success in achieving their enrollment goals under their grants, YPD administrators and staff indicated that flow of participants into their programs ebbed and flowed throughout the effort, and identified a number of challenges they faced in either conducting outreach or convincing targeted youth to enroll and actively participate in YPD initiatives, including the following:

- **Loss of funding for other in-house programs providing YPD referrals.** The AltaMed YPD team depended on other programs operated by their organization that also targeted pregnant and parenting youth (e.g., AFLP and CalLearn) for most referrals to their Escalera YPD program. When the funding for CalLearn was cut dramatically, the number of referrals from that program dropped and AltaMed staff struggled to make up for that shortfall. Ultimately, AltaMed extended outreach and recruitment efforts to other community partners, such as local educational institutions, and also relied more on word-of-mouth referrals to meet (and exceed) its enrollment goal. (The grantee ultimately exceeded its enrollment goal by more than 100 participants.)
- **Challenges created when referring partners did not provide expected number of referrals.** Two grantees – TRA-LARE and Dannon – struggled with securing adequate referrals from partnering agencies that were expected to provide a steady flow of potentially-eligible participants. TRA-LARE received most of its referrals for its YPP/YPD program from DTA, and worked closely with DTA’s youth specialists to refer YPP/YPD candidates and ensure a steady stream of new participants. According to YPD administrators, when DTA eliminated the youth specialists’ positions, the YPP population “got lost” and referrals to TRA-LARE’s YPP/YPD program slowed and became inconsistent. In response, TRA-LARE recalibrated its recruitment approach to look elsewhere in the community for eligible YPD participants, including securing referrals from other organizations serving their communities. Dannon, whose WIA Youth program served as the existing services for all YPD participants, referred individuals to the local WIA agency for eligibility determination, with the expectation that referred individuals deemed WIA-eligible would be immediately referred back for enrollment in Dannon’s WIA Youth/YPD program. However, during the first year of the grant, many of Dannon’s referrals to the WIA agency were referred on to other WIA Youth programs in the community, rather than back to Dannon. Consequently, the Dannon team struggled for new recruits to meet YPD enrollment expectations. Dannon staff worked with WIA Youth program staff to clarify and resolve referral procedures and the team was eventually successful in meeting its YPD enrollment goal.
- **Lack of available transportation proved to be a recruitment challenge for some youth.** Administrators and staff with ABCCM and FSDC reported that a lack of public transportation to the YPD service sites prevented some eligible youth from committing to participation in the program. According to ABCCM staff, proximity to the city bus lines

was a critical factor for many young parents in the decision to participate in YPD. Lack of access to a public bus system was also an issue for members of FSDC's target population.

- **Lack of interest or time among young parents recruited to commit to participating in YPD.** Several grantees found that after being informed of available YPD services, some young parents were not interested in or willing to commit to participating in the grantee's YPD program. Some youth did not think they needed, or would benefit from, the services being offered through the YPD program. For example, FSDC staff reported that youth often had other competing demands and, as a result, did not feel they had the time available to participate in the program. Some potential candidates for the program declined to participate because they were involved in other programs, attending school, working part-time, looking after young children, or simply did not want to take away available time from leisure activities. Several YPD administrators and staff also indicated that they had experienced somewhat more difficulty in engaging parenting youth under 20 years of age, who sometimes seemed less willing to commit their time, less focused on their future, and less likely to recognize and take advantage of the services being offered to them.

C. YPD PARTICIPANT CHARACTERISTICS

YPD grantees collected demographic characteristics for each YPD participant at the time of intake and entered this data into the PTS. Exhibit 2-4 provides a breakdown of key characteristics for YPD participants.²⁸ This section discusses the characteristics of YPD participants, including overall trends across all grantees, as well as patterns of variation across individual grantees.²⁹ The characteristics of YPD participants at the time of intake indicate both similarities and some sharp differences in the young parents enrolled across sites, reflecting differences in targeting and outreach and referral strategies implemented by sites.

²⁸ Because of random assignment, the characteristics of the treatment and control groups at the time of intake across all grantees were essentially the same on virtually all demographic characteristics.

²⁹ Participant characteristics for one Round III grantee are broken down separately for the grantee – ABCCM – and for its subgrantee – FSDC. FSDC was located slightly over one hundred miles (and about a two-hour drive) from ABCCM. While operating its program under oversight from ABCCM, FSDC day-to-day program operations were separate from ABCCM and the structure of FSDC's YPD intervention was substantially different in terms of client flow and delivery of services. Both the impact and implementation study components treated ABCCM and FSDC as separate sites for analysis purposes.

Exhibit 2-4: YPD Participant Characteristics, Round III Grantees

YPD Participant Characteristics	Number	Percent
Gender		
Female	1465	92%
Male	128	8%
Race/Ethnicity		
Black (Non-Hispanic)	654	41%
Hispanic	732	46%
Other	34	2%
White (Non-Hispanic)	170	11%
Age		
16-17	219	14%
18-19	622	39%
20-21	311	19%
22-24	443	28%
Age (mean)	19.9	
Marital Status		
Never Married	1470	93%
Divorced, Separated, Widowed	56	4%
Married	54	3%
Expectant parent at Intake	259	16%
Number of Children at Intake		
None	118	7%
1	1064	67%
2	311	20%
3 or More	95	6%
Number of Children (mean)	1.3	
Employed at Intake	190	12%
Worked <20 hours at intake (of those employed)	38	20%
Worked 20-34 hours at intake (of those employed)	111	58%
Worked 35+ hours at intake (of those employed)	41	22%
Earned less than \$8.00 per hour (of those employed)	91	48%
Earned \$8.00-\$10.00 per hour (of those employed)	88	46%
Earned greater than \$10.00 per hour (of those employed)	11	6%
In School at Intake	447	28%
Highest Education Level Completed		
Eighth Grade or Less	112	7%
Ninth Grade through Eleventh Grade	921	58%
Twelfth Grade	398	25%
More than Twelfth Grade	150	9%
Highest degree at intake		
No Degree or Certificate	978	62%
GED or Equivalent	88	6%
High School Diploma or More	508	32%
TANF Receipt at Intake	767	48%
SNAP/Food Stamps at Intake	1069	68%

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only participants that were part of the impact study sample. The total number of youth randomly assigned during Round III was 1,721, with 126 of these individuals excluded from the impact analysis study sample of treatment and control group members (mostly because they were partners with previously randomly assigned participants). For some characteristics there are small numbers of participants where data was missing, so the denominator slightly varies by characteristic.

Gender. As shown in Exhibit 2-5, the vast majority of program participants were female (92 percent). Examining results across the five Round III grantee sites, most YPD participants – between 82 and 96 percent – were female.

Exhibit 2-5: Gender, Race/Ethnicity and Age of YPD Participants at Intake, Round III Grantee Site

Grantee Site	N	Female	White	Black	Hispanic	Other	Age (mean)
AltaMed Health Services	450	89%	1%	1%	98%	0%	18.1
Asheville-Buncombe Community Christian Ministry (ABCCM)	217	93%	19%	71%	2%	8%	21.4
Family Services of Davidson County (FSDC)	126	82%	36%	49%	9%	6%	20.4
Dannon Project	410	94%	1%	95%	2%	1%	21.8
Training Resources of America (TRA-LARE)	392	96%	18%	11%	69%	1%	18.9
Average (Round III Grantees)	1,595	92%	11%	41%	46%	2%	19.9

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only YPD Round III participants that were part of the impact study sample (i.e., excludes partners of YPD participants that were randomly assigned). FSDC served as a subgrantee of ABCCM, with FSDC participants pulled out and shown separately from ABCCM.

Race/Ethnicity. As also shown in Exhibit 2-5, among all YPD participants, 41 percent were black (non-Hispanic); 46 percent were Hispanic; 11 percent were white (non-Hispanic); and 2 percent were another race/ethnicity. At three grantee sites, black (non-Hispanic) was the predominant racial/ethnic group (ABCCM, FSDC, and Dannon). The percentage of participants that were black was as high as 95 percent for Dannon, to 1 percent of participants at AltaMed. In two sites, over two-thirds of program participants were Hispanic (AltaMed, 98 percent and TRA-LARE, 69 percent). No grantee had a majority of participants who were white.

Age. Participants were eligible for the YPD if they were between the ages of 16 and 24. On average, YPD participants were just under 20 years of age (19.9 years old) at intake (see Exhibit 2-5). There was some variation among the grantees in the primary ages of the populations served (e.g., the average age of YPD participants served by AltaMed was 18.1, compared with 21.8 in Dannon).

Marital Status. As shown in Exhibit 2-6, slightly over 9 in 10 YPD participants (93 percent) across all grantees were single and had never been married. The remaining participants were married (3 percent) or divorced, separated, or widowed (4 percent). These patterns held for each grantee with little variation. FSDC had the largest proportion of married participants at 9 percent, and AltaMed had the largest proportion of single, never married participants, at 95 percent.

Exhibit 2-6: Family Characteristics of the YPD Participants at Intake, Overall and by Round III Grantee Site

Grantee Site	N	Never Married (Single)	Married	Divorced, Separated, Widowed	Expecting Child	# of Children (mean)
AltaMed Health Services	450	95%	2%	3%	15%	1.1
Asheville-Buncombe Community Christian Ministry (ABCCM)	217	91%	4%	5%	20%	1.5
Family Services of Davidson County (FSDC)	126	82%	9%	9%	21%	1.2
Dannon Project	410	94%	2%	4%	15%	1.5
Training Resources of America (TRA-LARE)	392	94%	5%	1%	16%	1.2
Average (Round III Grantees)	1,595	93%	3%	4%	16%	1.3

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only YPD Round III participants that were part of the impact study sample (i.e., excludes partners of YPD participants that were randomly assigned). FSDC served as a subgrantee of ABCCM, with FSDC participants pulled out and shown separately from ABCCM.

Expectant Parent Status. Sixteen percent of YPD participants were expecting a child when they entered the YPD program (see Exhibit 2-6).³⁰ The proportion of expectant youth was fairly similar across grantee sites, ranging from 15 percent (Dannon) to 21 percent (FSDC).

Number of Children. At program entry, the average number of children per participant was 1.3 across Round III sites (see Exhibit 2-6). Across grantees there was some variation, with average number of children per participant ranging from 1.5 (at ABCCM and Dannon) to a low of 1.1 at AltaMed. Across all grantees, about two-thirds of YPD participants (67 percent) had

³⁰ Expectant parents could already have a child or this could be their first child.

one child. Of the remainder, 7 percent had no children, 20 percent had two children, and 6 percent had three or more children (shown earlier in Exhibit 2-4).

Employment Status at Intake. Twelve percent of YPD participants were employed when they enrolled in the YPD (see Exhibit 2-7). Differences in the proportion employed at intake varied considerably across the five grantee sites. For instance, while about a fifth of participants were employed at intake at Dannon (22 percent) and ABCCM (21 percent), only 3 percent of participants were employed at intake at TRA-LARE. Among the small proportion of YPD participants who were employed at intake, 20 percent worked fewer than 20 hours, 58 percent worked between 20 and 34 hours, and 22 percent worked 35 hours or more (shown earlier in Exhibit 2-4). YPD participants who were working at the time of enrollment were also typically earning low hourly wages. Among those employed at intake, about half (48 percent) made less than \$8 an hour, 46 percent made between \$8 and \$10 an hour, and 6 percent made more than \$10 an hour. Taken together, the relatively low rates of employment (slightly more than a tenth of participants) and less than full-time work at low wages among those that were working, translated into no earnings or low earnings at the time that young parents entered YPD.

Exhibit 2-7: Percentage of YPD Participants Employed at Intake, Overall and by Round III Grantee Site

Grantee Site	N	Employed at Intake	Enrolled in School at Intake
AltaMed Health Services	450	5%	65%
Asheville-Buncombe Community Christian Ministry (ABCCM)	217	21%	18%
Family Services of Davidson County (FSDC)	126	16%	44%
Dannon Project	410	22%	4%
Training Resources of America (TRA-LARE)	392	3%	13%
Average (Round III Grantees)	1,595	12%	28%

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only YPD Round III participants that were part of the impact study sample (i.e., excludes partners of YPD participants that were randomly assigned). FSDC served as a subgrantee of ABCCM, with FSDC participants pulled out and shown separately from ABCCM.

School Enrollment Status at Time of Intake. More than one-quarter (28 percent) of YPD participants were enrolled in school at intake (shown earlier in Exhibit 2-4). School enrollment varied considerably across YPD grantees, as would be expected, given that grantee sites targeted recruitment efforts on somewhat different subpopulations of at-risk parenting youth and received referrals from different sources within their service areas. Nearly two thirds (65 percent) of YPD participants in AltaMed (with many referrals coming from school counselors at public and charter high schools and occupational schools) were enrolled in school at intake. In contrast, only four percent of YPD participants in Dannon were enrolled in school at intake.³¹

Highest Level of Education Completed at Time of Intake. Nearly two-thirds (65 percent) of YPD participants had less than a 12th grade education at intake (see Exhibit 2-8). One quarter had a 12th grade education, and nine percent had more than a 12th grade education. Because of the variability in ages served, there were differences in highest level of education completed at intake across grantees. For instance, 26 percent of YPD participants had not yet completed the 12th grade at the Dannon project at the time of program enrollment, compared with 100 percent of YPD enrollees at TRA-LARE. With regard to TRA-LARE, not yet having a high school credential was an eligibility requirement for its Young Parents Program, which served as the gateway program for its YPD initiative.

³¹ When taking age into account, 59 percent of youth ages 16 to 18 were enrolled in school at intake, compared with 33 percent of youth ages 19 to 21, and eight percent of youth ages 22 to 24 (note: data not shown in the figure).

Exhibit 2-8: Highest Level of Education Completed by YPD Participants, at Time of Intake, Overall and by Round III Grantee Site

Grantee Site	N	8th Grade or Less	9 th -11 th Grade	12 th Grade	More than 12 th Grade
AltaMed Health Services	450	3%	76%	19%	2%
Asheville-Buncombe Community Christian Ministry (ABCCM)	217	1%	47%	34%	18%
Family Services of Davidson County (FSDC)	126	4%	65%	20%	11%
Dannon Project	410	4%	22%	53%	22%
Training Resources of America (TRA-LARE)	392	19%	81%	0%	0%
Average (Round III Grantees)	1,595	7%	58%	25%	9%

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only YPD Round III participants that were part of the impact study sample (i.e., excludes partners of YPD participants that were randomly assigned). FSDC served as a subgrantee of ABCCM, with FSDC participants pulled out and shown separately from ABCCM.

Highest Degree Attained at Time of Intake. Slightly higher than three-fifths (62 percent) of YPD participants had no degree or certificate at intake, about one-third (32 percent) had a high school degree or more, and six percent had a GED or equivalent credential (see Exhibit 2-9). These distributions, and differences by grantee, were largely driven by the age of YPD participants.

Exhibit 2-9: Highest Degree Attained by YPD Participants at Time of Intake, by Round III Grantees

Grantee Site	N	No Degree or Certificate	GED or Equivalent	High School Diploma or More
AltaMed Health Services	450	71%	2%	19%
Asheville-Buncombe Community Christian Ministry (ABCCM)	217	45%	7%	48%
Family Services of Davidson County (FSDC)	126	61%	10%	29%
Dannon Project	410	20%	12%	68%
Training Resources of America (TRA-LARE)	392	98%	2%	0%
Average (Round III Grantees)	1,595	62%	6%	32%

Source: YPD Participant Tracking System.

Notes: N = 1,595. This table includes only YPD Round III participants that were part of the impact study sample (i.e., excludes partners of YPD participants that were randomly assigned). FSDC served as a subgrantee of ABCCM, with FSDC participants pulled out and shown separately from ABCCM.

Summary. While all of the programs funded under Round III served at-risk and low-income young parents (and expectant youth), there were some substantial differences in the types of youth served across YPD grantees. These differences stemmed in part from the types of individuals that were targeted and served by the grantee prior to receipt of YPD funding, as well as the types of recruitment and screening activities initiated once YPD grant funds were received. Despite differences across sites, participant demographic data indicated that enrollment in YPD was targeted on the population of at-risk parenting youth that DOL/ETA originally intended to serve under the initiative – a young, largely under-educated, under-skilled, and under-unemployed population in need of education, training, mentoring, case management, and a range of other supports to boost earnings and improve the chances of long-term self-sufficiency. Additionally, the data collected on YPD participants overall, and across the individual sites, indicated that the random assignment process worked well in terms of generating equivalent treatment and control group populations to support the experimental research design set forth by DOL/ETA for the evaluation effort. Finally, YPD grantees either achieved or exceeded their original enrollment goals under the demonstration.³² In reaching their enrollment goals, grantees faced a variety of recruitment challenges, such as other agencies being unable to provide referrals that had been anticipated and resistance on the part of the targeted population of at-risk youth to YPD enrollment because of lack of time, interest, or perceived need on the (part of the youth) for services being provided under YPD.

³² As noted earlier, one grantee (TRA-LARE) fell one enrollment short of the goal of serving 400 participants, as a result of double-counting one participant.

CHAPTER 3: YPD TREATMENT AND CONTROL GROUP SERVICES

DOL/ETA required all Round III grantees to participate in an evaluation of YPD using a differential experimental research design, under which treatment group participants received an additional level of services above and beyond the grantee's existing package of services (offered to all YPD participants). Under the demonstration effort, YPD participants (members of both the treatment and control groups) received a standard set of services (also referred to as "existing" and/or "base" services) offered by the grantees as part of their young parent programs, including the following required components identified in the original grant solicitation: education, training and employment strategies; case management; supportive services; and follow-up and post-program transition services (DOL/ETA 2011). Beyond these general guidelines for existing program components, grantees had considerable flexibility in determining the specific array and intensity of services and activities they offered as the base package of services to all YPD participants. Additionally, grantees tailored provision of specific services to individual goals and needs of each YPD enrollee determined through participant assessment and development of individualized service plans.

As part of the Round III demonstration effort, participants randomly assigned to the treatment group were to be provided with mentoring services (in addition to the grantee's existing services). While DOL/ETA required several key elements for the mentoring services offered (described in more detail below), grantees had latitude in selecting the specific format, nature, intensity, and programmatic structure of the added mentoring services. Consequently, there was a great deal of variation in the service delivery models and activities for base and

enhanced services, as well as the flow or sequence of services, implemented across the Round III sites.

This chapter provides a description of the services provided to eligible young parents who were identified and recruited (as described above in Chapter 2), and ultimately enrolled in the YPD programs (in both the treatment and control groups) operated by the grantees. The chapter begins with an overview of the intake, eligibility determination, enrollment and assessment processes implemented by grantees. A discussion of the timing and procedures used to randomly assign eligible participants to either the treatment or control group follows. The next section, which is the major focus of this chapter, provides detailed descriptions of the existing services and the enhanced services (i.e., mentoring) offered by each grantee, highlighting the variation in types and intensity of services offered across grantees. Findings on specific types of program services received by YPD participants (as reported in the PTS) and participant views on their satisfaction with those services (as reported in the 18-month participant follow-up survey) are then described. The next section of this chapter examines key partnerships and collaborations of the YPD grantees with other community organizations and agencies serving at-risk youth that were developed by the grantees to facilitate recruitment and/or provision of services to YPD participants. The chapter closes with a discussion of YPD program expenditures, which examines overall and per-participant costs. This chapter addresses three of the nine key study questions.

Question #3: What types of services/assistance did treatment and control group participants receive under the demonstration? Did grantees make available both base services for the treatment and control groups and an added increment of services (i.e., in Round III, mentoring) as specified in the differential experimental design for the demonstration effort? What were the patterns of service utilization for treatment and control group participants under the demonstration? Did grantee sites encounter the challenge of participant attrition (e.g., participants not receiving the full dosage of services expected under the demonstration)?
Question #4: Were participants satisfied with the services they received?
Question #5: What were the overall costs and per-participant costs of serving YPD participants and how did these costs vary across grantees?

A. INTAKE, ASSESSMENT, AND RANDOM ASSIGNMENT PROCEDURES

As described in Chapter 2, some of the grantees coordinated, or “piggybacked,” their YPD outreach and recruitment efforts on those in place for other programs their organizations offered. Similarly, YPD grantees also took advantage of, and, in some cases, slightly modified the intake and assessment procedures for their existing programs, rather than creating completely new processes for the YPD programs. For example, TRA-LARE’s YPP for TAFDC/TANF-eligible pregnant and parenting youth served as the existing services for, as well as the gateway to, their YPD program. Individuals who were potentially eligible for YPD were initially subject to the formal intake, eligibility determination, assessment and enrollment procedures in place for YPP; any additional information required for YPD intake was then collected prior to co-enrollment in YPD. YPD participants could also enroll in Dannon’s WIA Youth program, which was the existing services available to all YPD enrollees. While Dannon did not require eligibility for or co-enrollment in WIA as a condition of YPD eligibility, many of their participants were co-enrolled in WIA (subject to the availability of WIA-funded slots). These individuals completed the standard WIA intake, assessment, and enrollment activities as an initial step in the YPD enrollment process. The sections below provide an overview of the flow of participants through the intake, eligibility determination, orientation, assessment, and random assignment procedures implemented across the grantee sites.

Intake and Eligibility Determination. Across the grantee sites, individuals referred for YPD enrollment began program activities with a one-on-one intake meeting, usually conducted in-person, though sometimes by telephone. A grantee staff member assigned to the existing services program or a dedicated YPD staff member conducted the intake meeting. These initial meetings, which typically lasted 30 minutes to an hour, were usually held in the grantees’ offices, but in two sites (ABCCM and FSDC) these introductory sessions more often took place

in the youth's home. Potential YPD participants worked with the staff member to complete applications and intake forms, providing demographic information and documentation necessary to determine eligibility for YPD, such as age, pregnant/parenting status, and income level. Although there was some variation across grantees, the designated staff member would usually, at a minimum: (1) provide general information about the YPD program requirements and available services, including the possibility of being assigned to a mentor; (2) collect preliminary information about the family situation, educational background, work history, skills, interests and goals of the individual; and (3) gauge interest in, and screen for, suitability for the YPD program (i.e., is the individual a "good fit" for the specific services being provided for treatment and control groups under YPD). While some sites provided more detailed information about the YPD research study (e.g., random assignment, informed consent) at the first meeting, most grantees reserved that more comprehensive discussion for a subsequent orientation session.

Orientation Sessions. All grantee sites offered some type of mandatory group orientation session, designed to provide more in-depth information about YPD policies, expectations and procedures to new participants following the initial intake session. These meetings ranged from 1.5 hours to a full day in length, and varied in terms of how often they were held, depending on the particular YPD enrollment and service delivery model implemented by the grantee. Dannon, which permitted continuous enrollment in their program, held orientations once a month; ABCCM offered sessions about four times a year; and AltaMed, which only enrolled new participants in cohorts once each year during the grant period, held orientations twice a week over a two-month period each year. During these meetings, YPD staff were introduced and YPD program requirements (including the research study and the need for informed consent), as well as the services available, were described in more detail. In all sites

but TRA-LARE (which required completion of 40 hours of the existing services prior to formal enrollment in YPD), staff collected any additional demographic information and documentation needed to complete the PTS intake form and participants signed the informed consent form.³³ Some grantee sites also randomly assigned participants and informed them of their assignment before the end of the session (described below).

Skills and Needs Assessments and Development of Individual Service Plans. During these initial meetings, YPD staff also administered various skills and needs assessments to all YPD participants to determine appropriate academic placements and to identify barriers to enrollment, such as, transportation, childcare, housing, food, healthcare, mental health and substance abuse treatment needs. Sites administered tests to assess basic skills, academic levels, and job skills, including the Test of Adult Basic Education (TABE),³⁴ which was used in two sites to determine reading and math levels for placement in basic education and GED preparation classes for those without a high school credential, and Comprehensive Adult Student Assessment Systems (CASAS),³⁵ used by AltaMed to test language and basic skills proficiency. YPD staff in most sites administered career interest inventories and assessments to help identify occupational goals; some sites also administered psycho-social and personality tests. Other assessments or informal checklists were completed to identify a wide range of immediate supportive service needs that presented barriers to program participation and to facilitate referrals

³³ See Appendix B for a copy of the YPD PTS forms, which identify the types of data collected on each YPD participant at the time of intake.

³⁴ The TABE is an assessment used to measure achievement on core content areas taught and assessed as part of Adult Basic Education programs. It is aligned to the national College and Career Readiness Standards for three core subject areas: reading, mathematics and language. See <http://tabetest.com/> (retrieved June 19, 2018).

³⁵ CASAS is a nonprofit organization that focuses on assessment and curriculum development of basic skills for youth and adults. CASAS is used by federal and state government agencies, business and industry, community colleges, education and training providers, correctional facilities, and technical programs. CASAS assesses reading, math, listening, speaking, and writing. In addition to certifying basic skills attainment, CASAS measures learner progress on a standardized scale that ranges from the lowest literacy skills to high school exit and transition to postsecondary education and training. For more background on the CASAS assessment, see: <https://www.casas.org/about-casas> (retrieved August 28, 2016).

to partner agencies to address those needs. The timing of these assessment activities in the service delivery process varied across programs. YPD staff in some sites began the process during the initial one-on-one meeting, while in other sites, the bulk of the assessment activities were conducted after assignment to a case manager, as part of the process for developing an individualized plan of services (referred to variously by grantees as Individual Service Plan (ISP) or Employment Development Plan (EDP)).

Case managers worked with participants to create an ISP or EDP to identify and document specific needs, barriers to success, skills, personal, educational and employment goals, and a plan of action for achieving them. Goals outlined in these plans might include, for example, objectives related to educational attainment, training, employment, life skills, housing, family relationships, personal development, money management, health/medical/mental health needs, counseling, substance use/abuse, and recreation. Staff added new goals identified by either YPD staff or participants to the plan as it was modified and updated over the period of enrollment. Staff often addressed specific service needs identified in these plans through referrals to other programs within the grantee organization or to other community service providers. Staff in some grantee sites began the ISP development process prior to random assignment while others waited until participants were assigned and had begun working with their case managers.

Pre-enrollment Requirements. Some grantee sites implemented pre-enrollment requirements so that potential participants could demonstrate commitment to, and engagement in, program activities, screening out those who might not be suitable candidates for YPD services prior to random assignment and enrollment in YPD. As described in Exhibit 3-1, TRA-LARE, which operated a state-funded YPP that also served as the existing service for YPD participants,

required eligible youth to successfully complete 40 hours of program activities prior to formal enrollment in YPP and YPD. In addition, potential enrollees in ABCCM’s YPD Our Circle program had to first complete two 1.5-hour orientation sessions held one week apart to show their interest in program activities before being enrolled in YPD and randomly assigned.

Exhibit 3-1: Pre-Enrollment Requirements Implemented by One Grantee

TRA-LARE: TRA-LARE operated Massachusetts Department of Transitional Assistance-funded Young Parents Programs (YPP) for TANF-eligible pregnant and parenting youth, which functioned as the existing services for their YPD program. Following a one-on-one intake appointment with a TRA-LARE YPP counselor to determine eligibility, the potential enrollee began a mandatory 40-hour probationary period in YPP, at the end of which the individual was officially enrolled in YPP and eligible to enroll in YPD. During that probationary period, an orientation session was held, skills and career interest assessments were administered (e.g., TABE, My Skills Tutor), an Employment Development Plan (EDP) was developed, and participants attended GED preparation, ESOL (if needed), parenting, and pre-vocational/job readiness workshops on-site for 4.5 hours per day, until they had successfully met the 40-hour requirement. According to staff, most participants met the requirement in about a week and a half. At that point, participants were considered enrolled in YPP. Staff then shared more information about the YPD program, the evaluation and the possibility of working with a mentor. YPP participants could decline to participate in YPD, but few reportedly did.

Source: Based on interviews conducted during site visits to YPD grantee sites.

YPD Random Assignment Process. While the timing of the random assignment process was tailored to the specific program design and the service delivery environment in each grantee site, all grantees used the same procedure for assigning enrolled participants to either the treatment or control group. Once staff determined a parenting or pregnant youth to be eligible for YPD services, staff explained the requirements for participation in the demonstration effort (and the associated evaluation effort), including random assignment to either the treatment or control group. Individuals who agreed to the terms of participation signed an informed consent agreement.³⁶ To implement random assignment, the PTS used an algorithm that automatically randomly assigned half of those enrolled in YPD to the treatment group and half to the control group.

³⁶ See Appendix B for a copy of the informed consent agreement signed by potential YPD participants prior to random assignment.

Typically, YPD staff notified participants in-person or by telephone of their assignments to the treatment or control group within several days of random assignment. The ABCCM team, for example, entered required information for new enrollees into the PTS, randomly assigned them and informed the youth of their assignments, all during the second mandatory orientation session. At AltaMed, where new YPD participants were only enrolled in large cohorts once during each program year, the process took more time; staff reported that it usually took two to three weeks to randomly assign and inform all of the new participants of their assignments.

Overall, YPD grantees did not report challenges or irregularities with the mechanics of the random assignment process. Nearly identical numbers and demographic characteristics of treatment and control group participants across all grantee sites suggest that the random assignment process worked efficiently and effectively.³⁷ Once YPD enrollees were randomly assigned, they had the opportunity to participate in YPD existing education, training and employment services available to members of both the treatment and control groups and, for those assigned to the treatment group, mentoring services. Exhibit 3-2 provides an illustration of the intake, assessment and random assignment processes implemented by one grantee.

Exhibit 3-2: Example of Intake, Assessment and Random Assignment Processes Implemented by One Grantee

AltaMed: AltaMed’s Escalera program for at-risk youth was the existing services for all YPD participants. Unlike some other YPD programs that allowed continuous/ongoing enrollment throughout their enrollment periods, Escalera enrolled participants by cohorts once a year. As the first step, recruited participants were screened for suitability for the program during an in-person meeting with the Escalera program director. Those who passed the initial screening were assigned to a case manager and an interview was scheduled to determine level of interest in, and suitability for, the Escalera YPD program. Preliminary information regarding the family’s immediate needs for supportive services such as health care, housing and food was collected; potential enrollees were also tested to determine math and reading levels at this time. Typically, this one-hour interview was conducted in-person but it was occasionally done by telephone. Applicants who were determined to be eligible completed an application; if approved, they were invited (with their parents) to a 2.5-hour information/orientation session during which YPD staff were introduced and information about the Escalera model and the YPD study was presented. Orientation sessions, which were led by case managers, were usually held twice a week for two to three

³⁷ See Appendix E for a table that shows participant characteristics of YPD treatment and control group members.

weeks in March and April each year during the grant period. The PTS intake form, the informed consent form, and the Escalera “successful student contract” were completed and signed during these sessions. After the orientation session, a case manager entered the intake data into the PTS, which then randomly assigned participants. Staff estimated that more than half of those who were invited to orientation attended the session. They also reported that one-on-one orientations were held for those with childcare challenges who could not attend the scheduled group sessions.

Source: Based on interviews conducted during site visits to YPD grantee sites.

B. YPD PROGRAM SERVICES

As discussed above, YPD grantees had considerable flexibility in determining the specific set of activities that constituted the existing services available to both treatment and control group members under the demonstration effort. Grantees were also responsible for designing and implementing the additional services – the formal mentoring services – available only to members of the treatment group. Descriptions of YPD existing and enhanced services offered by the grantees are provided below.³⁸

1. YPD Existing Services (for both Treatment and Control Groups)

A key feature of the design of the YPD program was the requirement that all YPD participants be offered services aimed at improving their employability and family economic self-sufficiency. Thus, while those assigned to the treatment group received enhanced services (i.e., additional mentoring services), control group members were still eligible for, and could take advantage of, an extensive, and in most sites, comprehensive, array of services offered through the young parent programs operated by the grantee sites. These services included education, training and employment activities, case management, supportive and follow-up services.

³⁸ The period of enrollment for YPD participants was intended to be 18 months. However, the actual duration of enrollment and the time over which participants received program services varied substantially, depending on the participant’s goals, services received, and participant preferences and circumstances. The PTS included an “exit date” field, but this field was often incomplete and unreliable for determining duration of enrollment because participants often did not inform the grantee staff that they were exiting from the program.

YPD grantee organizations targeted their existing programs on disadvantaged youth populations, and most had already been providing the same or similar services to these individuals for many years prior to receiving their YPD grants. For example, AltaMed had offered comprehensive services to individuals residing in the East Los Angeles area since 1969. At the time of their involvement in YPD, AltaMed operated several programs specifically focusing on pregnant and parenting teens, including the federally-funded Adolescent Family Life Program (AFLP), which targeted the health, education and economic achievement of pregnant and parenting teens, the state-funded CalLearn program aimed at helping CalWorks recipients ages 14-19 stay in, or return to, school for a high school credential, and a Health Resources Services Administration (HRSA) grant-funded program that supported in-house medical assistant training for the same target group. Prior to its involvement with YPD, TRA-LARE had been operating its young parent program for pregnant or parenting youth ages 14-21 for over 15 years (since 1992).

Exhibit 3-3 provides an overview of the key base (existing) services made available for both treatment and control group members at each of the five grantee sites. The exhibit includes a brief description of core program services provided, and a checklist of more discrete services/activities offered for YPD participants, either directly by the grantee, or through referral arrangements with other local service providers. Of critical importance for understanding impact results reported in the next chapter is that as part of YPD's differential experimental research design, both treatment and control group members could receive a substantial dosage of services intended to help guide the participants toward self sufficiency.

Exhibit 3-3: Overview of Key Existing Services Offered to Treatment and Control Groups by YPD Round III Grantee Sites

Grantee	Overview of Existing (Base) Services Provided for Both YPD Treatment and Control Groups	Post-Secondary Education	Basic Skills Instruction/ABE	Pre-GED/GED Preparation	ESL/ESOL	Tutoring/Study Skills	Occupational Skills Training	Job Readiness/Life Skills /Career Counseling	OJT, Work Experience, Paid/Unpaid Internships	Job Development/Placement	Job Retention	Parenting Skills Instruction	Financial/Budgeting Instruction	Supportive Services	Case Management Services
AltaMed Health Services	Escalera program providing education, training, employment and support services based on six core competencies (i.e., foundation skills, educational attainment, technology skills development, career exploration, workforce readiness and leadership and personal development), weekly peer group workshops/sessions, 80-hour internships	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dannon Project	WIA Youth/Youth Opportunities Program including: (1) classroom/computer-based instruction on life skills, financial literacy, parenting, job search skills, health awareness; (2) short-term occupational skills training (e.g., CNA, PCT, HVAC) leading to a credential or certification, job shadowing/internships; and (3) job placement			X		X	X	X	X	X	X	X	X	X	X
Training Resources of America (TRALARE)	Young Parents Program (YPP) offering ABE, GED preparation, ESOL, work readiness, skills training (e.g., customer service) and parenting/life skills training for TAFDC/TANF-eligible, pregnant and parenting youth	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asheville-Buncombe Community Christian Ministry (ABCCM)	Work readiness training program focusing on skills/interests, career goals, job search skills, resume development, interviewing skills, world-of-work guidance; GED preparation; short-term certificate-based skills training	X		X			X	X		X	X	X	X	X	X
Family Services of Davidson County (FSDC)	Work readiness/life skills class; GED preparation	X		X			X	X				X	X	X	X

Taken together, the five grantee sites offered a considerable range of services and activities, including some combination of the following: post-secondary education; basic skills instruction; pre-GED/GED preparation; English as a Second Language (ESL) or English for Speakers of Other Languages (ESOL) classes; tutoring/study skills instruction; job readiness/life skills training/career counseling; occupational skills training (e.g., certified nursing assistant (CNA), patient care technician (PCT), phlebotomy technician, industrial maintenance technician); on-the-job-training (OJT), work experience, or paid/unpaid internships; job development and placement; job retention services; parenting skills instruction/workshops; financial/budgeting instruction; case management; and supportive services. As shown in the exhibit, all five grantee sites made available, either directly or through referral arrangements, as their base services at least the following services: pre-GED/ GED preparation classes; job readiness/life skills instruction; short-term occupational skills training; parenting skills instruction; financial/budgeting instruction; a varying array of supportive services (discussed below); and ongoing case management.³⁹

Despite offering similar types of services, the structure, nature, participant flow, and intensity of services offered by grantees (even within similar service categories) were quite varied. For example, while all sites offered job readiness/life skills instruction, there were significant differences across sites in the format, duration, timing of when participants received the instruction during their involvement in YPD, and the topics covered and specific activities involved. Though all sites adhered to the differential experimental research design, no two sites were the same in terms of the mix of services offered or how specific services were structured as part of the base service offering. Below, key components of each of the grantee site's existing services are highlighted.

³⁹ See Appendix A for site summaries that provide descriptions of the services offered by all YPD grantee sites.

a. **Education, Training and Employment Services Offered to Treatment and Control Group Members**

At the heart of the existing services were variously structured education, training, and employment services (complemented by case management and supportive services, discussed below). To better understand the similarities and substantial differences in the education, training, and employment services offered as part of the base service package across sites, it is useful to explore in greater detail specific services offered in the grantee sites. Exhibits 3-4 provides a more detailed description of the services offered by Dannon. As shown in Exhibit 3-4, Dannon's existing services were the services that Dannon was already offering as its WIA Youth Program (a funding source and program administered in the locality prior to receipt of its YPD grant). As described in greater detail in the exhibit below, both YPD treatment and control group members were enrolled in Dannon's Youth Opportunities Program, where they moved through three phases of services that included: (1) three weeks of classroom and computer instruction and basic life skills/work readiness instruction; (2) followed by enrollment in short-term occupational training (usually for four to 12 weeks); and (3) culminating in assistance with job placement.

Although the other grantee sites did not operate WIA Youth programs, the types of education, training and employment services and activities they offered to participants in their YPD programs included some activities that were similar to the employment and training activities provided under Dannon's WIA youth program. For example, AltaMed's 15-month Escalera after-school and summer program focused on instruction in core competencies (i.e., foundational skills, educational attainment, technological skills development, workforce readiness, career exploration, and leadership skills development) through weekly peer group workshops.

Exhibit 3-4: Example of WIA Youth Education, Training and Employment Services Offered as the Existing (Base) Services

The Dannon Project: The Dannon Project offered its WIA Youth program (the Youth Opportunities Program) as the existing services for all YPD program participants. The program consisted of three distinct phases.

Phase I: All YPD enrollees received classroom and computer-based instruction for 5.5 hours per day, 4 days per week, for 3 weeks. Case managers and other Dannon staff provided instruction on life skills (including the Pathways Out of Poverty curriculum), financial literacy, parenting, health awareness, job readiness, job search skills (including resume writing, development of elevator speeches and interviewing skills), conversational skills, and math, reading and writing refresher skills. All enrollees were also required to complete community service during this phase, working for three hours each Friday at a homeless shelter. Assigned case managers met with each participant for one hour twice weekly to review progress on ISP goals, address barriers and provide support services. A \$10 gas card was available to each participant upon request. Those who had not yet identified their preferred occupational training area during the intake process usually did so by the end of the second week of Phase I; a referral was then made to the selected training program for Phase II. While most YPD participants had a high school credential prior to entering the program, those that did not were provided GED tutoring during Phase I, and were also offered additional GED classes held two evenings a week; these GED preparation activities could continue through Phase II. The Dannon Project also partnered with a local community college to have an admissions counselor speak to the group about possibilities for additional training after completion of the program at Dannon.

Phase II: During this phase, YPD enrollees participated in short-term occupational training, usually for four to 12 weeks. Dannon was licensed through the State of Alabama to operate a post-secondary private training school for allied health careers including Certified Nurse's Technician (CNA), CNA with geriatric specialty, Phlebotomist Technician, and Patient Care Technician (PCT). Dannon also used training vendors to provide other training and certification programs including CEFA-HVAC, Level 1 Plumber, Level 1 Industrial Maintenance Technician, and LEED Green Level I. Both employers and current employees came to the classes to speak about the occupations (and workplace expectations) for which training was available. During Phase II, case managers were in contact with assigned participants once a week. Although not part of the original project design, Dannon added opportunities for an additional 20 to 25 hours of job shadowing or internships (both paid and unpaid) for selected training programs (e.g., PCT) after the training was completed, at the request of employers. At the end of Phase II, participants took the required exams to obtain an occupational certificate or credential. Once a case manager learned that a certification had been obtained, that participant was referred to Dannon's job development/job placement team.

Phase III: The final phase of the program focused on job placement activities. Case managers continued to work with participants to reassess and, if necessary, modify the ISP. YPD enrollees were referred to job fairs, provided assistance in developing resumes and cover letters, and were guided through mock interviews; they were also given job referrals and provided with transportation to interviews. Makeovers were also available before job interviews. Phase III could last as long as needed for each individual participant; participants remained in this phase until they were employed. After job placement, case managers conducted follow-up with employers to check in on job performance; they also stayed in contact with participants to determine what kinds of additional training or supportive services (e.g., help obtaining housing) might be needed. A graduation ceremony took place at the end of this phase.

According to staff, the average student needed four to five months to complete all three phases of the program. Financial incentives were also offered to ensure completion of the program. Individuals who completed all three phases of the Youth Opportunities Program and recruited another participant received \$25; those who completed the program and were able to produce two pay stubs received \$100. An additional \$100 was awarded to participants who earned a GED or certification.

Source: Based on interviews conducted during site visits to YPD grantee sites.

Additionally, at AltaMed, assistance in preparing for and obtaining a GED was available for those without a high school credential; vocational training (e.g., pharmacy technician, CNA) was also offered, either on site or through a partner agency. ABCCM and FSDC provided YPD participants 8 and 12-week, respectively, work readiness/life skills classes addressing topics such as career interests/goals, resume writing, interviewing skills, job search assistance and world-of-work guidance. The sites also supplemented services with on- and off-site GED preparation and referrals to short-term certificate-based training. TRA-LARE's YPP (see Exhibit 3-5) was an open-entry, open-exit education, training and employment program for TAFDC/TANF-eligible pregnant and parenting youth that stressed attainment of a GED for those without a high school credential as a first step.

**Exhibit 3-5: Example of Education, Training and Employment Services
Offered as the Existing (Base) Services**

TRA-LARE: TRA-LARE's Young Parents Program (YPP) offered instruction to all treatment and control group members 4.5 hours per day, 5 days per week. Possible instructional activities that individuals received included: ABE/GED preparation, ESOL classes, pre-vocational/job readiness training (including interviewing skills, resume development, and job search assistance), skills training (e.g., customer service certification and computer skills such as Microsoft Office and Excel), and parenting/life skills training. Although the long-term goal was unsubsidized employment, the primary focus of the YPP instructional component for those without a high school credential was completion of the GED/HiSET. YPP case managers/instructors also provided ongoing case management and referrals for support services as needed (e.g., clothing closet). Once a participant earned a GED/HiSET, she/he was considered to have "completed" YPP program requirements and, as a result, many exited the program. However, TRA/LARE staff preferred that participants achieve an additional program outcome beyond a GED/HiSET, so case managers continued to work with participants on additional education, training or employment goals as outlined in their EDP. Next steps included referrals to the local One-Stop (i.e., an American Job Center) for help finding employment, help enrolling in a community college certificate or degree program, or help arranging an OJT or work experience position with a local employer. Enrollees continued to meet with their case managers at least every two weeks to review progress and, in some cases, to participate in counseling or attend a workshop with a guest speaker (e.g., someone from the community knowledgeable about domestic violence issues). According to staff, treatment and control group participants remained in YPP from two months to a year and a half, depending on their skill levels; the average duration in the program was about six months. Monetary incentives were provided to all YPP participants when they reached various benchmarks. For example, participants received \$100 for completing the first 40 hours of the YPP and \$25 was for each referral of a new participant made to the YPP initiative.

Source: Based on interviews conducted during site visits to YPD grantee sites.

Beyond the specific education, training and employment activities offered by all grantees, some grantees provided additional services. For example, two grantee sites (Dannon and AltaMed) also arranged for paid and unpaid internships for YPD enrollees. AltaMed offered an 80-hour internship, usually done during the summer at retail outlets and other businesses in the community. Participants were not paid by the employer, but received a \$200 stipend from AltaMed upon successful completion of the internship. As described above, Dannon also added 20 to 25 hour internships or job shadowing components to its menu of services at the request of the employer partners.

As mentioned previously, the format and duration of services provided varied across grantee sites. Two sites (AltaMed and ABCCM) convened separate instructional sessions for treatment and control group members, while the other three sites (FSDC, TRA-LARE and Dannon) held classes open to all YPD enrollees. During the classroom instruction phases, participants spent 1.5 hours to 5.5 hours in program activities weekly. YPD program staff estimates for the average length of time YPD enrollees were engaged in existing services program activities also varied. Program staff reported that participants needed, on average, four to five months to complete all phases of Dannon's Work Opportunities program. TRA-LARE staff estimated that the average period of engagement with YPP participants was about six months.

There was also some variance in the required or preferred sequence of education and training activities that participants engaged in during the period of enrollment. For example, TRA-LARE YPD participants first earned a GED/HiSET certification (an official requirement for YPP) prior to progressing to other activities such as a training program at a community college, a work experience position, or an OJT placement. Dannon required participation in the

Phase I comprehensive life skills/work readiness classroom training as a first step in their program services, prior to progressing to the short-term occupational skills component.

However, those without a high school credential were offered GED tutoring concurrent with their participation in the first phase. At AltaMed, YPD participants often worked on educational (e.g., GED preparation) or vocational training goals at the same time they were attending classes on the core curriculum.

The emphasis placed on specific education, training and employment components also differed across grantees. For example, the key component of FSDC and ABCCM's existing services was the work readiness/life skills training program on topics such as the job search process, which included exploration of career interests, tips on completing job applications, and interview techniques. Short-term occupational training, made available either on-site or through referrals to partners, was a key element in Dannon's YPD program. As part of the second phase of its Youth Opportunities Program, Dannon offered short-term (i.e., 4 to 12 weeks) training in allied health careers (e.g., CNA, phlebotomist technician, patient care technician (PCT) and other areas (e.g., Heating, Ventilation, and Air Conditioning (HVAC), Level-1 Plumber), all leading to a credential or industry-recognized certification.

To promote retention and completion of YPD program activities, grantees provided financial incentives to YPD enrollees as part of the base services. For example, both ABCCM and FSDC awarded \$25 gift cards to all YPD enrollees for completion of each week of their work readiness training programs. Dannon also offered a variety of financial incentives for meeting specific program milestones, including \$100 for completing all three phases of the program and producing two paycheck stubs; an additional \$100 was given to participants who earned a GED or other certification. TRA-LARE awarded participants \$100 for successfully

completing the first 40 hours of their YPP program. Some grantees also paid participants \$25 for each YPD referral.

b. Case Management, Supportive Services and Follow-up and Post-Program Transition Services Offered to the Treatment and Control Groups

As required by the SGA, YPD grantees also provided case management, supportive services, and follow-up and post-program services to all participants as part of their base services.⁴⁰ Ongoing case management was a standard component of the service delivery model implemented by all grantees, with all YPD participants being assigned a case manager who oversaw progress and provided guidance on education, employment, and personal goals outlined in each participant's service plan (or ISP).⁴¹ The frequency of meetings between case managers and assigned participants varied across grantee sites, from weekly meetings (and sometimes more often), particularly early in the enrollment period, to monthly, to quarterly (typically after completion of an education, training or employment component). Case managers functioned as advocates and service brokers for participants, facilitating referrals to education and training providers, assisting with the job search process by providing guidance on completing applications, resume development and interviewing skills, and linking participants to potential employers. The case manager was also the point person for identifying supportive service needs required to address barriers to full program participation and for connecting participants to these services, directly through the grantee organization or through referrals to partner agencies.

⁴⁰ In the Rounds I and II SGA, follow-up and retention services were included in the description of the required case management services. These services were identified as a separate required component in the Round III SGA.

⁴¹ The SGA for Round III indicated that the "case management" component must include: "the identification, assessment, and enrollment of young parents; the development of a personalized service strategy that may include personal, educational, or employment-related supports; as well as the identification of appropriate supportive services. Case managers must have a central role in ensuring that project participants receive all of the necessary and appropriate services to overcome any barriers to full project participation." (DOL/ETA 2011)

Both treatment and control group members had access to supportive services aimed at reducing barriers to education, training, and employment, such as transportation and child care assistance, work clothing and equipment, and mental health and substance abuse treatment. Grantee staff often made support services available through other programs operated by the grantee organization or from other community resources. For example, TRA-LARE YPP/YPD participants were eligible for DTA-subsidized child care assistance and a transportation voucher if they met TANF work requirements. However, grantee staff repeatedly cited the challenges presented by the lack of adequate resources for critical supportive services needed by YPD enrollees (e.g., transportation assistance in areas without public transit systems, lack of funding for child care due to cuts in state and local resources.) Dannon could rely on WIA resources to some extent for their participants who were co-enrolled, but those resources were limited and often not sufficient to meet the needs of participants.

Although grantee staff often struggled to maintain contact with YPD participants after they completed program milestones and left the program, grantee sites provided some follow-up services to sustain and support gains made following completion of key education, training and employment program components. For example, after a Dannon YPD participant found a job, case managers followed-up with the employer to check in on the individual's job performance, and also stayed in contact with the participant to determine what kinds of additional training or supportive services might be needed. Young parents who completed AltaMed's 15-month Escalera YPD program were placed in the Escalera alumni program, during which time they could receive assistance from program staff in finding employment.

2. YPD Enhanced Services -- Mentoring Services (for Treatment Group Only)

As described above, the SGA requirements for the Round III grants stipulated that grantees test the impact of added mentoring services to the existing education, training and employment services available to both the treatment and control group members. The SGA also included specific guidelines for the YPD mentoring services, including the requirement that mentors meet with assigned mentees at least four hours a month for 18 months, concentrating their efforts on assisting youth in three key areas: education, career advancement and personal development. The SGA also provided additional guidance on screening, orientation and training (i.e., a minimum of six hours), and support and supervision of mentors, as well as on the need for a systematic approach to matching mentors with mentees. The grantees could engage either full-time paid professional mentors or recruit volunteers to provide mentoring services for treatment group members (DOL/ETA 2011). Within these guidelines, the five grantee sites developed and implemented mentoring activities as the enhancement to their existing education, training and employment activities, with variations in the format, structure and intensity of these services across grantees. Exhibit 3-6 provides an overview of the mentoring services each grantee site made available for treatment group participants as part of YPD's experimental research design.

In general, the goal of the YPD mentoring activities was to successfully link responsible mentors with expectant and parenting youth so that they could develop a personal relationship in which the mentor provided ongoing guidance on development of life skills, as well as support and assistance in removing barriers to success and to achieving personal, education, and employment goals. As such, the role of the mentor was distinct and separate from that of the assigned case manager – the case manager was responsible for working with the participant to

identify goals and address service needs while the mentor provided support and encouragement in meeting these goals.

Exhibit 3-6: Overview of Enhanced Services (Mentoring) Offered by YPD Round III Grantee Sites

Grantee	Overview of Enhanced Services (Mentoring) Offered for Treatment Group Members Only
AltaMed Health Services	Two types of mentoring: (1) intensive one-on-one mentoring provided by alumni, community and AmeriCorps volunteer mentors; and (2) group mentoring workshops/classes facilitated by AmeriCorps volunteers
Dannon Project	One-on-one and group mentoring activities focusing on development of participants' communication/emotional skills and support of achievement in program/credential completion, employment, and job retention
Training Resources of America (TRA-LARE)	One-on-one mentoring services focusing on education, career advancement and personal development provided by volunteer mentors
Asheville-Buncombe Community Christian Ministry (ABCCM)	Modified version of national Circles mentoring program, including assignment to two or three mentors and a Coach for one-on-one and group mentoring; participation in community meetings with other mentor/mentee teams
Family Services of Davidson County (FSDC)	Modified version of national Circles mentoring program, including assignment to a mentor for one-on-one mentoring; participation in Circle Group meetings for group activities with other mentor/mentee teams

Source: Based on interviews conducted during site visits to YPD grantee sites.

Four of grantees (i.e., Alta-Med, Dannon, ABCCM and FSDC) had some prior experience providing mentoring services to at-risk populations before implementing their YPD grants; for example, Dannon staff had done mentoring activities with previously incarcerated individuals under another program, and AltaMed staff had provided mentoring to some prior Escalera program enrollees. However, none of the grantees had previously operated a mentoring program of the scale and scope of the YPD initiative. Consequently, the YPD mentoring component was a relatively new, and in many cases, challenging undertaking for most YPD grantee sites. For the five grantee sites, there were multiple steps and processes in developing and operating a mentoring initiative for at-risk youth. Strategies for recruiting and training

mentors and matching them with participants, as well as the specific features of the mentoring activities offered, are discussed below.

a. Types of Mentors and Recruitment Processes for Mentors

All five grantees chose to rely primarily on unpaid volunteers to provide mentoring services for YPD program participants, as opposed to hiring professional paid staff.

Characteristics of the volunteers recruited and selected to act as mentors varied both across, and within, YPD programs. For example, ABCCM, which operated a variation of the national Circles⁴² mentoring program, matched each participant with two to three adult mentors, usually members of local churches or community groups. AltaMed treatment group participants received mentoring both from alumni of the Escalera youth program (who were usually college students or recent college graduates) and AmeriCorps⁴³ volunteers; these individuals were typically close in age and often had similar life experiences to those of the mentees. Individuals chosen to be TRA-LARE mentors varied across the ten service locations, but they included volunteers from businesses and service organizations, as well as students from area colleges. FSDC had no formal age requirements for mentors but noted that none of their mentors were less than 25 years of age. Interestingly, by the end of the grant period, two of the grantees had shifted to having their own professional program staff provide mentoring to some YPD participants, in

⁴²Circles (R) is an innovative model based on a body of research suggesting that in order for low-income families to improve their situation, they must have bonding social capital within the community, bridging social capital to access the resources contained by higher income networks, and linking social capital that connects the first two with public institutions. Operating in communities around the country, each Circle initiative consists of a family/individual working to get out of poverty and several Allies (mentors) that lend support. The family/individual is the Circle Leader, setting direction for activities. With the help and friendship of their Allies, each family/individual sets and achieves goals unique to their own needs. Weekly Community Meetings gather Circle Leaders, Circle Allies and other interested community members to provide support and networking opportunities.

⁴³ AmeriCorps, an initiative of the Corporation for National and Community Service, is a network of local, state, and national service programs that connects over 70,000 Americans each year in intensive service to meet community needs in education, the environment, public safety, health and homeland security. AmeriCorps' members serve with more than 2,000 non-profits, public agencies, and community organizations. Members serve in full or part-time positions over a 10-12 month period.

one site (Dannon) because they struggled to find an adequate number of volunteer mentors. In the other site (FSDC), YPD staff felt that the critical needs of some of young parents in crisis (e.g., substance abuse, sexual abuse issues) were too much for the volunteer mentors to handle and necessitated the assistance and guidance of trained professionals.

The process for recruiting mentors was generally similar across grantees, with sites distributing flyers and brochures, conducting presentations and holding informational sessions at various venues in the community, and using both traditional (e.g., TV, radio and newspapers) media as well as social media to share information about the mentoring opportunities. Word-of-mouth was a critical source for volunteer mentors across all grantee sites. YPD program staff at one site reported that most of their mentors were recruited through personal contacts that they had developed with businesses, churches, civic groups, and other community partners.

Birmingham's chief of police was a key partner in Dannon's mentoring activities, serving as an important resource for recruitment of new mentors.

Grantees faced numerous challenges recruiting an adequate number of suitable mentors for their YPD participants over the course of the grant period. Some potential recruits expressed an unwillingness to commit to the 18-month mentoring period. In addition, there was a lack of volunteers with similar characteristics to YPD enrollees in need of mentors (e.g., insufficient number of males willing to act as mentors to male enrollees, lack of Spanish-speaking mentors).⁴⁴

Once potential mentors expressed interest in becoming mentors, most of the sites required that they first complete an application, participate in an orientation session, and/or in an interview or screening meeting conducted by a YPD mentoring coordinator, or another team member. Grantees required mentors to submit to and pass a criminal background check. Exhibit

⁴⁴ See below for additional discussion on challenges.

3-7 provides a description of the types of mentors recruited and the recruitment process implemented by one grantee.

Exhibit 3-7: Example of the Recruitment Process for Volunteer Mentors at One Site

TRA-LARE: TRA-LARE staff recruited volunteers from the community to serve as mentors to members of the treatment group. In general, volunteers were identified through contacts the staff developed with other community partners, including WIBs, local businesses, churches, colleges, Chambers of Commerce, community centers (particularly Hispanic organizations), other civic groups and through the Mass Mentoring Partnership in Boston. Other contacts were made through social media (e.g., LinkedIn), Craigslist, newspapers, friends and family, and word-of mouth. YPD mentor specialists posted flyers with information about the YPD mentoring opportunities at grocery stores, coffee shops, libraries and malls, and made presentations at various sites in the community. For example, staff at the YPD program in one of the ten service locations reached out to the numerous colleges in the area to recruit potential mentors among the student population. Individuals interested in becoming mentors met with the YPD mentor specialist for a one-hour orientation, completed an application, provided documentation (e.g., driver’s license) and submitted to screening and background checks (CORI and SORI). Staff in the local service sites noted that the 18-month commitment was a deterrent for many potential mentors (particularly college students). Mentor specialists in the local sites tried to recruit mentors who had varied backgrounds but similar experiences to those of the mentees (e.g., had children, had children at a young age, came from a low-income background, overcame challenging circumstances, spoke Spanish). Male and older mentors were reportedly challenging to recruit.

Source: Based on interviews conducted during site visits to YPD grantee sites.

b. Training for Mentors

All new YPD mentors were required to participate in a minimum of six hours of in-depth training that provided instruction on topics related to successful mentoring. This training included instruction on topics such as issues that young parents face, strategies for building a trusting relationship with a mentee, and the available program services for the young parents.⁴⁵ Most of the grantees provided training for mentors that ranged from six to 10 hours in duration, with the training often conducted in multiple sessions. For example, at ABCCM, mentors who

⁴⁵ The SGA for Round III grants stipulated the following with regard to orientation and training of mentors: “The training must cover: 1) the issues that these young parents will be facing; 2) all program services the young parents will be expected to use and how the mentors should interact with program staff; 3) how best to build a trusting relationship with the young parents; and 4) how best to use that relationship to actively move the youths forward by providing advice in an appropriate manner and advocating for the youths with others, including with program staff. Additional ongoing training may also be provided on specific areas of importance to young parents or to provide peer support opportunities for mentors to discuss challenges and/or share best practices.” (DOL/ETA 2011)

passed the initial screening participated in weekly, two-hour sessions held over an eight-week period.

The training was typically conducted in small-group sessions, although it was sometimes presented by a YPD staff member in a one-on-one setting. These introductory training sessions usually relied and built on a variety of available guides and manuals on mentoring practices, as well as other resource materials aimed at assisting the volunteers in understanding the backgrounds and unique experiences of the mentees, including, for example, Ruby Payne's "Bridges Out of Poverty" strategies, poverty simulations, and, for the two sites that operated the Circles programs (ABCCM and FSDC), the Circles training materials (see Exhibit 3-8 for a description of the structure of FSDC's mentoring initiative and its process for training mentors). In addition to the initial training sessions, sites also offered opportunities for ongoing training and support throughout the mentoring period, including regular meetings and support sessions with fellow mentors and the YPD staff member who supervised the mentors at each site (typically the mentor specialist or the mentor coordinator). For example, the Dannon Mentor Coordinator convened meetings with YPD mentors to provide them with the opportunity to "brainstorm on what works and what doesn't." A Mentor Specialist in one of TRA-LARE's 10 locations reported that he tried to check in with each mentor monthly. Some YPD program administrators also developed and distributed newsletters for mentors that included hints on developing and maintaining relationships with the mentee or sent emails that provided suggestions on upcoming activities and events in the community that mentors and mentees could attend together.

Exhibit 3-8: Example of the Recruitment and Training Process for Volunteer Mentors at One Site

FSDC: FSDC recruited volunteers to serve as mentors (referred to as Allies) to members of the treatment group. Allies were recruited primarily through personal contacts the staff developed with churches, businesses, civic groups and other community partners (e.g., Smart Start and Baptist Children's Home). Other Allies came to the program through word-of-mouth referrals. Interested individuals were encouraged to attend the Circles Group meetings to get a sense of what the program entailed and what the duties of an Ally were. Allies were required to commit to 4 to 6 hours per month (although many reportedly contributed 2 to 3 hours per week) for 18 months. There was no upfront screening for Allies but all of them participated in training (initially 4 hours but later increased to 8 hours) that included Bridges/'culture of poverty" training, a poverty simulation and Circles training. Allies also had access to a training manual. YPD/Circles staff emphasized the "community-based" focus of the Circles model with new Allies. The YPD/Circles team faced challenges in recruiting mentors, which they attributed in part to their organization's lack of prior experience recruiting volunteers and also to reluctance on the part of potential mentors to make an 18-month commitment.

Source: Based on interviews conducted during site visits to YPD grantee sites.

c. Process for Matching Mentors with Mentees

The grantee sites used a variety of strategies and procedures to match mentors with mentees (often based on guidance available in documents/manuals developed by other practitioners and/or experts in the mentoring field) including, in some sites, a combination of one or more of the following:

- completion by treatment group participants (and in some sites by mentors as well) of interest assessments/surveys and questionnaires on goals of the mentoring relationship and preferences (e.g., gender) regarding the mentor;
- group gatherings/social hours for both mentors and mentees after which members of both groups would identify their top three choices for the match;
- information on physical proximity (i.e., mentor residing in a location close to the mentee); and
- judgments on best matches made by YPD staff based on participants' backgrounds, interests (including education and career interests), native languages, personalities and special needs.

Staff at one site summarized their matching process by stating that "matches were made based on participants' expressed preferences, their life experiences, their personalities and the specific

resources needed.” The process for matching mentors with YPD participants implemented by the Dannon team is described in Exhibit 3-9 below.

Exhibit 3-9: Example of the Process Implemented to Match Mentors with Mentees

Dannon: Following assignment to the treatment group, YPD enrollees immediately started working with their assigned case manager to complete a mentee profile. The YPD Mentor Coordinator met one-on-one with each mentee several times during Phase I (the work readiness training component) of the Work Opportunities Program, reviewing the profile and getting to know her/him. Using the profile, the participant interest form and the information obtained during these meetings, the Mentor Coordinator matched participants to a trained volunteer mentor based on interests, past experiences, demographics, location, and other characteristics. Staff felt that the information in the profile was crucial to creating a successful mentee-mentor match. Treatment group participants were usually matched by the end of Phase I, or within three weeks of program enrollment. The first meeting between the participant and the mentor usually took place during a group session when all of the other mentor-participant matches were present. These group meetings, which staff felt were critical to successful matches, included training, a meal and discussions. After that initial meeting, the mentee and mentor continued to meet one-on-one for at least four hours per month. Staff felt that most of the feedback on the mentoring matches and relationships was positive, although there were some complaints about some mentors being “too old”; some mentees had also requested new mentors.

Source: Based on interviews conducted during site visits to YPD grantee sites.

Although each grantee established a process for assigning available mentors to treatment group participants, they often struggled to consistently make good matches and, as a result, modified these procedures over time. AltaMed, for example, initially made matches based on gender and similar goals and interests but over the course of the grant period, found that mutual availability and geographic proximity were far more critical to a successful match. Staff in one site noted that it was challenging to learn enough about a participant’s individual circumstances and personality traits during the limited time available to make a successful match. A staff member at another site also highlighted this challenge as the reason for adding more upfront, in-depth assessments prior to making a match between a mentor and an at-risk young parent.

d. Mentoring Activities

In terms of the timing of the mentoring activities, most of the YPD initiatives were designed so that members of the treatment group received mentoring concurrently with the

existing services available to all participants. In most of the grantee sites, YPD staff attempted to initiate the mentoring activities within the first several weeks after random assignment so that the mentoring was integrated with the existing work readiness, training, and employment activities, enabling the mentors to assist the young parents in continued engagement and successful completion of those components. For example, as described in Exhibit 3-9 (earlier), Dannon staff typically matched treatment group participants with a mentor during the first three weeks on their enrollment in the Youth Opportunities Program (the program providing existing services). Matching in the early weeks of the program was done so that the pairs could develop a relationship and the young parents could receive the support and guidance of their mentors while they were enrolled in short-term training and engaged in the job search/job placement services. Only ABCCM and FSDC did not assign treatment group members to mentors or begin formal mentoring activities until after they completed the work readiness training sessions.

The SGA requirement for the intensity and frequency of the interactions between mentors and their assigned mentees was four hours per month for an 18-month period for all grantees. (DOL/ETA 2011). ABCCM and FSDC's Circles programs aimed for slightly more, with mentors asked to commit from four to six hours per month; this included time spent engaged in community Circles group meetings with other mentors and mentees, as well as additional one-on-one contacts outside of the meetings. Other grantee staff indicated that, in practice, some mentor-mentee pairs met as much as two to three hours per week; some grantees expected weekly contact of some type (e.g., phone calls, texts, email) as well as, monthly, at a minimum, in-person meetings. Overall, staff in all grantee sites reported significant challenges in maintaining the mentoring relationships for an 18-month period. Staff in one site estimated that mentoring relationships among their matches lasted, on average, six to nine months; in another

site, the estimate was from three to 10 months. Some staff did point to mentoring relationships that lasted more than a year, and even beyond the time the participant was enrolled in the YPD program.

One-on-One Mentoring. All five grantee sites supported individual, one-on-one mentoring activities between the mentor and the YPD participant; the nature of these one-on-one interactions was similar across the grantees sites. Regular contact between the mentor and the mentee via email, texts, phone calls and Facebook was common. In-person meetings, included, for example, walks in the park, trips to the zoo, museums or playgrounds, hikes, meals, movies, sporting events, church services or meetings in mentees' homes. Some grantee staff canvassed local businesses to obtain vouchers or free tickets for activities the mentor-mentee teams could do together such as yoga studio time, tickets for baseball games and passes for amusement parks. Grantee staff and focus group participants described specific instances when mentors helped mentees prepare for (and in some cases provided transportation to) the GED/HiSET exam, do homework, obtain a drivers' license, complete college applications, fill out a job application, and prepare for a job interview.

Group Mentoring. Four of the five grantees also provided multiple opportunities for formal group mentoring activities. The Circles mentoring model, implemented by both ABCCM and FSDC, included group meetings with other mentor-mentee matches, as well the opportunity for individual one-on-one interactions within the context of their regular two-hour community dinners. Dannon also offered additional group activities for mentor-mentee teams that often included the participants' children. Treatment group members in AltaMed's YPD program were provided both individual and group mentoring activities, in multiple forms, as described in Exhibit 3-10.

Exhibit 3-10: Example of Both One-on-One and Group Mentoring Activities Offered to Members of the Treatment Group

AltaMed: Individuals who were assigned to the treatment group received two types of mentoring: (1) one-on-one mentoring from an assigned Escalera program alumni volunteer mentor (or a volunteer mentor recruited from the community); and (2) group mentoring activities/workshops facilitated by AmeriCorps volunteers for 2 hours per month. AmeriCorps volunteers also provided individual mentoring to their assigned participants, meeting one-on-one at least once a month over the course of their standard 10-month service assignments.

The assigned volunteer mentor and mentee were expected to meet for at least two to four hours per month; one hour could be an in-person meeting, but the remaining contact could be by email or texting. Activities could include, for example, help in getting a GED/HiSET or obtaining a driver's license or going out for a snack. Assigned case managers continued to follow up with both the mentee and mentor to ensure that the meetings were taking place.

The AmeriCorps volunteers provided an extra level of support for the treatment group's weekly cohort workshops/meetings on topics related to the Escalera curriculum, helping to facilitate (and, in many cases, leading) the classes. Treatment group members also participated in monthly activities/peer group mentoring sessions (offered at multiple times throughout the month) that addressed topics such as nutrition, parenting, and sexual health, also led by the AmeriCorps mentors. Although the case manager was the point person for service/program needs for the participant, the AmeriCorps mentor acted as a back-up for the case manager if she/he was unavailable.

Source: Based on interviews conducted during site visits to YPD grantee sites.

Incentives. As noted above, some grantees provided financial incentives to members of both the treatment and control groups for meeting certain program milestones as part of the base services. In addition, Dannon provided incentives in the form of \$25 gift cards to both mentors and treatment group mentees when they met their monthly four-hour goal for contacts.

e. Challenges to, and Benefits of, Successful Mentoring

As described to an extent elsewhere in this chapter, YPD administrators and staff identified a number of challenges they faced in developing, operating and sustaining a mentoring program for young and expectant parents. Highlights of these challenges are summarized below.

- **The required 18-month commitment for the mentoring relationship was a significant challenge for recruitment and retention of mentors.** While recognizing the time needed to develop a trusting relationship between mentor and mentee, YPD staff in all grantee sites identified this requirement as a roadblock to recruiting qualified volunteer mentors, many of whom were unwilling to make such a lengthy commitment, particularly college students on an academic schedule.

- **Some expectant and young parents were not interested in having a relationship with a mentor.** Staff found that some members of the target population were not open to working with a mentor, in some cases because they did not feel they had time to participate for the required hours in light of other work, school, and family commitments. Others who had limited supportive relationships with adults struggled with trust issues and were wary of engaging in a personal relationship with a mentor.
- **Grantees struggled with significant attrition among treatment group participants throughout their 18-month enrollment period.** Many YPD participants assigned to the treatment group did not receive the full dosage of services available through the program. Grantee staff identified several explanations for the lack of retention among participants, including competing work and family priorities, other time-consuming program requirements (e.g., meeting TANF work requirements), and lack of understanding of the value of the mentoring relationship. Some participants dropped out at the point they learned they were to be assigned to a mentor, while others did not “click” with their mentors and left the program after the match was made. Maintaining regular contact with participants over the enrollment period was also challenging due to frequent changes in phone numbers and residence.
- **In general, grantee staff found that younger YPD participants (i.e., ages 16-19) were more challenging to serve successfully in mentoring programs than older participants (i.e., over age 20).** Some staff felt that the younger participants lacked the maturity and motivation to appreciate and recognize the opportunities being presented and the value of the support and guidance offered by the mentor.
- **Making “good” matches was a challenge for grantee staff, especially with limited information on both the mentor and the mentee during the matching process.** YPD team members found it difficult to successfully pair mentors and participants within the short timeframe available, and noted that taking the time to do additional upfront, in-depth assessments might be helpful.
- **Some YPD program participants with serious personal and family issues were not good candidates for mentoring services.** YPD staff felt that the critical needs of some of young parents in crisis (i.e., those with substance abuse or sexual abuse issues) were too much for the volunteer mentors to handle and would be better served with the assistance and guidance of trained professionals.
- **Additional funds for supportive services and mentoring activities might help keep mentors and mentees engaged.** Staff in several grantee sites highlighted the need for additional program funds to cover services such as transportation and child care assistance. In addition, staff felt that allocation of more funds to support outings and events that mentor-mentee teams could attend together would contribute to continued engagement in the relationship.

Despite the many challenges associated with operating a successful mentoring program for young parents cited by YPD grantee staff, benefits of the mentoring activities were also identified. Staff at three grantees sites felt that participants in the treatment group who experienced successful mentoring relationships were more likely to have stronger connections with the YPD program (i.e., staff felt that they were more likely to respond to follow-up contact). One YPD team member noted that mentees had a “better attitude, better attendance, more academic success, more exposure to new experiences and more accountability” during the period they were participating in YPD services. Staff also reported that the young parents who worked with a mentor benefitted because they “had someone to talk to that was seen as a friend, not an authority figure... the mentors helped them succeed and overcome obstacles.” Others noted that those participants with mentors were more likely to be successful because they had “extra people pushing them to be engaged.”

f. Additional Program Components/Services Offered to Members of the Treatment Group Only

In addition to the mentoring activities, treatment group members in some grantee sites received other services that were not available to members of the control group. For example, ABCCM’s treatment group members participated in an enhanced version of the YPD work readiness program that was supplemented with the Getting Ahead life planning curriculum. AltaMed’s AmeriCorps volunteers assisted with the treatment group’s weekly cohort workshops/meetings on topics related to the Escalera curriculum, helping to facilitate the classes and adding an extra level of support.

Although they received an additional and distinct service through mentoring, enrollees assigned to the YPD treatment group were entitled to the same case management and supportive services as those participants in the control group. However, because of the design of the

enhanced services in some grantee sites, some treatment group members also had the opportunity to receive additional case management services. For example, in addition to the two to three mentors assigned to each treatment group member, the Circles mentoring model implemented at ABCCM also offered these participants the services of a coach (also a YPD staff member) who was part of the young parent's Circles team. This individual could provide additional guidance and support, supplementing the ongoing, standard case management. A coach was not available to control group participants. Treatment group members in AltaMed's Escalera YPD program had the opportunity to receive an additional three months of case management services beyond the standard 15-month service period available to other enrollees to accommodate the 18-month period for mentoring activities. In addition, staff in two grantee sites felt that the presence of a mentor often resulted in more, or better, case management. For example, AltaMed staff noted that the AmeriCorps mentors encouraged the treatment group members to stay in contact with the case managers and often acted as back-up case managers.

C. SERVICE UTILIZATION PATTERNS

The Participant Tracking System captured service utilization patterns in five major service areas during the period of enrollment for each YPD participant: (1) education; (2) employment and training services; (3) parenting services; (4) supportive services; and (5) mentoring. The service utilization data collected as part of the PTS confirmed similarities in patterns of service utilization for the treatment and control group members for the first four types of services, but not the fifth type of service (mentoring), which aligns with the differential research design of the Round III YPD evaluation. This section first explores overall patterns of

service utilization for treatment and control group members, then examines similarities and differences in utilization patterns at the individual grantee level.

1. Service Utilization Patterns, Overall

Receipt of Educational Services. A similar percentage of treatment and control group members received educational services in Round III (see Exhibit 3-11). Overall, about three-quarters of the full sample (74 percent) received at least one educational service, with nearly the same proportion of treatment and control group members receiving at least one educational service. The exhibit also displays a breakdown for treatment and control group members by the specific types of educational services received. The most common type of educational service received by participants was tutoring (38 percent of the full sample), followed by pre-GED/GED instruction and study skills training (36 percent for each). There were statistically significant differences (at the .05 level) between the percentage of treatment and control group members in terms of receipt of secondary education, post-secondary education, and drop-out prevention.

Exhibit 3-11: Percentage of YPD Participants Receiving Education Services, by Random Assignment Status

Type of Educational Service Received	All YPD Participants	Treatment Group	Control Group	p-value
Tutoring	38%	39%	38%	0.856
Pre-GED / GED	36%	36%	37%	0.876
Study Skills Training	36%	36%	36%	0.910
Drop-out Prevention	31%	28%	34%	0.014**
Secondary Education (e.g., High School)	15%	17%	12%	0.007***
Post-Secondary Education (e.g., Community College)	13%	15%	11%	0.008***
Adult Basic Education (ABE)	8%	6%	9%	0.062*
English as Second Language (ESL)	3%	4%	3%	0.184
Other	32%	31%	32%	0.763
No Education Services Received	26%	25%	27%	0.327

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

Receipt of Employment and Training Services. As shown in Exhibit 3-12, the most common type of employment service received by both the treatment and control groups was job readiness training, with three-quarters of participants receiving this service. This is not unexpected, as one of the key objectives of the demonstration effort was to prepare both treatment and control group members for entry into the local labor market during or upon exit from the initiative. The next most common service reported was occupational skills training with almost one quarter (24 percent) of the full sample of Round III participants involved in this activity. Other important employment and training services provided to both treatment and control group members included job development (19 percent of the full sample), work experience (16 percent), and job retention (11 percent). As might be expected, and similar to educational services, there was not much difference between percentage of treatment and control group members receiving specific types of services. There were statistically significant differences (at the .05 level) between the percentage of treatment and control group members in terms of receipt of: job placement assistance, job development, and on-the-job training.

Exhibit 3-12: Percentage of YPD Participants Receiving Employment or Training Services, by Random Assignment Status

Type of Employment or Training Service Received	All YPD Participants	Treatment Group	Control Group	p-value
Job Readiness Training	75%	76%	74%	0.205
Occupational Skills Training (OST)	24%	23%	25%	0.431
Job Development	19%	21%	17%	0.030**
Work Experience	16%	17%	15%	0.325
Job Retention	11%	11%	12%	0.551
Job Placement	9%	12%	6%	0.000***
On-the-Job Training (OJT)	6%	7%	4%	0.010*
Other Training Services	23%	24%	22%	0.538

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

For four of the employment and training services, YPD grantee staff were asked to record the number of hours of service receipt for each treatment and control group participant in the PTS so that it would be possible to capture intensity of services receipt (see Exhibit 3-13). There were few statistically significant differences in either the percentage of individuals receiving these four employment and training services or the intensity of service utilization (in terms of hours of service receipt). However, as shown in the exhibit, both the treatment and control group members that received each of these services, received substantial numbers of hours of each of these services. For example, as might be expected, the nearly quarter of treatment and control group participants that received occupational skills training services (24 percent for the full sample), on average received 152 hours of training, with a fairly similar number of hours received by treatment (156 hours) and control (148 hours) group members. As also shown, there is no statistically significant difference for treatment and control group members in terms of either percentage receiving or the number of hours of receipt of OST.

In terms of hours of service receipt, occupational skills training is followed in average number of hours by on-the-job training (an average of 82 hours, for those receiving the service), then work experience (63 hours) and job readiness training (22 hours). Though a relatively small percentage of participants in the treatment and control groups participated in OJT (6 percent) and work experience (16 percent), these two services provided at-risk youth who participated with an initial entry into the labor market, and help with building resumes and soft skills.

Exhibit 3-13: Hours of Service Receipt for Select Employment or Training Services, by Random Assignment Status

Type of Employment or Training Service Received	All YPD Participants	Treatment Group	Control Group	p-value
Job Readiness Training - % Receiving Service	75%	76%	74%	0.205
Hours Completed (Only Those Receiving Service)				
1 – 9	27%	24%	30%	0.064*
10 – 24	60%	60%	59%	0.340
25 – 49	6%	7%	5%	0.030**
50 or more	8%	9%	7%	0.117
<i>Average Hours - Mean</i>	22.4	23.3	21.5	0.430
Occupational Skills Training (OST) - % Receiving Service	24%	23%	25%	0.431
Hours Completed (Only Those Receiving Service)				
1 – 99 Hours	24%	22%	26%	0.237
100 – 249 Hours	61%	62%	60%	0.809
250 or More Hours	15%	16%	14%	0.896
<i>Average Hours - Mean</i>	152.1	155.8	148.4	0.548
Work Experience - % Receiving Service	16%	17%	15%	0.325
Hours Completed (Only Those Receiving Service)				
1 – 49	53%	50%	56%	0.960
50 – 99	20%	19%	21%	0.995
100 – 199	23%	25%	21%	0.287
200 or more	4%	7%	2%	0.040**
<i>Average Hours - Mean</i>	62.8	66.0	59.1	0.468
On-the-Job Training (OJT) - % Receiving Service	6%	7%	4%	0.010**
Hours Completed (Only Those Receiving Service)				
<100 Hour Received	63%	57%	74%	0.276
100 or More Hours Received	37%	43%	26%	0.006***
<i>Average Hours - Mean</i>	81.6	87.9	70.4	0.219

Source: Participant Tracking System

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

Participants attending job readiness training (75 percent of the full sample), on average received 22 hours of training (with no statistically significant differences in average hours between treatment and control group members). Of those receiving job readiness training, 87 percent received 24 or fewer hours, which was consistent with grantees providing a several-day work readiness workshop (up to a week long), frequently accompanied by one-one-one assistance provided by a job coach or case manager. Overall, utilization patterns compiled across sites indicated that grantees emphasized employment and training services as part of their package of base services to help at-risk youth prepare for, and enter, the job market (as was the intent under the demonstration). With some slight variations across services, generally there was not a significant difference in the types or intensity of employment services provided to treatment and control group members.

Receipt of Parenting Services. Grantee staff collected data on the number of hours that YPD participants attended parenting workshops. There was no statistical difference between the treatment and control groups in the percentage receiving, or number of hours of receipt of, parenting workshops. Over one-half (55 percent) of treatment and control group members attended parenting workshops (see Exhibit 3-14). On average, treatment group members who attended parenting workshops did so for 12.7 hours, compared with 12.3 hours for the control group. In addition to parenting workshops, all of the grantees provided other parenting services, generally in the form of one-on-one discussions with grantee case managers and staff or through referral of participants to partnering organizations. As also shown in Exhibit 3-14, slightly more than a fifth of the full sample (22 percent) received other parenting services, with no statistical difference in the proportion of treatment (21 percent) and control group (23 percent) members

receiving this service. Unlike parenting workshops, grantees did not collect data on the number of hours of other parenting services received by participants.

Exhibit 3-14: Percentage of YPD Participants Receiving Parenting Services and Duration of Parenting Workshops, by Random Assignment Status

Type of Parenting Service Received	All YPD Participants	Treatment Group	Control Group	P-Value
Parenting Workshops - % Receiving Service	55%	55%	55%	0.977
Hours Completed (Only Those Receiving Service)				
1 – 9	33%	30%	36%	0.091
10 – 19	34%	36%	33%	0.316
20 or more	33%	34%	31%	0.478
Average Hours - Mean	12.5	12.7	12.3	0.729
Average Hours - Median	5.0	6.0	4.0	
Other Parenting Services - % Receiving Service	22%	21%	23%	0.368

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

Receipt of Supportive Services. Similar to the three major categories of services described above, support services were generally part of the base package of services provided by grantees for both treatment and control group members. While not a central feature of the YPD interventions, grantees offered such supportive services to encourage participants to complete other services and facilitate job entry and retention. As shown in Exhibit 3-15, among the most commonly accessed supportive services by YPD participants were transportation assistance (42 percent of the full sample received this service) and subsidized child care (30 percent). The only statistically significant difference (at the .01 level) between the treatment and control group was for family preservation/engagement, a service that was received by about a 10th of the full sample (13 percent of treatment and 6 percent of the control group).

**Exhibit 3-15: Percentage of YPD Participants Receiving Supportive Services,
by Random Assignment Status**

Type of Supportive Service Received	All YPD Participants	Treatment Group	Control Group	P-Value
Transportation Assistance	42%	43%	41%	0.493
Subsidized Child Care	30%	32%	29%	0.332
Section 8 Public Housing	18%	20%	16%	0.198
Family Preservation/Engagement	10%	13%	6%	0.001***
Other Services	52%	52%	53%	0.706

Source: YPD Participant Tracking System

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

Receipt of Mentoring Services.⁴⁶ As mentoring was the treatment being evaluated, major differences in service receipt for mentoring between treatment and control groups were expected. As shown in Exhibit 3-16, there were very distinct and significant (at the .01 level) differences between the treatment and control groups in terms of receipt of individual mentoring services. Nearly half (48 percent) of treatment group members received individual mentoring services, compared with just one percent of control group members who received these services. Grantee staff entered data into the PTS on both the total number of individual mentoring contacts (including in-person, telephone, or email/text messaging) and the total hours of individual mentoring received by each treatment group participant during their involvement in YPD. Among those receiving individual mentoring services, those in the treatment group had on average 19.5 contacts and received 12.7 hours of mentoring services. Of treatment group members receiving individual mentoring (about half of the treatment group), the majority (59 percent) received 19 or fewer mentoring contacts. Additionally, of the treatment group members

⁴⁶ Aside from data entered by grantee staff into the PTS summarizing overall mentoring, overall minutes and contacts for each YPD participant during YPD involvement, mentors during Round III maintained mentoring logs to capture the types and duration of each mentoring encounter with treatment group participants. These logs were intended to capture details about each substantive encounter between the mentor and mentee. Not all mentors maintained such logs and not all encounters were captured, but these logs provided some additional descriptive information about mentoring services provided by each grantee. Appendix E provides an exploratory analysis of these mentoring logs.

receiving individual mentoring services, most (83 percent) received between 1 and 24 hours of total individual mentoring services during their involvement in YPD.

Exhibit 3-16: Percentage of YPD Participants Receiving Mentoring Services and Duration of Mentoring Received, by Random Assignment Status

Mentoring Services Received	All YPD Participants	Treatment Group	Control Group	P-Value
Individual Mentoring Services – % Receiving Services	25%	48%	1%	0.000***
Number of Individual Mentoring Contacts (Only Those Receiving Service)				
1 – 4	24%	23%	67%	0.000***
5 – 9	20%	20%	22%	0.000***
10 – 14	10%	10%	11%	0.000***
15 – 19	6%	6%	0%	0.000***
20 – 29	10%	10%	0%	0.000***
30 – 39	20%	21%	0%	0.000***
40 – 49	5%	6%	0%	0.000***
50 or more	5%	5%	0%	0.000***
Average Hours - Mean	18.92	19.49	4.11	0.015**
Hours of Individual Mentoring Completed (Only Those Receiving Service)				
1 – 24	83%	83%	90%	0.000***
25-49	15%	15%	10%	0.000***
50-99	2%	2%	0%	0.016**
100-149	1%	1%	0%	0.050*
150 or more	0%	0%	0%	
Average Hours - Mean	12.51	12.68	6.40	0.285

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). Statistically significant differences were calculated using Chi Square test at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01).

2. Service Utilization Patterns, Across Sites

Exhibits 3-17 and 3-18 show the considerable variation across the five grantee sites in terms of service utilization for the treatment and the control groups, respectively.⁴⁷ The two exhibits are shaded to highlight the substantial cross-site differences in receipt of the various types of services (i.e., with lighter shading representing lower percentages of either the treatment or control group participants receiving a particular service). Exploring Exhibit 3-17, for example, it is possible to see the substantial variation across sites in receipt of a service such as occupational skills training, where on average 23 percent of the treatment group received this service overall, though ranging as high as 65 percent of treatment group participant in Dannon to 1 percent or less at ABCCM and FSDC. The highest utilization rates of a service and among the most similar patterns of receipt across grantee sites were for job readiness training for the treatment group, where on average 76 percent of the treatment group received this service overall, with the percent receiving job readiness training ranging from as high as 97 percent in Dannon to slightly less than half of treatment group participants (46 percent) at AltaMed.

With regard to the key treatment invention that was the focus of the YPD Round III experiment – mentoring services – it is interesting to note that overall only about half of treatment group members received individual mentoring services (48 percent). While there were four grantee sites where between a third (32 percent in FSDC) and 40 percent (in ABCCM) of treatment group participants received mentoring services, there was one site, Dannon, where 75 percent of the treatment group received individual mentoring services.

⁴⁷ While as part of the PTS reporting requirements, each grantee collected whether participants received a particular service at any point in their participation, and for some services, the number of total of hours of service receipt, grantees did not indicate in the PTS whether participants successfully completed each service. As Exhibit 3-17 shows, while grantees made a considerable range of services available to participants, service provision was tailored to individual service needs and participant preferences, so only a portion of participants utilized specific services made available by each site.

**Exhibit 3-17: Percentage of YPD Participants Receiving Various Services,
Treatment Group Only**

Service Received	All Sites	AltaMed	Dannon	TRA/LARE	ABCCM	FSDC
Education Services						
No Education Services Received	25%	23%	2%	4%	83%	76%
Secondary Education (e.g. High School)	17%	61%	1%	0%	0%	11%
Post-Secondary Education (e.g. Community College)	15%	46%	0%	3%	12%	13%
Adult Basic Education (ABE)	6%	10%	0%	13%	1%	2%
Pre-GED / GED	36%	25%	15%	94%	4%	6%
English as Second Language (ESL)	4%	2%	1%	10%	0%	0%
Tutoring	39%	47%	75%	25%	1%	0%
Study Skills Training	36%	42%	71%	26%	0%	0%
Drop-out Prevention	28%	31%	71%	4%	0%	5%
Other	31%	14%	94%	11%	2%	2%
Employment and Training Services						
On the Job Training	7%	18%	6%	2%	2%	2%
Occupational Skills Training	23%	9%	65%	13%	1%	0%
Job Readiness Training	76%	46%	97%	89%	68%	83%
Work Experience	17%	26%	29%	3%	8%	11%
Job Development	21%	30%	29%	13%	18%	2%
Job Placement	12%	26%	1%	8%	16%	2%
Job Retention	11%	18%	8%	13%	7%	0%
Other Training Services	24%	20%	65%	5%	1%	2%
Parenting Services						
Parenting Workshops	55%	9%	97%	93%	0%	33%
Other Parenting Services	21%	10%	62%	6%	2%	3%
Supportive Services						
Subsidized Child Care	30%	12%	0%	58%	6%	14%
Section 8 Public Housing	18%	13%	0%	29%	20%	15%
Transportation Assistance	42%	51%	69%	46%	31%	15%
Family Preservation / Engagement	10%	22%	0%	14%	0%	8%
Other Services	52%	29%	97%	43%	19%	14%
Mentoring Services						
Individual Mentoring Services	48%	38%	75%	39%	40%	32%

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). The following shading was used in the two exhibits to highlight differences in percentages of treatment and control groups using a particular service: (1) 0 percent, no shading; (2) 1- 9 percent, light shading; (3) 10-24 percent, medium shading; (4) 25-49 percent, darker shading; and (5) 50 percent or high, darkest shading.

**Exhibit 3-18: Percentage of YPD Participants Receiving Various Services,
Control Group Only**

Service Received	All Sites	AltaMed	Dannon	TRA/LARE	ABCCM	FSDC
Education Services						
No Education Services Received	27%	25%	0%	3%	85%	87%
Secondary Education (e.g. High School)	12%	45%	1%	0%	0%	5%
Post-Secondary Education (e.g. Community College)	11%	32%	0%	3%	10%	6%
Adult Basic Education (ABE)	9%	21%	0%	13%	2%	2%
Pre-GED / GED	37%	32%	19%	96%	2%	3%
English as Second Language (ESL)	3%	0%	1%	10%	0%	0%
Tutoring	38%	43%	83%	19%	0%	0%
Study Skills Training	36%	41%	74%	21%	0%	2%
Drop-out Prevention	34%	51%	73%	3%	1%	2%
Other	32%	17%	92%	6%	4%	0%
Employment and Training Services						
On the Job Training	4%	7%	3%	4%	1%	5%
Occupational Skills Training	25%	12%	64%	15%	1%	2%
Job Readiness Training	74%	38%	98%	88%	67%	76%
Work Experience	15%	16%	31%	5%	4%	6%
Job Development	17%	16%	31%	12%	6%	2%
Job Placement	6%	16%	0%	6%	3%	0%
Job Retention	12%	28%	5%	12%	3%	0%
Other Training Services	22%	9%	67%	5%	2%	0%
Parenting Services						
Parenting Workshops	55%	7%	99%	92%	1%	46%
Other Parenting Services	23%	16%	62%	4%	1%	5%
Supportive Services						
Subsidized Child Care	29%	12%	0%	57%	3%	9%
Section 8 Public Housing	16%	2%	6%	23%	31%	11%
Transportation Assistance	41%	45%	40%	46%	43%	14%
Family Preservation / Engagement	6%	0%	6%	16%	0%	4%
Other Services	53%	35%	93%	43%	31%	4%
Mentoring Services						
Individual Mentoring Services	1%	0%	0%	0%	8%	0%

Source: YPD Participant Tracking System.

Notes: N = 1,595 (Treatment Group, 809; Control Group 786). The following shading was used in the two exhibits to highlight differences in percentages of treatment and control groups using a particular service: (1) 0 percent, no shading; (2) 1- 9 percent, light shading; (3) 10-24 percent, medium shading; (4) 25-49 percent, darker shading; and (5) 50 percent or high, darkest shading.

Overall, in terms of understanding the net impact results for YPD treatment and control group members presented in the next chapter, the utilization data shown in Exhibits 3-17 (for the treatment group) and 3-18 (for the control group), along with the findings from the site visits to each of the five grantee sites, indicates the following:

- As anticipated for the differential experimental research design, control group participants received substantial base services that on aggregate across sites was for the most part not statistically different for the treatment group by individual service category. Grantee sites varied considerably in the focus and intensity of their base services package, with none of the grantee sites delivering the same package of base services.
- However, there were very substantial differences across sites in the proportion of treatment and control group participants that received these base services. Differences in utilization patterns for the base package of services were in part due to the structure of services and emphases of each site on specific services, as well as participant needs and preferences for specific services. While sites made available a broad range of services, participants had specific service needs or preferences for certain services (e.g., GED preparation services were not needed by those that had a high school degree).
- Also, as anticipated by the research design, the treatment group in aggregate received an added increment in services (individual mentoring services) that was statistically significantly different from the control group.
- However, only about half of the treatment group (48 percent) received mentoring (compared to 1 percent of the control group, which received mentoring from non-YPD providers). In addition, as shown in the exhibit, there was considerable variation in utilization patterns across grantee sites, ranging from 32 percent (in FSDC) to 75 percent (in Dannon) of treatment group members receiving mentoring services across grantees.

D. PARTICIPANT SATISFACTION

Round III YPD treatment and control group participants were asked in the follow-up participant survey to rate their satisfaction with “services, school, classes or training you might have participated in through any program in the past 18 months (following random assignment)”. This question posed to survey respondents is a proxy for satisfaction with YPD-delivered services, as treatment and control group members may also be rating similar services that they

may have received through other programs (outside of YPD) in the 18 months since random assignment to YPD.

As shown in Exhibit 3-19, over half of the treatment and control group survey respondents rated their level of satisfaction as “excellent” or “very good” across all service types (except for help with independent job search, which was rated as excellent or very good by 45 percent of control group members).

Exhibit 3-19: Percentage of YPD Round 3 Participants Rating Various Types of Services Received during 18-Month Period Following Random Assignment as Excellent or Very Good (Only Among Those Receiving Services)

Type of Service	# of Treatment Group Respondents on Survey Question	# of Control Group Respondents on Survey Question	% Treatment Group Rating Service Excellent or Very Good	% Control Group Rating Service Excellent or Very Good	P-Value
Parenting Services or classes	103	116	80%	82%	0.706
On-the-Job Training (OJT)	55	59	78%	67%	0.178
College courses for credit toward a college degree	82	97	72%	63%	0.219
Mentoring	130	53	71%	83%	0.111
Job Readiness Workshops/Job Club	177	181	69%	72%	0.448
Adult Basic Education (including GED Preparation)	167	164	68%	69%	0.920
Other Educational or Training Activities or Employment Services	15	16	67%	75%	0.646
Classes to prepare for a regular high school diploma	123	121	66%	66%	0.997
English as a Second Language Classes (ESL)	34	33	65%	55%	0.351
A subsidized job (e.g., summer youth job)	77	77	64%	65%	0.883
Unpaid job through a Government program	87	74	59%	56%	0.613
Any other vocational courses or training	100	114	58%	70%	0.067*
Help with Independent Job Searches	180	205	54%	45%	0.060*

Source: 18-Month Participant Follow-up Survey.

Notes: N = 744. Percentages are of those treatment and control group participants that indicated they had received the service over the 18-month period since they were randomly assigned to YPD. Survey respondents were asked to rate services received that may or may not have been delivered by YPD programs. Participants could rate services received as follows: Excellent, very good, good, fair, poor, don’t know, refused to answer. Pearson’s chi-square tests used to assess statistical significance for dichotomous outcomes; two-tailed t-tests used to assess statistical significance for continuous outcomes at the 10%, 5% and 1% levels of significance (*<0.1; **<0.05; ***<0.01). Analyses are weighted to account for survey non-response.

There was generally little difference in the ratings of satisfaction levels by services received between treatment and control group members. No statistically significant differences in satisfaction levels were identified at the <0.05 level of significance. However, there were statistically significant differences between treatment and control group member satisfaction levels (at the <0.1 level) for two services: “any other vocational courses or training” (58 percent of treatment group members versus 70 percent of control group members rated the service as “excellent” or “very good”), and “help with independent job searches” (54 percent of treatment group members versus 45 percent of control group members rated the service as “excellent” or “very good”). The services most commonly rated as “excellent” or “very good” by treatment group members that received them were “parenting services or classes” (80 percent), “on-the-job training” (78 percent), college courses (72 percent), and mentoring (71 percent).

E. GRANTEE PARTNERSHIPS AND COLLABORATION

DOL/ETA encouraged YPD grantees to collaborate and coordinate with other service providers in their communities to better meet the diverse needs of the expectant and young parents enrolled in their programs. According to staff, developing linkages and partnerships with other organizations and agencies that also targeted at-risk youth enabled grantees to expand their reach for identifying and recruiting YPD participants and to provide a more comprehensive array of services for YPD participants. All grantee sites established and maintained relationships with an extensive network of public and private social service organizations that served as either a direct service provider for the YPD initiative, participant recruitment sources, or as resources for referrals for specific service needs of participants. The sections that follow explore the extensive partnerships and coordination of services through subcontracting and other arrangements to

obtain referrals for enrollment, and to provide a considerable array of services for participants served by the five Round III grantee sites.

Subcontracted Service Provider. TRA, the grantee and lead agency for the TRA-LARE YPD program, established a subcontract with a similar non-profit organization, LARE Training Center, to recruit, enroll and offer program activities to YPD participants in two service locations. LARE, like TRA, had a contract with the Massachusetts DTA to operate a Young Parents Program for TAFDC/TANF-eligible pregnant and parenting youth, and the partnership enabled TRA to cast a wider net so that the two organizations together could jointly enroll 400 participants as required by the grant. TRA monitored LARE's performance and was responsible for ensuring that all grant program and financial obligations were met.

Participant and Mentor Recruitment Sources. Grantees relied heavily on relationships developed with community partners for outreach and recruitment efforts and referrals of potential YPD enrollees. In addition to Dannon, which operated a WIA Youth program, other grantees had also established linkages with local WIBs, and/or the One-Stop Career Centers/American Job Centers (AJCs), to facilitate YPD program referrals, as well as, easy access to workforce development resources for participants. For example, TRA-LARE staff reported that next steps for YPD enrollees who had earned their high school credential included referrals to the local AJC for assistance in enrolling in a community college certificate program, arranging an OJT or work experience position or finding employment. Other key referral partners across grantees included local K-12 schools, alternative high schools, technical colleges, community colleges, courts/correctional systems, Job Corps, local departments of human services (i.e., TANF and SNAP agencies), housing agencies and shelters, Head Start programs, Maternal and Infant Health programs, and a range of community- and faith-based service

providers. According to program administrators, one of ABCCM's key referral partners, the local Housing Authority, reviewed its caseload to identify individuals who were potentially eligible for YPD and then posted YPD informational flyers on their doors.

YPD grantees also partnered with a wide range of community organizations (e.g., churches, civic groups, employers) to identify and recruit mentors for participants. Birmingham's chief of police took an interest in Dannon's YPD program, and, in addition to participating in citywide recruiting events, made arrangements for his department to cover the cost of background checks for mentors. In addition, the Mayor's office held an annual gala to recognize YPD mentors and their contributions.

Referrals for Specific Service Needs. Grantees also developed new or maintained existing partnerships with extensive networks of other human services organizations within their communities to facilitate participant referrals to address barriers and needs during the enrollment period. These agencies provided help with a variety of needs including: income assistance, food, housing, transportation and child care assistance, health benefits, mental health and substance abuse treatment, and domestic violence. Other key collaborations that were critical for program operations included those with employers for establishing job shadowing and internship opportunities, as well as employment (e.g., Dannon and AltaMed), and with churches for meeting space, meals, and volunteers (e.g., ABCCM and FSDC).

F. GRANTEE TOTAL AND PER PARTICIPANT EXPENDITURES

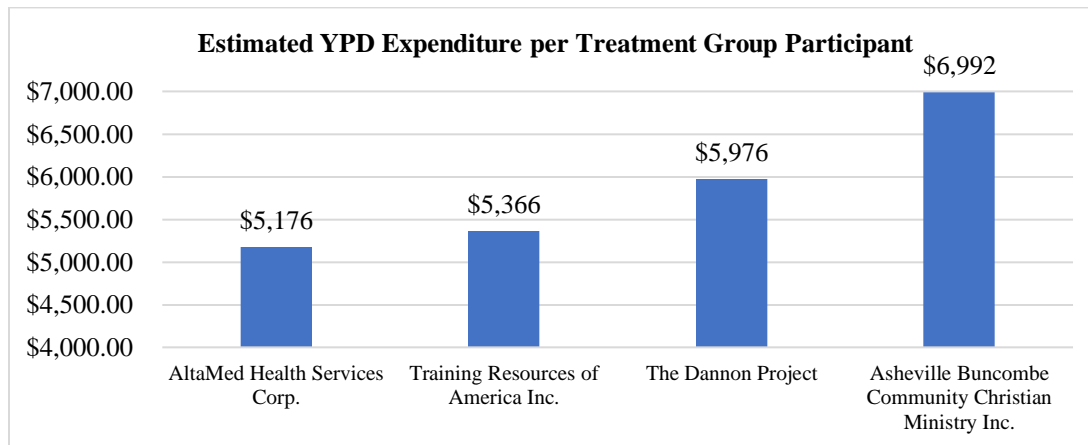
This section presents an analysis of expenditures of grant funds across Round III YPD grantees, based on financial reports submitted to DOL/ETA by each YPD grantee. Across the four Round III grantees, it was possible to analyze total grant expenditures and

per participant costs. Additionally, more detailed expenditure data by line item was provided by two sites, TRA-LARE and Dannon, which are presented later in this section.

Total YPD Grant and Per Participant Expenditures. In June 2011, DOL/ETA distributed a total of \$5.5 million to the four Round III grantees, with funding ranging from \$1.3 to \$1.4 million across the grantees. Exhibits 3-20 provide a breakdown of Round III grant awards, total grant expenditures, and estimates of expenditures per treatment group participant. The average amount of funding for the four Round III grantees was \$1.375 million, which was almost double the amount for Rounds I and II grantees (an average of \$707,000 each).

YPD funding is only a portion of total costs associated with serving YPD grantees, as participants were often referred to other partnering organizations for services (not paid for by YPD) or may have received services through other programs sponsored by the grantee. Whereas Round I and II grantees were prohibited from covering base (existing) services for treatment and control group members with YPD funding, Round III grantees were permitted to expend up to 25 percent of their grant awards to cover base service costs (i.e., with the remaining funds to be expended on provision of enhanced services targeted on treatment group members only). As shown in Exhibit 3-20, all four of the grantees expended all, or nearly all, of their YPD grants over their four-year grant period (with several grantees continuing operations over slightly longer performance periods as a result of grant extensions).

Exhibit 3-20: YPD Grantee Awards, Expenditures, and Estimated Expenditures per Treatment Group Member, Round III Grants



Grantee	YPD Grant Award Amount	Grant Amount Expended	% of Grant Expended	# of Treatment Group Participants	Estimated YPD Grant Expenditure per Treatment Group Participant
AltaMed Health Services	\$1,399,515	\$1,372,472	98.1%	232	\$5,176
Asheville-Buncombe Community Christian Ministry	\$1,400,163	\$1,366,371	97.6%	171	\$6,992
Dannon Project	\$1,400,161	\$1,400,161	100.0%	205	\$5,976
Training Resources of America (TRA-LARE)	\$1,300,161	\$1,300,161	100.0%	212	\$5,366
Total	\$5,500,000	\$5,439,165	98.9%	820	\$5,878

Source: Financial reports submitted by grantees to DOL/ETA.

Notes: The grant expenditure amount is reduced by 12.5 percent, as grantees could expend up to one-quarter of grant funds for existing services (of which half were directed to the control group and half to the treatment group).

The exhibit also provides an estimate of average grant expenditure per treatment group participant. Caution is needed in assessing these estimates of per-participant costs, as data was not available on the extent to which each grantee expended the 25 percent of its grant on existing services. For this analysis of per treatment group member cost, the assumption is made that grantees spent the full amount allowed under their grant for existing services (i.e., 25 percent of grant funds), with an even balance of expenses allocated between treatment and control groups for such existing services (which results in

a reduction of 12.5 percent in grant expenditures to cover costs of existing services for treatment group members in calculating YPD grant expenditures per treatment group member). On average, across the four grantees, \$5,878 of YPD grant funds were expended per treatment group member. Per treatment group participant expenditures ranged from \$5,176 (AltaMed, which enrolled the most participants among grantees) to slightly less than \$7,000 (in ABCCM).

Breakdown of Expenditures by Line Item - TRA-LARE and Dannon. During site visits conducted with grantees near the end of their grant periods, two sites (TRA-LARE and the Dannon Project) were able to provide a breakdown of line item YPD grant expenditures (see Exhibit 3-21). Labor costs accounted for half or more of grant expenditures for these two grantees (Dannon, 59 percent; TRA-LARE, 50 percent).⁴⁸ When fringe benefit costs (about a tenth of total grant expenditures in each site) are added in with labor costs, total personnel costs (with labor and fringe benefits) accounted for 69 percent of expenditures for Dannon and nearly 60 percent for TRA-LARE. Other costs for the two grantees included contractual obligations, which comprised 16 percent of YPD grant expenditures in Dannon and over a fifth of expenditures for TRA-LARE (22 percent). In the case of Dannon, most of these contractual expenditures were likely related to the occupational training that treatment and control group members received as a base (existing) service. Other contractual expenditures included payments for drug tests, transportation vouchers, securing identification documents, and to offset mentoring-related

⁴⁸ No breakdown of costs were provided by grantees to determine costs associated with the delivery of mentoring services. While grantees mostly relied upon unpaid volunteers to provide mentoring services, there were labor costs associated with selecting and training mentors, screening participants and conducting the match of mentees to mentors, and ongoing monitoring of mentor/mentee activities. Use of timesheets or random moment sampling of time spent on mentoring-related activities (and other tasks/activities) by staff would have helped with analyzing such costs, but grantees were not able to collect such data for this study. Future evaluations could potentially build in ongoing or periodic collection of cost data by staff task/activity.

costs (e.g., cost of trips, social events, etc.). In the case of TRA-LARE, contractual costs were mostly for the subcontract with LARE, a similar non-profit organization that also had a DTA contract for provision of YPP services, to provide direct YPD participant services in two sites (to supplement the eight service sites operated by TRA). Finally, both grantees expended small amounts of their YPD grants on travel and supplies (i.e., slightly less than 5 percent of grant funds at Dannon, and about 2 percent in TRA-LARE for the two line items combined) and about a tenth of YPD grant funds on “other” expenditures.

Exhibit 3-21: Breakdown of YPD Expenditures by Line Item for Two YPD Grantees

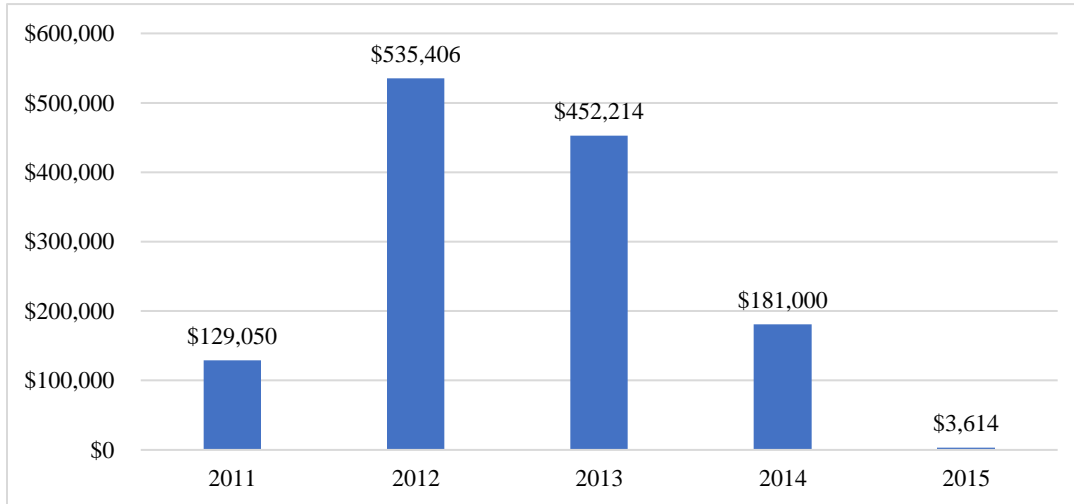
Line Item Expense	YPD Grant Expenditures		Proportion of YPD Grant Expenditures	
	Dannon	TRA-LARE	Dannon	TRA-LARE
Labor	\$821,055	\$650,471	59%	50%
Fringe Benefits	\$139,249	\$127,796	10%	10%
Travel	\$41,500	\$13,876	3%	1%
Supplies	\$25,750	\$13,861	2%	1%
Contractual	\$227,120	292,176	16%	22%
Other	\$145,487	\$103,764	10%	8%
Indirect Costs	\$0	\$98,217	0%	8%
Total	\$1,400,161	\$1,300,161	100%	100%

Source: Financial reports submitted by grantees to DOL/ETA and breakdown of costs provided by grantees.

Expenditure Patterns by Year – TRA-LARE. TRA-LARE also provided data on how YPD grant funds were expended by calendar year (over the four years of grant funding provided). As shown in Exhibit 3-22, the bulk of program spending was during 2012 and 2013. Program expenditures in 2011 reflected that TRA-LARE began its grant in July 2011 (i.e., allowing for just a half year of grant expenditures), during which most program expenditures were focused on planning grant design and start-up of services. TRA-LARE had its first enrollments in February 2012, when it first began expending resources on direct delivery of services to treatment and control group members. The bulk

of enrollments into the TRA-LARE program occurred in 2012 and 2013 (with enrollments reaching slightly over two-thirds of the overall enrollment goal of 400 by the end of 2013). Total program expenditures during 2012 and 2013 (nearly \$1 million) accounted for about three-quarters of total grant expenditures by the grantee. New enrollments continued into 2014, though project expenditures began to slow as enrolled participants completed services and cycled off the program. As shown in the exhibit, grant expenditures ended in early 2015 (with grant funding exhausted in January 2015).

Exhibit 3-22: TRA-LARE Grant Expenditures by Year



Source: Financial reports submitted by grantee to DOL/ETA and breakdown of costs provided grantee by year.

CHAPTER 4: YPD ESTIMATED IMPACTS ON EMPLOYMENT, EARNINGS, EDUCATIONAL ATTAINMENT AND OTHER OUTCOMES

The Round III YPD SGA provided guidance on the key outcomes for the YPD participants. The intended outcomes of these grants, as noted in the SGA, were to improve the labor market success and self-sufficiency of young parents who receive the YPD intervention (i.e., mentoring services) and to increase the educational attainment of the participants. The evaluation used three measures taken 18 months after random assignment⁴⁹ to assess the impact of YPD on these outcomes: employment status, cumulative earnings, and completion of high school (or an equivalent). Exploratory analyses were conducted on a subset of study participants (43 percent) to assess the impact of YPD on annual earnings in year four after random assignment. Additional exploratory analyses examined impacts of YPD on secondary outcomes of interest such as economic stability and birth of another child. Overall, results did not indicate any measurable impacts of the YPD treatment on the primary or secondary outcomes of interest.

The analyses presented in this chapter should be considered exploratory and therefore the results should be interpreted with caution. The analyses were hindered by small sample sizes, which may have impeded our ability to assess impacts by reducing the analytic power needed to attribute statistical significance to differences in outcomes between the treatment and control groups. With a planned sample size of 1,306, the analyses were powered to detect differences as low as \$679 and 8 percentage points for earnings and employment, respectively.⁵⁰ The actual

⁴⁹ See discussion of random assignment process in Chapter 1 of the report.

⁵⁰ Power analyses were conducted to estimate Minimum Detectible Effects (MDEs). The research team assumed that the pooled sample from all four sites would yield 1,306 observations. The MDE was calculated for a two-sided test with 80 percent power and a 0.05 significance level. MDEs were computed for earnings, a continuous variable, and employment, a dichotomous variable. The research team assumed a standard deviation for earnings of \$4,899 based on data from the National Job Corps evaluation. For employment, the research team conservatively estimated that the mean outcome is .50. For earnings, the research team further assumed that the R^2 for the regression of earnings on individual characteristics is .20, which is consistent with the estimates from earnings regressions from the

sample sizes achieved were roughly half of what was planned, due primarily to data collection challenges out of the control of the evaluation. In addition, impacts on earnings (\$560) and employment (-2.4 percentage points) were lower than what the analysis was powered to detect.

The chapter begins with an overview of the methodology and then turns to a presentation of impacts of YPD⁵¹ on employment, earnings, high school completion, and other outcomes.

The chapter closes with conclusions and a discussion of potential limitations. This chapter addresses three of the nine key study questions:

Question #6: To what extent were there statistically significant differences in employment, earnings, education, and other outcomes for the treatment and control groups? What were the potential reasons for variation in net impacts for treatment and control groups?

Question #7: How did net impacts on key outcomes of interest vary across YPD sites for the treatment and control groups? How did net impacts on key outcomes of interest vary for specific subpopulations of the youth served? What were the potential reasons for variation in net impacts across sites and subpopulations?

Question #8: If net impacts were found between the treatment and control group in the short-term (e.g., two years after random assignment), were they sustained over a longer period of time (e.g., at five or more years after random assignment)? If net impacts were not sustained over the long-term what were the potential reasons that they were not sustained?

A. METHODOLOGY

As discussed earlier (see Chapter 1), in its original SGA, DOL/ETA required YPD grantees to participate in a randomized controlled trial (RCT) design as part of the demonstration effort to rigorously evaluate the impact of the Round III YPD treatment group services on employment, cumulative earnings, high school completion, and other outcomes. Study participants had a 50/50 chance of assignment to the treatment group or control group. Randomization allowed for direct comparison of treatment and control group scores on the outcome variables to determine YPD impacts.⁵²

National Job Corps evaluation. With these assumptions, the MDE for earnings was \$679 and the MDE for employment was 8 percent.

⁵¹ As discussed in greater detail in Chapter 3, the primary service enhancement for the Round III YPD grantees was mentoring.

⁵² Baseline characteristics of treatment and control members were compared and no statistically significant differences were found, as would be expected if randomization was implemented correctly.

All but one impact (annual earnings in year four) presented in this chapter came from data from the 18-Month Follow-up Survey with Round III YPD participants, merged with participant demographic data collected at intake. These analyses were hindered by small sample sizes due to survey nonresponse and survey ineligibility.⁵³ The final analysis sample included 744 cases that responded to the survey. Survey weights were used to adjust for demographic differences between survey respondents and nonrespondents (see Appendix E).⁵⁴ Quarterly earnings records obtained from the National Directory of New Hires (NDNH) merged with participant demographic data collected at intake were used to assess annual earnings in year four for a subset of YPD participants who had four complete quarters of data that year. Because of limited data availability, year four after random assignment was the longest period for which earnings could be measured on the largest proportion of the sample. The sample for the analysis of NDNH data included 685 cases.⁵⁵

The evaluation examined three primary outcomes at 18 months after random assignment: employment status, cumulative earnings, and high school completion. Individuals who responded affirmatively to either (1) currently working for pay at a job or business or (2) doing any temporary, part-time, or seasonal work were coded as being employed. Survey respondents reported cumulative earnings at 18 months after random assignment. The survey asked the

⁵³ 293 of the Round 3 YPD impact study sample (18 percent) did not have the opportunity to respond to the survey due to an unexpected stoppage in data collection. The survey response rate was 58.5 percent among those surveyed. See Appendix D for details about the follow-up survey and survey response rate.

⁵⁴ Sensitivity analyses were conducted; all models were estimated with and without weights. Applying weights did not change the results of the analyses. All of the analyses presented in this chapter are weighted.

⁵⁵ For each of the Round III participants, the research team (through DOL/ETA) received a download of eight quarters of NDNH data covering the 2nd Quarter 2015 through the 1st Quarter 2017 (i.e., beginning April 2015 and ending March 2017). There were 685 observations with complete earnings data in year four after random assignment, representing 43 percent of the total YPD Round III impact study population; the remainder of the YPD sample (57 percent) did not have complete earnings records in year after random assignment and were excluded from analyses. Bivariate statistics were used to compare the demographic profile of the subgroup of YPD participants included in the earnings analysis to the full YPD sample and found no statistically significant difference in the samples. The demographic profiles of the treatment and control groups within the subgroup of YPD participants included in the earnings analysis were compared and few statistically significant differences were found.

respondent to report total earnings, including wages, salary, commissions, bonuses, and tips from all jobs over the last 18 months.⁵⁶ High school completion at 18 months after random assignment was defined as the respondent reporting having achieved a high school diploma, GED, or additional post-secondary education.

The evaluation assessed annual earnings in year four after random assignment by summing quarterly earnings data from the NDNH for four consecutive quarters on a subset of the Round III YPD study participants for whom data were available. Earnings were reported in constant (inflation-adjusted) dollars, with 2010 as the base year.⁵⁷ Cases with no earnings were included in the analyses as having zero earnings. The analysis built in range checks, and the analysis excludes cases with earnings considered outliers – above the 99th percentile for all earnings in all quarters.⁵⁸ Additionally, earnings distributions were examined, and as a sensitivity check, earnings models were estimated using log earnings as the dependent variable because data showed a right skew to the distribution; results from the log models are similar to the level models (using Ordinary Least Squares [OLS] estimation);⁵⁹ therefore, to simplify the presentation of results, only level model results on inflation-adjusted earnings are displayed.

Univariate and multivariate analysis techniques were used to estimate impacts and descriptive statistics – means and percentages – to summarize outcomes. Regression-adjusted impacts that accounted for potential differences in YPD demographic characteristics between the

⁵⁶ Range checks were completed to assess the presence of unlikely values—no extreme outliers were identified, and all observations were retained for the analysis.

⁵⁷ The monthly Consumer Price Index (CPI-U) for all items (U.S. city average, not seasonally adjusted) was used to adjust quarterly earnings into constant dollars. The average of the CPI for July through September 2010 was used as the base, as that was the first quarter of observed YPD participants' earnings.

⁵⁸ The 99th percentile was chosen as the cutoff for accepting outliers in the analysis. This threshold was chosen because data edits were done systematically, few observations were deleted, and cases deleted appeared to be very unlikely – quarterly earnings above \$7,488. Cases with earnings at the 99th percentile were set to missing, affecting between one and nine cases in each quarter. As a sensitivity check, employment and quarterly earnings results at 24 months after random assignment were analyzed, including the outliers. Quarterly employment and earnings were slightly higher when including the outliers, but overall YPD impact estimates were not affected.

⁵⁹ In log earnings models, one dollar was added to cases with zero earnings.

treatment and control groups for the key outcomes of interest are presented in this chapter; these adjustments can potentially improve the precision of estimates as well as control for any variation between the treatment and control groups (Murray 2006).

Regression models included the following set of YPD participant characteristics collected at intake: age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status. Regression models also included site fixed effects. Logistic regression models were used to estimate impacts on dichotomous outcomes (e.g., employment status) and parametric linear models estimated by OLS for continuous outcomes (e.g., cumulative earnings). Observations with unit non-response on the control variables were excluded from the analysis and report final analytic sample sizes. The analyses determined statistically significant differences in post-treatment outcomes between the treatment and control groups using t-tests for continuous measures and chi-square tests for dichotomous measures for bivariate and multivariate analyses.

Additional exploratory analyses examined the impact of YPD on employment, earnings, and high school completion on several subgroups of interest.⁶⁰ The age range of youth served by YPD was relatively wide, spanning from youth who could still be in secondary school (ages 16 and 17) to youth who may have completed schooling and have had more years of experience in the labor market (ages 22 through 24). It may be that YPD had different impacts on youth based on their age at intake into the program, as is the case in some previous programs aimed at this age group (e.g., Schochet, Burghardt and Glazerman 2001). To investigate this hypothesis, the evaluation examined employment, earnings, and high school completion by age cohorts of youth based on their age at intake into YPD. The evaluation also explored these outcomes at the

⁶⁰ Subgroups defined by gender were not analyzed because a relatively small proportion of males participated in YPD across the Round III sites (8 percent of participants across sites, with the percentage ranging from 18 percent in FSDC to 4 percent in TRA-LARE).

grantee-level to assess which grantees had programs associated with positive results. While subgroup analyses were of interest, the sample sizes for the subgroup analyses were small—below what was determined necessary to detect statistically significant impacts. Significant impacts could likely be detected only for very large impacts.

As previously noted, all analyses presented in this chapter should be considered exploratory and results should be interpreted with caution. The survey and administrative data used for the analysis were limited in sample size, impeding our ability to detect statistically significant and meaningful differences. Additional caution is warranted given the number of exploratory models estimated; it is possible that some of the significant findings from the exploratory analyses are due to chance alone.⁶¹

B. IMPACT OF YPD ON EMPLOYMENT, CUMULATIVE EARNINGS, AND EDUCATIONAL ATTAINMENT AT 18 MONTHS AFTER RANDOM ASSIGNMENT

Using YPD participants' responses to the 18-Month Follow-up Survey, the evaluation examined the impact of YPD on the primary outcomes of interest: employment, cumulative earnings, and high school completion. Evaluation results did not show statistically significant impacts of the YPD treatment intervention (mentoring) on any of these outcomes (see Exhibit 4-1). YPD participants in the treatment group continued to exhibit economic disadvantage 18 months after random assignment (as they did at the time of intake), even after receiving base and enhanced services from YPD providers. Only 40 percent of the treatment group were employed at 18 months, and average 18-month cumulative earnings – \$4,044 – were well below the poverty level.⁶² For reference, the poverty threshold for a household of two in 2015 was \$15,930

⁶¹ See Schochet. (2009) for more information on the issue of multiple testing.

⁶² Average cumulative earnings 18 months after random assignment among those employed in the treatment group was \$9,039.

(U.S. Department of Health and Human Services, 2015). Additionally, only about half (53.6 percent) of YPD treatment group participants had finished high school or completed a GED program at 18 months after random assignment.

Exhibit 4-1: Impact of YPD on Employment, Earnings and Education 18 months after Random Assignment [Using Regression-Adjusted Means]

Employment, Earnings and Educational Attainment	Number of Observations Used	Treatment Group: Observed Mean	Treatment Group: Estimated Mean without YPD, Regression-Adjusted	Estimated Impact (Standard Error)	P-Value
Employed (%)	724	40.2	42.5	-2.4 (0.16)	0.609
Cumulative earnings (\$)	741	4,044	3,484	560 (589)	0.242
Obtained high school diploma, GED, or some college (%)	720	53.6	58.1	-4.5 (0.16)	0.332

Source: Authors' analysis of the 18-Month Follow-up Survey; n = 744.

Notes: Logistic regression analysis was used to estimate the impacts of YPD on binary outcomes; Ordinary Least Squares regression was used to estimate the impact of YPD on continuous outcomes. Regression analyses included the following controls: characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects. Analyses were weighted to account for survey non-response. *<0.1; **<0.05; ***<0.01

Several economic and demographic factors were associated with employment, earning a high school degree (or equivalent), and cumulative earnings (see Exhibit 4-2). Youth in the treatment and control groups who were employed at YPD intake were more than three times more likely to be employed, more than twice as likely to complete high school (or equivalent), and had \$3,589 higher cumulative earnings 18 months after random assignment than youth who were not employed at intake (results all significant at the 0.01 level). In contrast, for every additional child that youth had, their odds of employment fell by 26 percent (significant at the 0.05 level), their odds of completing high school (or equivalent) decreased by 34 percent (significant at the 0.01 level), and their cumulative earnings were \$866 lower (significant at the 0.10 level).

Exhibit 4-2: Estimated Impact of YPD on Employment, Cumulative Earnings, and Educational Attainment 18 months after Random Assignment: Full Regression Models

Characteristic	Employed 18 months after RA	Cumulative Earnings 18 months after RA	Obtained High School Diploma, GED, or Some College 18 months after RA
	Odds Ratio (Standard Error)	Estimate (Standard Error)	Odds Ratio (Standard Error)
Intercept		12247*** (2369)	
YPD	0.92 (0.16)	689 (589)	0.85 (0.16)
Female	0.57 * (0.33)	-5335*** (1221)	1.33 (0.34)
Age			
16-17	0.62 (0.35)	-2858** (1280)	1.37 (0.36)
18-19	0.83 (0.27)	-1887* (1014)	1.30 (0.30)
20-21	1.35 (0.25)	-884 (931)	1.51 (0.27)
22-24 [reference]			
Race/Ethnicity			
Black	1.15 (0.33)	-803 (1232)	0.67 (0.34)
Hispanic	0.68 (0.36)	-561 (1298)	0.52* (0.35)
Other	1.36 (0.60)	-3437 (2281)	0.39 (0.61)
White [reference]			
Marital status			
Never married	0.68 (0.40)	-2544* (1466)	1.09 (0.40)
Divorced, separated, widowed	0.76 (0.60)	-1567 (2143)	0.41 (0.59)
Married [reference]			
Expectant parent at intake	0.72 (0.23)	-893 (843)	1.34 (0.24)
Number of children	0.74** (0.13)	-866* (458)	0.66*** (0.13)
Employed at intake	3.00*** (0.26)	3589*** (942)	2.25*** (0.30)
In school at intake	1.74** (0.24)	24 (869)	1.36 (0.24)
YPD grantees			
Asheville Buncombe Community Christian Ministry (ABCCM)	1.39 (0.37)	882 (1419)	4.13*** (0.39)
AltaMed Health Services	1.15 (0.30)	910 (1055)	1.64* (0.29)
The Dannon Project	2.25**	3100**	9.33***

Characteristic	Employed 18 months after RA	Cumulative Earnings 18 months after RA	Obtained High School Diploma, GED, or Some College 18 months after RA
	Odds Ratio (Standard Error)	Estimate (Standard Error)	Odds Ratio (Standard Error)
	(0.36)	(1379)	(0.40)
Family Services of Davidson County (FSDC)	0.54 (0.36)	1244 (1424)	2.71*** (0.38)
Training Resources of America (TRA-LARE) [reference]			
Number of observations used	724	741	720

Source: Authors' analysis of the 18-Month Follow-up Survey; n = 744.

Notes: Logistic regression analysis was used to estimate the impacts of YPD on binary outcomes; Ordinary Least Squares regression was used to estimate the impact of YPD on continuous outcomes. Regression analyses included the following controls: characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects. Analyses were weighted to account for survey non-response. * <0.1 ; ** <0.05 ; *** <0.01

Exploratory Analysis of the Impact of YPD on Employment, Cumulative Earnings, and Educational Attainment at 18 Months after Random Assignment by Age of

Participants at Intake and Grantee. Two sets of exploratory analyses were conducted on subgroups of interest – age cohorts of YPD participants and YPD grantees. Gender differences were not explored as nearly all YPD participants are female (92 percent). For these analyses, treatment group means were compared directly to control group means; regression was not used to estimate regression-adjusted means due to limited sample sizes.

For two age cohorts – youth who were school-age at intake (ages 16 and 17) and youth ages 20 and 21 at intake – 18 month cumulative earnings were higher among the treatment group than the control group (see Exhibit 4-3). Youth ages 16 and 17 in the treatment group had \$1,261 higher cumulative earnings than control group youth 18 months after random assignment (statistically significant at the 0.05 level). A similar earnings pattern was noted in earlier rounds of YPD grants (Trutko et al. 2018). Youth ages 20 and 21 had cumulative earnings \$2,584 higher than the control group (statistically significant at the 0.10 level). There was no

measurable difference in cumulative earnings at 18 months after random assignment for youth ages 18 and 19 or for youth ages 22 through 24.⁶³ There were no statistically significant impacts of YPD on employment or completing high school (or equivalent) by age cohort.

Exhibit 4-3: Estimated Impact of YPD on Employment, Cumulative Earnings, and Educational Attainment 18 months after Random Assignment, by Participant Age at Intake [Unadjusted Means]

Characteristic	Number of Observations Used	Treatment Group Observed Mean	Control Group Observed Mean	Estimated Impact (Standard Error)	P-Value
Age 16-17 at Intake					
Employed (%)	113	27.0	26.0	1.0 (0.42)	0.906
Cumulative earnings (\$)	112	2,043	782	1,261** (572)	0.030
Obtained high school diploma, GED, or some college (%)	112	41.6	51.8	-10.2 (0.38)	0.272
Age 18-19 at Intake					
Employed (%)	272	33.9	35.5	-1.6 (0.25)	0.776
Cumulative earnings (\$)	273	2,860	2,674	186 (790)	0.815
Obtained high school diploma, GED, or some college (%)	272	44.2	47.8	-3.5 (0.23)	0.544
Age 20-21 at Intake					
Employed (%)	132	47.4	51.9	-4.5 (0.35)	0.606
Cumulative earnings (\$)	132	5,294	2,710	2,584* (1540)	0.096
Obtained high school diploma, GED, or some college (%)	131	59.9	69.8	-9.8 (0.37)	0.240
Age 22-24 at Intake					
Employed (%)	226	49.2	54.0	-4.9 (0.26)	0.459
Cumulative earnings (\$)	224	5,613	6,260	-647 (1404)	0.646
Obtained high school diploma, GED, or some college (%)	224	66.8	67.7	-0.9 (0.28)	0.879

Source: Authors' analysis of the 18-Month Follow-up Survey. N = 744. **Notes.** Pearson's chi-square tests used to assess statistical significance for dichotomous outcomes; two-tailed t-tests used to assess statistical significance for continuous outcomes. Analyses were weighted to account for survey non-response. *<0.1; **<0.05; ***<0.01

⁶³ There were no measurable differences between the values for the various age groups.

The evaluation found some unexpected results when examining the impacts of YPD by grantee on employment, cumulative earnings, and high school completion, which may be in part driven by small sample sizes. Largely, no significant impacts of the YPD treatment group services were found; however, for ABCCM, the treatment group had \$2,820 lower cumulative earnings than the control group (significant at the 0.05 level) (see Exhibit 4-4). And, in AltaMed, 14.2 percent fewer treatment group participants completed high school (or equivalent) compared with the control group (significant at 0.05 level). In contrast, and as would be expected, in FSDC, 23.0 percent more treatment group participants completed high school (or equivalent) compared with the control group.⁶⁴

Exploratory Analysis of the Impacts of YPD on Other Employment and Education Outcomes 18 Months after Random Assignment. The evaluation examined other employment and education outcomes and found few differences between the treatment and control groups (see Exhibit 4-5). Because the groups are relatively equivalent, the evaluation focused on the outcomes of the treatment group. Among treatment group participants, most – 70 percent – were employed at some point in the 18 months since random assignment; of those who were not employed, 62 percent were actively looking for work. The following are some reasons YPD participants in the treatment group reported that they were not working:

- 35 percent reported taking care of home or family;
- 34 percent reported going to school;
- 13 percent reported that they were unable to find work; and
- 5 percent reported that they were ill or disabled.

⁶⁴ There were no measurable differences between the values between grantees.

**Exhibit 4-4: Estimated Impact of YPD on Employment, Cumulative Earnings
and Educational Attainment 18 months after Random Assignment,
by Grantee [Unadjusted Means]**

Grantee and Outcome Measure	Number of Observations Used	Treatment Group Observed Mean	Control Group Observed Mean	Estimated Impact (Standard Error)	P-Value
Asheville Buncombe Community Christian Ministry					
Employed (%)	112	45.7	52.5	-6.8 (0.39)	0.480
Cumulative earnings (\$)	112	2629	5449	-2820** (1321)	0.035
Obtained high school diploma, GED, or some college (%)	110	67.7	61.4	6.3 (0.41)	0.497
AltaMed Health Services					
Employed (%)	235	31.3	33.6	-2.3 (0.28)	0.707
Cumulative earnings (\$)	234	2373	2557	-183 (837)	0.827
Obtained high school diploma, GED, or some college (%)	233	38.0	52.1	-14.2** (0.27)	0.031
The Dannon Project					
Employed (%)	206	59.7	59.3	.4 (0.28)	0.953
Cumulative earnings (\$)	205	7552	5343	2209 (1507)	0.144
Obtained high school diploma, GED, or some college (%)	206	75.4	80.7	-5.3 (0.33)	0.352
Family Services of Davidson County					
Employed (%)	65	38.0	24.1	13.9 (0.55)	0.231
Cumulative earnings (\$)	64	6010	2531	3479 (2478)	0.165
Obtained high school diploma, GED, or some college (%)	65	70.0	47.0	23.0* (0.52)	0.061
Training Resources of America					
Employed (%)	125	24.8	30.1	-5.3 (0.36)	0.460
Cumulative earnings (\$)	126	2133	1378	754 (798)	0.347
Obtained high school diploma, GED, or some college (%)	125	30.1	36.1	-5.9 (0.34)	0.433

Source: Authors' analysis of the 18-Month Follow-up Survey. N = 744.

Notes. Pearson's chi-square tests used to assess statistical significance for dichotomous outcomes; two-tailed t-tests used to assess statistical significance for continuous outcomes. Analyses are weighted to account for survey non-response. *<0.1; **<0.05; ***<0.01

Exhibit 4-5: Estimated Impact of YPD on Employment and Education Outcomes 18 Months after Random Assignment [Unadjusted Means]

Employment and Education Characteristic	Number of Observations Used	Treatment Group Observed Mean	Control Group Observed Mean	Estimated Impact (Standard Error)	P-Value
Employment Characteristics					
Worked for pay in the last 18 months (%)	742	69.6	71.6	-2.0 (0.16)	0.535
Reasons for not working, among those who have not worked in the last 18 months (%)					
Ill or disabled	216	4.6	3.7	0.9 (0.67)	0.733
Taking care of home or family	216	35.0	33.8	1.2 (0.28)	0.854
Going to school	216	34.0	30.8	3.3 (0.29)	0.602
Could not find work	216	13.1	18.8	-5.7 (0.37)	0.248
Actively looking for work in the last 4 weeks, among those who have not worked in the last 18 months (%)	218	61.8	63.7	-1.8 (0.27)	0.777
Weeks worked in the last 18 months, among those who worked in the last 18 months (mean)	500	32.1	29.4	2.7 (2.1)	0.186
Number of employers worked for in the last 18 months, among those who worked in the last 18 months (%)					
One	519	59.8	54.6	5.2 (0.17)	0.223
Two	519	24.6	32.7	-8.1** (0.19)	0.038
Three or more	519	15.6	12.7	2.9 (0.25)	0.328
Hours worked in a typical week, among those who worked in the last 18 months	512	32.6	32.2	0.4 (1.1)	0.738
Types of work, among those who worked in the last 18 months (%)					
Full-time	523	50.7	49.9	0.8 (0.17)	0.850
Part-time	523	53.1	53.1	0.0 (0.17)	0.998
Temporary	523	24.9	23.1	1.9 (0.20)	0.610
“Off the books”	523	12.1	11.3	0.7 (0.27)	0.788
Education Characteristics					
Has trade license or training certificate (%)	738	26.8	33.7	-6.9** (0.16)	0.038
Attended school in the last 18 months (%)	741	60.9	59.3	1.6 (0.15)	0.645
Participation in YPD influence decision to attend school somewhat or very much, among those who attended school in the last 18 months (%)	444	74.8	77.1	-2.3 (0.22)	0.560
Reasons why did not attend school, among those who <i>did not</i> attend school in the last 18 months (%)					
Ill or disabled	293	6.4	6.6	-0.3 (0.46)	0.927
Lack of child care	293	54.3	51.5	2.8 (0.23)	0.626
Lack of transportation	293	31.6	32.0	-0.4 (0.24)	0.942
No time due to job/work	293	43.3	37.5	5.8 (0.23)	0.303
School/courses/work not available	293	7.7	3.0	4.7* (0.55)	0.074
No need for additional education or training	293	5.0	5.1	-0.1 (0.52)	0.971
Could not get into school of choice	293	5.2	7.8	-2.5 (0.47)	0.372
Insufficient money available to attend	293	28.3	35.1	-6.8 (0.25)	0.202

Source: Authors’ analysis of the 18-Month Follow-up Survey. N = 744.

Notes. Pearson’s chi-square tests used to assess statistical significance for dichotomous outcomes; two-tailed t-tests used to assess statistical significance for continuous outcomes. Analyses were weighted to account for survey non-response.

*<0.1; **<0.05; ***<0.01

For those in the treatment group who did work, on average, they worked 32 weeks (41 percent of all weeks) in the 18 months since random assignment. In a typical week, those who worked averaged 32 hours. About half of those who worked in the treatment group (55 percent) had one employer; 45 percent had two or more employers. Further, for those employed since random assignment, about half reported full-time work, roughly half reported part-time work, one-quarter reported working a temporary job, and 12 percent reported working “off the books.”⁶⁵

Turning to education, sixty-one percent of YPD participants in the treatment group reported that they attended school since random assignment, and 75 percent of those who attended school said that YPD influenced their decision to attend. For those who did not attend school, the following were key barriers: (1) lack of childcare (54 percent); (2) no time due to job (43 percent); (3) lack of transportation (32 percent); and (4) insufficient money to pay for school expenses (28 percent). About one-quarter (27 percent) of YPD treatment group participants reported that they had a license or training certificate.

It is notable that among those who attended school in the control group, 77 percent reported that YPD influenced their decision to attend. This suggests that impacts of YPD on high school completion may not be found because all YPD participants – treatment and control – were encouraged to attend school and provided supports as part of base services. Mentoring, as offered through these programs to treatment group members, may not have provided additional motivation.

⁶⁵ Because participants could work multiple jobs, these categories are not mutually exclusive and exceed 100 percent.

C. EXPLORATORY ANALYSIS OF THE IMPACT OF YPD ON ANNUAL EARNINGS IN YEAR FOUR AFTER RANDOM ASSIGNMENT

Using data on a subsample of 685 YPD participants with available earnings data from the NDNH, the evaluation examined annual earnings in year four after random assignment. The impact analysis showed no statistically significant impacts of YPD on annual earnings in year four after random assignment (see Exhibit 4-6). Full regression results are displayed in Exhibit 4.7. The impact of YPD on earnings in year four was -\$257; the treatment group earned \$7,771 in year 4, without YPD, the treatment group would have earned \$8,028. There was no measureable difference between the values.

We conducted a sensitivity analysis to determine whether small sample sizes could be impeding our ability to detect statistically significant findings. For one quarter – quarter 13 after random assignment – all but two YPD participants had quarterly earnings records. We estimated the impact of YPD on quarterly earnings in quarter 13 after random assignment and found no measurable impact of YPD (data not shown). This result taken together with the small impact estimate on earnings in year four provides more evidence that YPD did not have a measurable impact on earnings.

Exhibit 4-6: Impact of YPD on Annual Earnings in Year Four after Random Assignment [Using Regression-Adjusted Means]

Earnings	Number of Observations Used	Treatment Group: Observed Mean (\$)	Treatment Group: Estimated Mean without YPD, Regression-Adjusted (\$)	Estimated Impact (\$) (Standard Error)	P-Value
Annual Earnings in Year 4	658	7771	8028	-257 (732)	0.821

Source: Authors’ analysis of National Directory of New Hires data. N = 685.

Notes. Regression analysis, controlling for characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects, is used to assess statistical significance. *<0.1; **<0.05; ***<0.01

Exhibit 4-7: Estimated Impact of YPD on Annual Earnings in Year Four after Random Assignment: Full Regression Model

Characteristics and Grantees	Earnings in Year Four after RA		
Characteristic	Estimate	Standard Error	P-value
Intercept	13653***	3016	0.000
YPD	-166	732	0.821
Female	-3078**	1397	0.028
Age			
16-17	-3479**	1670	0.038
18-19	-2968**	1284	0.021
20-21	-1858	1157	0.109
22-24 [reference]			
Race/Ethnicity			
Black	-81	1532	0.958
Hispanic	-692	1739	0.691
Other	1045	2685	0.697
White [reference]			
Marital status			
Never married	803	1923	0.677
Divorced, separated, widowed	155	2933	0.958
Married [reference]			
Expectant parent at intake	-893	1003	0.374
Number of children	-1418***	538	0.009
Employed at intake	2124*	1199	0.077
In school at intake	565	949	0.551
YPD grantees			
The Dannon Project	1289	1867	0.490
AltaMed Health Services	1614	1213	0.184
Asheville Buncombe Community Christian Ministry	-638	1755	0.716
Family Services of Davidson County	-3565*	2015	0.077
Training Resources of America [reference]			
Number of observations used	658		

Source: Authors' analysis of National Directory of New Hires data. N = 685.

Notes. Regression analysis, controlling for characteristics of YPD participants collected at intake (sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) is used to produce the estimates and to assess statistical significance. *<0.1; **<0.05; ***<0.01

Exploratory Analysis of the Impact of YPD on Annual Earnings in Year Four after Random Assignment by Age of Participants at Intake and Grantee. The evaluation also examined the impact of YPD on annual earnings in year four (using unadjusted means) by YPD participants' age at intake into the program and by grantee. The analysis showed no statistically significant impacts of YPD on annual earnings in year four by age of participants or by grantee (see Tables 4-8 and 4-9).

Exhibit 4-8: Impact of YPD on Annual Earnings in Year Four after Random Assignment, by Participant Age at Intake [Using Regression-Adjusted Means]

Earnings	Number of Observations Used	Treatment Group (\$)	Control Group (\$)	Estimated Impact (\$) (Standard Error)	P-Value
Age 16-17 at Intake	89	8307	6084	2222 (2124)	0.298
Age 18-19 at Intake	270	6525	7980	-1456 (1204)	0.228
Age 20-21 at Intake	130	7845	7986	-141 (1354)	0.917
Age 22-24 at Intake	196	9201	9791	-591 (1323)	0.656

Source: Authors' analysis of National Directory of New Hires data. N = 658.

Notes. Regression model used to predict earnings. *<0.1; **<0.05; ***<0.01

Exhibit 4-9: Impact of YPD on Annual Earnings in Year Four after Random Assignment, by Grantee [Using Regression-Adjusted Means]

Earnings	Number of Observations Used	Treatment Group (\$)	Control Group (\$)	Estimated Impact (\$) (Standard Error)	P-Value
The Dannon Project	154	10244	9791	452 (1435)	0.753
AltaMed Health Services	220	7759	8555	-796 (1511)	0.599
Asheville Buncombe Community Christian Ministry	143	7016	8365	-1349 (1190)	0.259
Family Services of Davidson County	40	6828	3164	3664 (2253)	0.112
Training Resources of America	128	6092	6923	-830 (1474)	0.574

Source: Authors' analysis of National Directory of New Hires data. N = 658.

Notes. Regression model used to predict earnings. *<0.1; **<0.05; ***<0.01

D. EXPLORATORY ANALYSES OF THE IMPACTS OF YPD ON OTHER OUTCOMES AT 18 MONTHS AFTER RANDOM ASSIGNMENT

The evaluation conducted exploratory analyses to examine impacts of YPD on other outcomes such as economic stability and having another child and did not find any significant impacts (see Exhibit 4-10). Because of this, outcomes for the treatment group only are discussed. YPD treatment group participants displayed challenges in several economic and social indicators. Family income was very low – on average, treatment group household income was \$11,458 over 18 months. Though family income was below the poverty level, less than half (41 percent) of YPD participants received governmental cash assistance. More YPD treatment group participants received assistance from the government to purchase food (72 percent received SNAP) and obtain health insurance (70 percent of participants and 88 percent of their children received Medicaid or a similar state-run health insurance program). Despite many receiving SNAP and health insurance, the low resources of these households likely drove other outcomes – only 41 percent of YPD participants reported being food secure and one-third reported that at some point since random assignment they were unable to pay their mortgage, rent, or utility bills. An additional hurdle these youth faced was that 44 percent reported that they had or were expecting another child since they enrolled in the study. Less than one-fifth (18 percent) reported receiving or paying child support.

Exhibit 4-10: Estimated Impact of YPD on Other Outcomes 18 Months after Random Assignment [Unadjusted Means]

Characteristic	Number of Observations Used	Treatment Group: Observed Mean	Treatment Group: Estimated Mean without YPD, Regression-Adjusted	Estimated Impact (Standard Error)	P-Value
Family income during the past 18 months (mean \$)	614	11,458	10,308	1,150 (1267)	0.293
Received cash assistance from a state or county welfare program in the past 18 months (%)	717	40.9	43.0	-2.1 (0.17)	0.470
Received SNAP in the past 18 months (%)	724	72.3	72.4	-0.1 (0.18)	0.796
Food secure in the past 18 months (%)	723	41.1	37.2	3.9 (0.15)	0.346
YPD participant covered by Medicaid or a similar state program (%)	716	70.2	69.8	0.5 (0.17)	0.799
YPD participants' children covered by Medicaid or a similar state program in the past 18 months (%)	718	87.9	87.2	0.8 (0.24)	0.528
Received child care assistance in the past 18 months (%)	724	38.6	35.5	3.1 (0.16)	0.286
Had (or expecting) another child in the past 18 months (%)	720	43.6	41.2	2.4 (0.16)	0.442
Receives (or pays) child support in the past 18 months (%)	716	18.2	18.7	-0.5 (0.20)	0.913
Able to pay mortgage, rent or utility bills in the past 18 months (%)	721	67.2	67.7	-0.5 (0.16)	0.942

Source: Authors' analysis of the 18-Month Follow-up Survey; n = 744.

Notes: Logistic regression analysis was used to estimate the impacts of YPD on binary outcomes; Ordinary Least Squares regression was used to estimate the impact of YPD on continuous outcomes. Regression analyses included the following controls: characteristics of YPD participants collected at intake (age, sex, race/ethnicity, marital status, expectant parent status, number of children, and employment and school status) as well as site fixed effects. Analyses were weighted to account for survey non-response.

*<0.1; **<0.05; ***<0.01

E. CONCLUSIONS AND POTENTIAL LIMITATIONS

The results presented in this chapter are exploratory, as small sample sizes and data limitations hindered our ability to conduct confirmatory analyses on the primary outcomes. Nevertheless, consistent null results are suggestive that YPD enhanced services did not have the intended impact on employment, earnings or education. Results from an examination of the three primary outcomes of interest – employment, cumulative earnings, and completion of high school (or equivalent) – do not show measureable impacts of YPD treatment group services 18 months after random assignment.⁶⁶ Results from exploratory analyses found some positive impacts of YPD on cumulative earnings at 18 months after random assignment for several age cohorts of youth; however, the evaluation found no measureable impact of YPD on annual earnings four years after random assignment for a subsample of YPD participants overall, by grantee, or by age cohort. Finally, the evaluation did not find measurable impacts of YPD on secondary outcomes of interest such as economic stability and birth of another child. YPD participants in the treatment group are economically disadvantaged and continue to struggle (on average) 18 months after enrolling in YPD programs.

There are several key limitations of this impact analysis. First, for all but annual earnings in year four, the evaluation relied entirely on self-reported participant survey data collected 18 months after random assignment. In addition to limitations regarding self-reporting, the number of YPD participants responding to the follow-up survey was lower than anticipated,⁶⁷ resulting in

⁶⁶ The program period for the treatment group for mentoring services was intended to be 18 months, however, as discussion in Chapter 3, slightly more than half of the treatment group did not engage with a mentor and, among those that did, mentoring services often did not last the entire 18 months intended under the demonstration. Had the full treatment sample engaged in mentoring at the levels of engagement aimed at (4 hours a month over an 18 month period), it is possible that the treatment would have had a measureable impact in one or more outcome measure examined.

⁶⁷ 293 of the Round 3 YPD impact study sample (18 percent) did not have the opportunity to respond to the survey due to an unexpected stoppage in data collection. The survey response rate was 58.5 percent among those surveyed.

reduced power and limiting our ability to detect statistically significant and substantively meaningful differences. Similarly, limited sample sizes were a challenge for the subsample of YPD participants who had earnings data available from the NDNH.

Second, control and treatment group members received a considerable dosage of base services, with the enhanced services (i.e., mentoring for Round III participants) perhaps only adding at the margin to the services received by some (and perhaps many) treatment group members through the demonstration and their partners' resources. Utilization data collected as part of the Participant Tracking System indicated that only about half (48 percent) of the treatment group members received individual mentoring services. Of this group of treatment group members receiving mentoring, most (83 percent) received between 1 and 24 hours of individual mentoring services. A further complicating factor that may have narrowed the differences in employment and earnings outcomes between treatment and control group members is that outside of the YPD intervention there was a range of other services available to both groups (e.g., provided in schools, through child support agencies and welfare offices, and through employment and training initiatives available at American Job Centers and through other local programs).

Lastly, the target population for the demonstration effort, at-risk expectant and parenting youth, can be challenging to initially engage and then retain in services. Both treatment and control group members often did not receive the full dosage of available services; and in some cases, because of early attrition from the grantees' existing and YPD programs, some treatment and control group participants received little (or no) dosage of the base or enhanced (mentoring) services. According to grantee site administrators and data collected via the PTS, attrition and low-dosage of services substantially affected both treatment and control group participants. For

example, grantees found that it was often difficult to get participants to engage with the mentors in meaningful and sustained ways (e.g., some participants decided after one or several meetings they were not interested in mentoring and terminated their relationship with the mentor). Hence, a combination of (1) providing substantive services to both the treatment and control groups, and (2) a lack of a substantial dosage of treatment group services may partially (and potentially largely) explain the lack of statistically significant effects of treatment group services on YPD participants. Additional discussion of these impact findings and their implications are provided in the next chapter.

CHAPTER 5: CONCLUSIONS

The evaluation of the YPD initiative used a random assignment experimental design and an implementation analysis to rigorously assess the impact of mentoring, and describe how grantees implemented their YPD programs. The experimental design allowed for the direct comparison of treatment and control group outcomes for the YPD study participants, as treatment and control groups were assumed to be similar on all characteristics that might affect the outcomes of interest. This chapter places the YPD impact and implementation evaluation findings into the broader context of experimental impact results from earlier studies of initiatives targeting at-risk youth. It also draws implications of key findings from this evaluation for future young parent programs and research. Finally, this chapter addresses the remaining nine study questions.

Question 9: How did YPD impact results compare to results in past experimental studies targeting at-risk youth and young parents? Based on YPD net impact and implementation study results what are the most effective strategies for delivery of services to improve employment, education, and other outcomes for at-risk parents? Are there specific strategies that should be adopted to meet the needs of specific subpopulations of youth? Are there some strategies or subgroups for which the intervention appears ineffective? Are there ways that future interventions for at-risk parenting youth can be improved based on YPD evaluation findings?

Understanding the YPD Round III Impact Findings within the Context of At-Risk Youth and Mentoring Literature. The Round III YPD grant program was designed to help organizations enhance their existing services for parenting and expectant youth to test whether mentoring services can positively affect educational attainment and employment outcomes. Overall, the impact results presented in the preceding chapter with respect to cumulative earnings 18-months after random assignment for Round III participants indicated that there were no measureable (statistically significant) impacts of the intervention (mentoring) on YPD treatment group participants. Additional exploratory analyses of earnings using NDNH wage record data

for Round III participants also found no statistically significant earnings differences between the treatment and control group on annual earnings for the fourth year after random assignment and for quarterly earnings the 13th quarter after random assignment.⁶⁸

The impact analysis for Round III participants also explored potential impacts of mentoring services on a considerable range of other outcomes of interest at 18 months after random assignment, based on results from a follow-up survey with treatment and control group participants at 18 months after random assignment, including: educational outcomes, welfare receipt, housing and food security, family composition, and birth of additional children. Similar to the analyses of the NDNH earnings data, the survey results indicated no statistically significant differences in terms of intervention impacts (i.e., mentoring) across these additional outcome measures of interest. However, it should be noted that the survey results were for slightly less than half (47 percent) of YPD participants, and as a result, the number of participants (N=744) may not have been of sufficient size (underpowered) to detect significant differences between the treatment and control groups.⁶⁹

Similarly, the main findings from the evaluation of the Rounds I and II grantees (contained in a separate report) indicated no measureable statistically significant impacts of YPD treatment group services on annual earnings at six years after random assignment, despite earlier modest, but statistically significant, cumulative earnings gains for treatment group members through two years after random assignment. It should similarly be noted that the analysis of annual earnings at six years was for a subsample of Rounds I/II participants (N=842) and thus,

⁶⁸ This analysis of annual earnings in the fourth year after random assignment was conducted on a subgroup (43 percent of the impact study sample) for which NDNH wage record data were available. Narrowing this analysis to NDNH analysis for the 13th quarter after random assignment, it was possible to estimate earnings impacts for nearly the entire impact sample of Round III participants. Both of these analyses indicated no measurable statistically significant difference between the treatment and control groups on earnings.

⁶⁹ A Technical Work Group member noted with regard to the impact results: “The key feature of these analyses is the lack of statistical power to detect impacts of the size that one would expect from an intervention of the nature and intensity of the YPD mentoring.”

may not have been of sufficient size (underpowered) to detect significant differences between the treatment and control groups. The apparent fading of earlier cumulative earnings impacts through two years after random assignment for YPD Rounds I and II participants (reflected in no measureable differences between the treatment and control groups in annual earnings at six years after random assignment) is not unlike those observed for Job Corps participants, where treatment group impacts were reported initially but faded by the fifth year after random assignment (Schochet, et al., 2000 and 2006).⁷⁰ Taken together, the Rounds I/II and Round III impact results indicate that mentoring in the dosages provided by grantees (and other types of interventions tested for some Rounds I and II sites) had no statistically significant impact on longer-term employment and earnings trends (i.e., measured at four or more years after random assignment). The lack of measureable impacts on key participant outcomes aligns with a number of recent experimental studies of at-risk youth interventions initiatives where either no statistically significant impact results were found or where early positive statistically significant impacts were found to fade over time, such as in RCTs of Job Corps, the Teenage Parent Demonstration, the Quantum Opportunities Project, Upward Bound, the Latin American Youth Center's Promoter Pathway Program, and the Summer Career Exploration Program in Philadelphia.

The YPD Round III findings (which focused directly on the potential impacts of mentoring) contrast with some of the positive findings that have emerged in studies of the Big Brothers Big Sisters Program and several other mentoring initiatives. These past studies have

⁷⁰ The evaluation of Job Corps (an intensive long-term residential program providing education, job training, and life skills to severely disadvantaged youth) found that the intervention improved average weekly earnings at two years after random assignment, but that such earnings gains faded and disappeared by five years after random assignment (Schochet, et al., 2000 and 2006). Similarly, the Kisker et al. (1998) study of the Teenage Parent Demonstration for teen mothers found that demonstration services increased school attendance, job training completion, and employment initially, but effects quickly faded after program completion. Both studies suggest the need to explore long-term impacts of at-risk initiatives, as initial promising short-term outcomes may fade with time.

typically assessed outcomes for a shorter period of time than was the case for YPD and often focused on outcomes other than employment and earnings. Some experimental net impact studies of mentoring effectiveness have found statistically significant impacts (sometimes when participants were still involved in the initiative or shortly after exit) on a range of educational outcomes, including improved attendance in school, better student interactions and behavior in the classroom, improved grade point average, increased likelihood of attending higher education, and increased persistence in school.⁷¹ Some additional studies have reported reduced likelihood of youth becoming involved in or remaining involved in criminal activity, or beginning to abuse substances.⁷²

Experimental studies of mentoring initiatives, however, have not generally provided rigorous impact estimates of effects of mentoring on longer-term employment and earnings of parenting youth – a critical gap in the research that YPD Round III was aimed at addressing. The evidence that emerges from the YPD Round III impact evaluation suggests that mentoring – at least in the doses provided by the four grantees (e.g., averaging 12.7 hours per participant, among the 48 percent of treatment group members that grantees could successfully engage in mentoring) did not have measureable impacts on employment and earnings of participants at four years after random assignment. Additionally, shorter-term outcomes (at 18 months after random assignment) explored in a follow-up survey including employment, educational attainment,

⁷¹ For example, Grossman and Tierney's 1998 impact study of mentoring provided through BBBSP found that youth mentoring had positive impacts upon the educational experiences of participants, and at the conclusion of the 18-month mentoring intervention, the treatment group participants recorded roughly half as many days of school skipped as the control group. Rhodes et al.'s 2000 study of BBBSP's mentoring program concluded that mentoring services provided youth with support that resulted in significantly increased school attendance.

⁷² Several impact studies of mentoring programs also found that mentored youth are less likely to become or remain involved in criminal activity (Grossman & Rhodes, 2002; Grossman & Tierney, 1998; Rhodes et al., 2005). For example, youth that received mentoring through the BBBSP were nearly one-third (32 percent) less likely to hit someone during program participation than their control group counterparts. However, the mentoring intervention presented in the BBBSP study had little influence on the likelihood of deterring theft and property damage by participants (Grossman & Tierney, 1998). Finally, youth enrolled in the BBBSP who received the mentoring intervention were 45.8 percent less likely than their control group counterparts to begin utilizing illegal drugs (Grossman & Tierney, 1998).

welfare receipt, changes to family composition, and other outcomes also did not show statistically significant differences between treatment and control group participants. As discussed in the final section of this chapter, it is possible that future studies of mentoring (and other interventions grantees tested during YPD) could yield positive long-term impacts for at-risk youth not found in YPD if: (1) sample sizes are larger so as to provide better powered analyses to more precisely estimate impacts between the treatment and control groups; (2) demonstration sites are able to better engage participants in mentoring and provide a more substantial dosage of mentoring to participants and for a longer period of time, and/or; (3) and to the extent feasible, demonstration sites do not add other interventions for program participants (i.e., as part of a differential research design) that may make it difficult to tie measurable impacts to specific interventions or may dilute the difference in outcomes between the treatment and control groups.⁷³

Key Findings from the Round III Implementation Study Component. Despite not yielding statistically significant impact results with regard to the effectiveness of mentoring, the Round III implementation/process study provided additional qualitative information about the structure and content of program services, participant flow through activities, and perspectives of staff on the benefits of YPD program services for both treatment and control group members.

Key findings from the implementation study component included the following:

⁷³ One issue with regard to the differential treatments received by both the treatment and control groups under YPD was that both groups received a considerable range of services as part of the base service package. Some of these base services could have as much, or more, of an impact on employment and earnings outcomes than the treatment (i.e. mentoring), such as occupational training, educational services, and work experience. Additionally, it is also possible that the mentoring provided as the treatment could be to some extent substitute versus a complement to a base service package such as case management, although this was not found to be the case during site visits to grantee sites. For example, one Technical Work Group member observed: “The point is whether mentoring substitutes for or complements the baseline services. If it complements them, then testing it at the margin, on top of those services, makes good sense. If it substitutes for them, which is the logic implicit in this discussion, then one would expect its impact at the margin to equal zero. Of course, whether mentoring substitutes for or complements the base services may depend on the content and focus of the mentoring.”

- As DOL/ETA intended under the differential experimental treatment design for YPD, interviews with staff and service utilization data indicated that members of both the treatment and control groups received substantial services as part of the base service packages at each grantee site.** The PTS utilization data suggests that both treatment and control groups received a range of the following types of services as part of the base service package: Adult Basic Education (ABE) instruction, General Education Development (GED) preparation, English as a Second Language (ESL) classes, tutoring, post-secondary education, life skills/soft skills/job readiness training, occupational skills training, paid or unpaid internships, job shadowing, work experience/transitional employment, OJT, career counseling, job placement, job retention services, parenting instruction, and financial/budgeting instruction. Across sites, there was not a statistically significant difference between the treatment and control groups in terms of receipt of the base service package (although there was significant variation across sites, and within sites across participants, regardless of whether they were assigned to the treatment or control group) in the types and intensity of service provided and utilized. Grantee staff and participants indicated in interviews and the follow-up survey that the base package of services constituted the types and array of services needed by at-risk youth to help in overcoming individual challenges to attaining educational, employment, and other self-sufficiency goals.
- As DOL/ETA intended under the demonstration, mentoring services were made available to treatment group members across the four Round III grantees, but substantial numbers of the treatment group received no mentoring services, or did not receive the full dosage of mentoring, as intended.** YPD grantees were required to provide mentoring services as the enhancement to the base service package, offered exclusively for treatment group participants. In general, the goal of the mentoring initiatives in each grantee site was to successfully link mentors with treatment group members so that they could develop a personal relationship in which the mentor provided ongoing guidance on development of life skills, as well as support and assistance in removing barriers to success and achieving personal, education, employment, and career advancement goals. The analysis of utilization data collected as part of the PTS indicated nearly half (48 percent) of treatment group members received individual mentoring services (compared with just one percent of control group members, who received mentoring services from other sources than the YPD grantee). Among those receiving individual mentoring services, those in the treatment group had on average 19.5 contacts, and received 12.7 hours of mentoring services.
- Across the four grantees, administrators and staff highlighted during site visit interviews a number of challenges that they encountered in initially engaging and maintaining ongoing contact with young parents under the demonstration.** For example, for a variety of reasons, many expectant and young parents were not interested in establishing or maintaining a relationship with a mentor. Staff found that some members of the target population were simply not open to working with a mentor. In some cases, their lack of willingness to engage in the mentoring services

offered was because they did not feel they had time to participate because of other competing work, school, and family demands. Others who felt they had experienced only limited support from adults in the past struggled with trust issues and were reluctant to engage in a personal relationship with a mentor. Maintaining regular contact with participants over the YPD 18-month enrollment period was also challenging due to frequent changes in contact information and residence.

Round III Study Limitations. In funding Round III of YPD, DOL/ETA sought to build upon, and extend, YPD Rounds I and II efforts, while also narrowing the focus of the intervention being tested to explore impacts of mentoring services on at-risk parenting youth. The structure of the demonstration and types of data collected for the Round III grantees offered several important advantages for estimating impacts over Rounds I and II grants. In issuing the SGA for Round III, DOL/ETA increased YPD minimum enrollment requirements from 100 participants per grantee during Rounds I and II, to a minimum of 400 participants (200 treatment and 200 control) per site for Round III grantees. The larger sample sizes at each site provided a better opportunity for exploring and detecting impact differences between the treatment and control groups on a range of employment and earnings, education, welfare recipient, family composition, and other types of outcomes.

Also, DOL/ETA was more prescriptive with respect to the intervention requirements, stipulating that Round III sites provide a base of education, training and employment strategies, case management, supportive services, and follow-up and post-program transition services for both treatment and control group participants, with a standard enhancement across Round III grantees (for treatment group participants only) of mentoring services. DOL/ETA also provided guidance on the minimum thresholds for mentoring services: four hours of mentoring per month, per treatment group participant, over an 18-month enrollment period. Hence, in comparison to the two earlier rounds of grant funding under YPD, Round III sample sizes for individual grantee sites were greater and there was increased focus and standardization of the

treatment intended to improve prospects of detecting potential impacts and assigning such impacts to a specific intervention (i.e., mentoring).

The types of data available for analyzing Round III participant impacts were similar to those used for Rounds I and II – primarily, participant-level data from the PTS and wage record data (available through NDNH). Added to these two sources was a participant follow-up survey with Round III participants at 18-months after random assignment. The survey data made it possible to expand the range of outcomes analyzed beyond employment and earnings outcomes explored for Round I/II grantees to include analysis of differences between treatment and control group members on educational attainment, changes in family composition, receipt of public assistance, participant views on value of YPD services, and a range of other outcomes.

Despite these advantages, there were several significant limitations or challenges encountered in estimating intervention impacts for Round III participants compared with Rounds I and II participants. While the sample size was considerably larger at the grantee level, because the Round III intervention occurred more recently, it was possible to only explore earnings trends out to the 4th year after random assignment (while for Rounds I and II, it was possible to examine earnings out to the 6th year after random assignment). Additionally, DOL/ETA and DHHS/ACF were only able to provide the wage record data for an eight-quarter period of time between April 2015 and March 2017 (i.e., the 2nd Quarter 2015 through the 1st Quarter 2017), which was a considerably shorter time period than was the case for Rounds I and II participants. With Round III participants randomly assigned at varying times over about a two and a half year enrollment period (from February 2012 to July 2014), the number of quarters of earnings data available varied considerably across Round III participants. As discussed in greater detail in Chapter 4, in terms of examining earnings impacts, given the constraints of available quarters of

data, it was possible for Round III participants to explore annual earnings only during the fourth year after random assignment. Additionally, it was not possible to analyze earnings outcomes for the full sample of Round III participants, but rather the analyses focused on those Round III participants that had reported wage record earnings (either no earnings or some earnings) for the four full quarters in their fourth year after random assignment.⁷⁴

Study Conclusions and Next Steps for Research on Serving Young Parents. Moving forward, the YPD demonstration – and specifically the lack of measurable participant impacts on employment and earnings, educational attainment, and a range of other outcomes – while not providing a roadmap for effective strategies for serving at-risk parenting youth, does suggest how DOL/ETA, other human services organizations, and foundations might identify and test other effective approaches to serving at-risk youth in the future.

First, it is important to observe that a more straightforward experimental test of the impacts of mentoring services that does not employ a differential research design would be useful in the future. It is possible that at least some of the lack of impacts for YPD program participants stemmed from the differential experimental design for the demonstration, whereby treatment and control group members both received substantial base services, upon which additional treatment group services were layered. Even during Round III, when there was a narrowed focus on mentoring services as the treatment intervention, YPD participants had access to substantive educational, training, parenting, case management, and supportive services as part of the base services package, which may have diluted the overall impacts of the added mentoring

⁷⁴ It should be noted that available NDNH data did allow for analysis of impacts for nearly the full impact sample for one quarter (i.e., the 13th quarter) during the 4th year after random assignment. No statistically significant measureable impacts were found between the treatment and control groups during this 13th quarter. In comparison, for Round I and II participants it was possible to explore earnings trends for a continuous period of two years for virtually all treatment and control participants and annual earnings during the sixth year after random assignment for 685 Round III participants (43 percent of the impact study sample).

services for the treatment group participants. Additionally, the services provided as part of the base package of services under YPD could be hypothesized to have in some ways a more likely and direct effect on employment and educational outcomes than the added increment of mentoring received by treatment group members. Hence, an experimental research design involving a control group receiving no services (versus the differential one tested in YPD) could provide a more definitive test of impacts of mentoring (or other interventions) for at-risk parenting youth. It is possible that without the base services provided to control and treatment group members that there would have been more (and potentially statistically significant) differences detected in outcomes for the two groups.

Second, a serious and persistent challenge faced by grantees across the three rounds of YPD funding involved initially engaging treatment group participants in mentoring and keeping them engaged until they completed services and achieved their goals under the program. As discussed above, utilization data for mentoring services showed that a substantial portion of the treatment group across Round III grantees did not engage at all, or did so only marginally, with their mentors. Additionally, relatively few YPD participants and mentors sustained their mentoring relationships for the full 18 months originally envisioned under the demonstration. Even among those that did sustain a mentoring relationship, many treatment group participants still received what might be considered a relatively low dose of mentoring services. This lack of engagement (and in particular no, or low-dosage, mentoring), along with both treatment and control group members receiving substantial base services (in the form of education, employment, case management, and support services) likely contributed to a lack of difference

for treatment and control group members on education, employment and earnings, and other outcomes.⁷⁵

Future demonstrations focused on mentoring for at-risk youth could provide more extensive training to grantee staff on effective mentor/mentee matching strategies and approaches to providing high quality and sustained mentoring over the full duration of the demonstration. Additionally, service utilization data could be used continuously in mentoring initiatives to monitor service receipt and to initiate preventive measures aimed at reducing attrition and ensuring appropriate dosage of mentoring services. Additionally, YPD tested what might be considered a relatively modest package of mentoring services – requiring that mentors meet with mentees at least 4 hours per month for 18 months – layered on top of other substantial services (e.g., education, employment and training, case management and supportive services) for treatment group members. It is possible that a test of intensive and more highly structured mentoring services – involving 10 or more hours of mentoring contact each month – along with rigorous ongoing monitoring of service receipt by grantee staff might result in significant employment and earnings, educational attainment, and other impact differences for treatment versus control group participants in the future. Future studies of mentoring could also include tests of impacts of low, medium, and high dosage of mentoring services to better determine mentoring effectiveness and the optimal dosage of mentoring services.⁷⁶

⁷⁵ One Technical Work Group member noted that future initiatives that are to be evaluated might want to limit random assignment to those that express an interest in receiving mentoring during the intake process.

⁷⁶ As part of the YPD evaluation effort mentors kept mentoring logs aimed at capturing both intensity and types of mentoring encounters with mentees, and staff also maintained and entered a count of total number of mentoring contacts and hours of mentoring received by YPD treatment group participants during their involvement in YPD. These data are helpful for understanding dosage of mentoring receipt across participants and grantee sites, and are the focus of analyses in Chapter 3 and in Appendix E. However, care is needed in conducting more rigorous analyses of the relationship between increased dosage of mentoring and participant outcomes, as those participants that engage and sustain mentoring relationships are not necessarily representative of the full sample of treatment and control group participants. Additional analyses of YPD data on dosage are possible (e.g., using a public use database that contains individual YPD participant records), but a more rigorous RTC should also be considered to

Third, in conducting the demonstration, DOL/ETA looked to fill a critical gap in the literature on employment and earnings effects of mentoring, examining both short (two years) and long (up to six years) impacts of mentoring services on young, at-risk parents. While employment and earnings are appropriate key outcome measures for many of the educational and employment and training-related services that were offered as part of YPD’s base services package, a question that arises is whether employment and earnings should be the featured outcomes of interest in future studies of the effectiveness of mentoring services. As noted in the review of the literature, many past studies of mentoring effectiveness have focused primarily on often shorter-term outcomes in areas other than employment and earnings. For example, experimental studies of the Big Brothers Big Sisters Program explored outcomes such as overall academic performance, grade point average (GPA), skipping school, unexcused absences, serious school infractions, classroom effort, teacher-student relationship quality, academic self-esteem, college expectations, substance use, self-worth, assertiveness, and relationships with parents/family peers (Heinrich and Holzer, 2011). In addition to employment and earnings, the YPD Round III evaluation effort also explored other types of outcome measures using data from a participant follow-up survey at 18 months after random assignment (such as effects on educational attainment, welfare receipt, family composition, etc.). Because youth initiative impacts have been shown in a number of studies to fade over time, it is important for future studies of mentoring to examine longer term outcomes for recipients across a broad range of outcomes. Past studies have indicated that mentoring impacts may occur with regard to

test dosage-related effects of mentoring with treatment group participants randomly assigned to varying treatment arms (e.g., to receive up to 20 hours of mentoring; 20-49 hours of mentoring; and 50 or more hours). Additional experimentation might also be conducted as part of RCTs to determine effects of: (1) mentoring provided over shorter versus longer durations (e.g., 6 months, 18 months, 36 months); (2) mentoring provided by mentors that receive little or no training versus those receiving intensive mentoring training; and (3) mentoring initiatives that conduct systematic screening and/or use of an algorithm to match mentors and mentees versus more informal/traditional methods of matching. Finally, another possible treatment option to be tested would be whether provision of mentoring services by professional versus volunteer mentors makes a difference.

improved behavior in the classroom, less likelihood to engage in delinquent or criminal behavior, reduced incidence of substance abuse, improved engagement in other services, and educational persistence and achievement. It is important, however, that future studies of mentoring continue to explore longer term outcomes (at least three to five years or longer) of mentoring across a range of education and self-sufficiency outcomes, including short- and long-term employment and earnings patterns (such as hourly wages, hours worked, and quarterly earnings).

Finally, larger sample sizes than used in YPD should potentially yield more definitive results in future studies with regard to impacts of mentoring. Larger sample sizes would provide better powered analyses to more precisely estimate impacts between the treatment and control groups. Rounds I and II grant requirements of randomly assigning a minimum of 100 participants meant that earnings differences had to be quite large between the treatment and control groups to be statistically detected at a grantee level. Recognizing that sample sizes for grantees were relatively small for an experimental study, DOL/ETA increased sample size requirements to 400 for the combined treatment and control group for Round III. Demanding larger sample sizes, however, can be challenging when conducting an experiment on a relatively narrow population, such was the case with YPD (i.e., parenting and expectant at-risk youth, ages 16-24).⁷⁷ Such increased sample sizes can be very helpful in detecting impacts, though such increases in sample size requirements for narrow target populations may result in only more densely-populated areas being able to be part of the demonstration. Depending on the nature of the intervention, the intensiveness of the mentoring intervention, and anticipated effects on outcomes of interest, it is recommended that treatment and control groups sample sizes be well in excess of those required under YPD in future studies of mentoring.

⁷⁷ Another option to yield larger overall sample sizes (overall) would be to expand the number of program sites, but it is important that care be taken that the intervention tested be structured and implemented in a similar manner across experimental sites.

REFERENCES

- Bettinger, E., and Baker, R. (2014). The Effects of Student Coaching: An Evaluation of a Randomized Experiment in Student Advising. *Educational Evaluation and Policy Analysis*, March 2014, Vol. 36, No. 1, pp. 3–19.
- Bos, J.M. & Fellerath, V. (1997). LEAP: Final Report on Ohio's Welfare Initiative to Improve School Attendance among Teenage Parents. New York, NY: Manpower Demonstration Research Corporation.
- Brein, M. J., & Willis, R. J. (1997). Costs and Consequences for Fathers. In R. Maynard (Ed.), *Kids Having Kids: Economic and Social Consequences of Teen Pregnancy* (pp. 95-143). Washington, DC: The Urban Institute Press.
- Catalano, R., Berglund, M, Ryan, J., Lonczak, H., & Hawkins, J. (1998). Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs. Seattle, WA: Social Development Research Group, University of Washington, School of Social Work.
<http://aspe.hhs.gov/hsp/positiveyouthdev99/execsum.htm>
- Cave, G. & Quint, J. (1990). Career Beginnings Impact Evaluation: Findings from a Program for Disadvantaged High School Students. New York: Manpower Demonstration Research Corporation.
- Courtney, M. E., A. Zinn, H. Johnson, K. E. Malm, M. Stagner, M. Pergamit, & M. McDaniel. (2011). Evaluation of Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: Final Report. OPRE Report No. 2011-14. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.
- DuBois, D., Holloway, B., Valentine, J., & Cooper, H. (2002). Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review. *American Journal of Community Psychology*, 30(2), 157-196.
- DuBois, D. L., N. Portillo, J. E. Rhodes, N. Silverthorn, J. C. Valentine. (2011). "How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence." *Psychological Science in the Public Interest*. 12 (2): 57–91.
- Grossman, J. & Johnson, A. (1998). "Assessing the Effectiveness of Mentoring Programs," in *Contemporary Issues in Mentoring*, June 1999. Philadelphia: Public/Private Ventures.
- Grossman, J. & Rhodes, J. (2002) The Test of Time: Predictors and Effects of Duration in Youth Mentoring Relationships. *American Journal of Community Psychology*, 30(2), 199-219.

- Grossman, J. & Tierney, J. (1998) Does Mentoring Work? An Impact Study of the Big Brothers Big Sisters Program. *Evaluation Review*, 22, 3, 403-426.
- Hamilton, B.E., Martin, J.A., Osterman, M.J.K., & Curtin, S. C. (2015). Births: Final Data for 2013. Hyattsville, MD: National Center for Health Statistics. Retrieved January 23, 2015, from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf
- Herrera, C., DuBois, D., and Grossman, J. (2013). *The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles*. New York, NY: MDRC.
- Heinrich, C. & Hotzer, H. (2011). Improving Education and Employment for Disadvantaged Young Men: Proven and Promising Strategies. *The Annals of the American Academy, AAPSS*, 635, May 2011, pp. 163-191.
- Hoffman, S. D. (2006). *By the Numbers: The Public Costs of Adolescent Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- Jacobi, M. (1991). Mentoring and Undergraduate Academic Success: A Literature Review. *Review of Educational Research*, 61(4), 505–532.
- Jekielek, S., Moore, K., Hair, E., & Scarupa, H. (2002). Mentoring: A Promising Strategy for Youth Development. *Child Trends Research Brief*, February 2002.
- Keating, L., Tomishima, M., Foster, S., & Alessandri, M. (2002). The Effects of a Mentoring Program on At-Risk Youth. *Adolescence*, 37(148), 717-734.
- Kemple, J., & Snipes, J. (2000). *Career Academies: Impact on Students' Engagement and Performance in High School*. New York: Manpower Demonstration Research Corporation.
- Kisker, E., Rangarajan, A., Boller, K. (1998). *Moving Into Adulthood: Were the Impacts of Mandatory Programs for Welfare-Dependent Teenage Parents Sustained After the Programs Ended?* Princeton, NJ: Mathematica Policy Research.
- Martinson, K., Trutko, J., Nightingale, D.S., Holcomb, P.A., & Barnow B.S. (2007). *The Implementation of the Partners for Fragile Families Demonstration Projects*. Washington, DC: The Urban Institute.
- McClanahan, W., Sipe, C., & Smith, T. (2004). *Enriching Summer Work: An Evaluation of the Summer Career Exploration Program*. Philadelphia, PA: Public/Private Ventures.
- Millenky, M., Bloom, D., Muller-Ravett, Sara., & Broadus, J. (2011). *Staying the Course: Three-Year Results of the National Guard Youth ChalleNGe Evaluation*. New York, NY: Manpower Demonstration Research Corporation.
- Miller, C. & Knox, V. (2001). *The Challenge of Helping Low-Income Fathers Support Their*

- Children: Final Lessons from Parents' Fair Share. New York, NY: Manpower Demonstration Research Corporation.
- Murray, M.P. (2006). *Econometrics: A Modern Introduction*. Boston: Pearson / Addison Wesley.
- Myers, D., R. Olsen, N. Seftor, J. Young, & C. Tuttle. (2004). *The Impacts of Regular Upward Bound: Results from the Third Follow-Up Data Collection*. Washington, DC: Mathematica Policy Research.
- O'Donnell, C. & Williams, L. (2013). *The Buddy System: A 35-Year Follow-Up of Criminal Offenses*. *Clinical Psychological Science*, 1(1) 54–66.
- Quint, J.C., Bos, J.M., & Polit, D.F. (1997). *New Chance: Final Report on a Comprehensive Program for Young Mothers in Poverty and Their Children*. New York, NY: Manpower Demonstration Research Corporation.
- Rhodes, J., Grossman, J., & Resch, N. (2000). *Agents of Change: Pathways through Which Mentoring Relationships Influence Adolescents' Academic Adjustment*. *Child Development*, 71(6), 1662-1671.
- Rhodes, J., Reddy, R., & Grossman, J. (2005). *The Protective Influence of Mentoring on Adolescents' Substance Use: Direct and Indirect Pathways*. *Applied Developmental Science*, 9(1), 31-47.
- Schirm, A., Stuart, E., & McKie, A. (2006). *The Quantum Opportunity Program Demonstration: Final Impacts*. Washington, DC: Mathematica Policy Research.
- Schochet, P., Burghardt, J., & Glazerman, S. (2000). *National Job Corps Study: The Short-term Impacts of Job Corps on Participants' Employment and Related Outcomes*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- Schochet, P.Z., J. Burghardt, S. Glazerman. (2001). *National Job Corps Study: The Impacts of Job Corps on Participants' Employment and Related Outcomes*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- Schochet, P., Burghardt, J., & McConnell, S. (2006). *National Job Corps Study and Longer-term Follow-up Study: Impact and Benefit/Cost Findings Using Survey and Summary Earning Records Data: Final Report*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- Schochet, P. (2009). *An Approach for Addressing the Multiple Testing Problem in Social Policy Evaluations*. *Evaluation Review*; 33(6): 539-567.
- Seftor, N., Mamun, A., & Schirm, A. (2009). *The Impacts of Regular Upward Bound on Postsecondary Outcomes 7-9 Years After Scheduled High School Graduation: Final*

- Report. Washington, DC: Mathematica Policy Research.
- Sick, N., Spaulding, S., & Park, Y. (2018). *Understanding Young-Parent Families: A Profile of Parents Ages 18 to 24 Using the Survey of Income and Program Participation*. Washington, DC: Urban Institute.
- Taussig, H. & Culhane, S. (2010). Impact of a Mentoring and Skills Group Program on Mental Health Outcomes for Maltreated Children in Foster Care. *Archives of Pediatric and Adolescent Medical Journal*, 164(8), 739-746.
- Theodos, B., Pergmait, M., Derain, A., Edelstein, S., & Stolte, A. (2016). *Solutions for Youth: An Evaluation of the Latin American Youth Center's Promoter Pathway Program*. Washington, DC: Urban Institute.
- Thompson, L.A. & Kelly-Vance, L. (2001). The Impact of Mentoring on Academic Achievement of At-Risk Youth. *Children and Youth Services Review*, 23, 227–242. Retrieved January 23, 2015 from <http://unstats.un.org/unsd/demographic/products/dyb/dyb2013/Table10.pdf>
- Tolan P., D. Henry, M. Schoeny, and A. Bass. 2008. Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews* 2008:16. Oslo, Norway: Campbell Collaboration.
- Trutko, J., Eyster, L., Vericker, T., O'Brien, C., Barnow, B., Trutko, A., Mendonca, S., Dodkowitz, A. & Sick, N. (2018). *Young Parents Demonstration Program: Rounds 1 and II Grantee Implementation and Impact Results*. Washington, DC: Capital Research Corporation.
- U.S. Department of Labor, Employment and Training Administration. (2008). "Notice of Availability of Funds and Solicitation of Grant Applications (SGA) to Fund Demonstration Projects," *Federal Register*, Vol. 73, No. 193, p. 57675. Retrieved May 23, 2018 from: <https://www.gpo.gov/fdsys/pkg/FR-2008-10-03/pdf/E8-23319.pdf>.
- U.S. Department of Labor, Employment and Training Administration. (2009). "U.S. Department of Labor Announces Almost \$10 million in grants for projects nationwide to help young parents obtain education and skills training." News Release Number 09-600-NAT. Retrieved May 23, 2018 from: <https://www.dol.gov/opa/media/press/eta/eta20090600.htm>.
- U.S. Department of Labor, Employment and Training Administration. (2011). "Notice of Availability of Funds and Solicitation of Grant Applications (SGA) to Fund Demonstration Projects," *Federal Register*, Vol. 76, No. 62, p. 17970. Retrieved May 23, 2018 from: <https://www.gpo.gov/fdsys/pkg/FR-2011-03-31/pdf/2011-7556.pdf>.
- U.S. Department of Labor, Employment and Training Administration. (2011). "US Labor Department provides \$5.5 million in grants to mentor young parents; grantees are in Los

Angeles, Calif.; Asheville, NC; Birmingham, Ala.; and Worcester, Mass.” News Release 11-0979-NAT. Retrieved May 23, 2018 from:
<http://www.dol.gov/opa/media/press/eta/eta20110979.htm>.

United Nations Statistics Division. (2015). Demographic Yearbook 2013. New York, NY: United Nations. Retrieved January 23, 2015
from <http://unstats.un.org/unsd/demographic/products/dyb/dyb2013/Table10.pdf>

APPENDIX A: YPD ROUND III GRANTEE PROJECT SUMMARIES

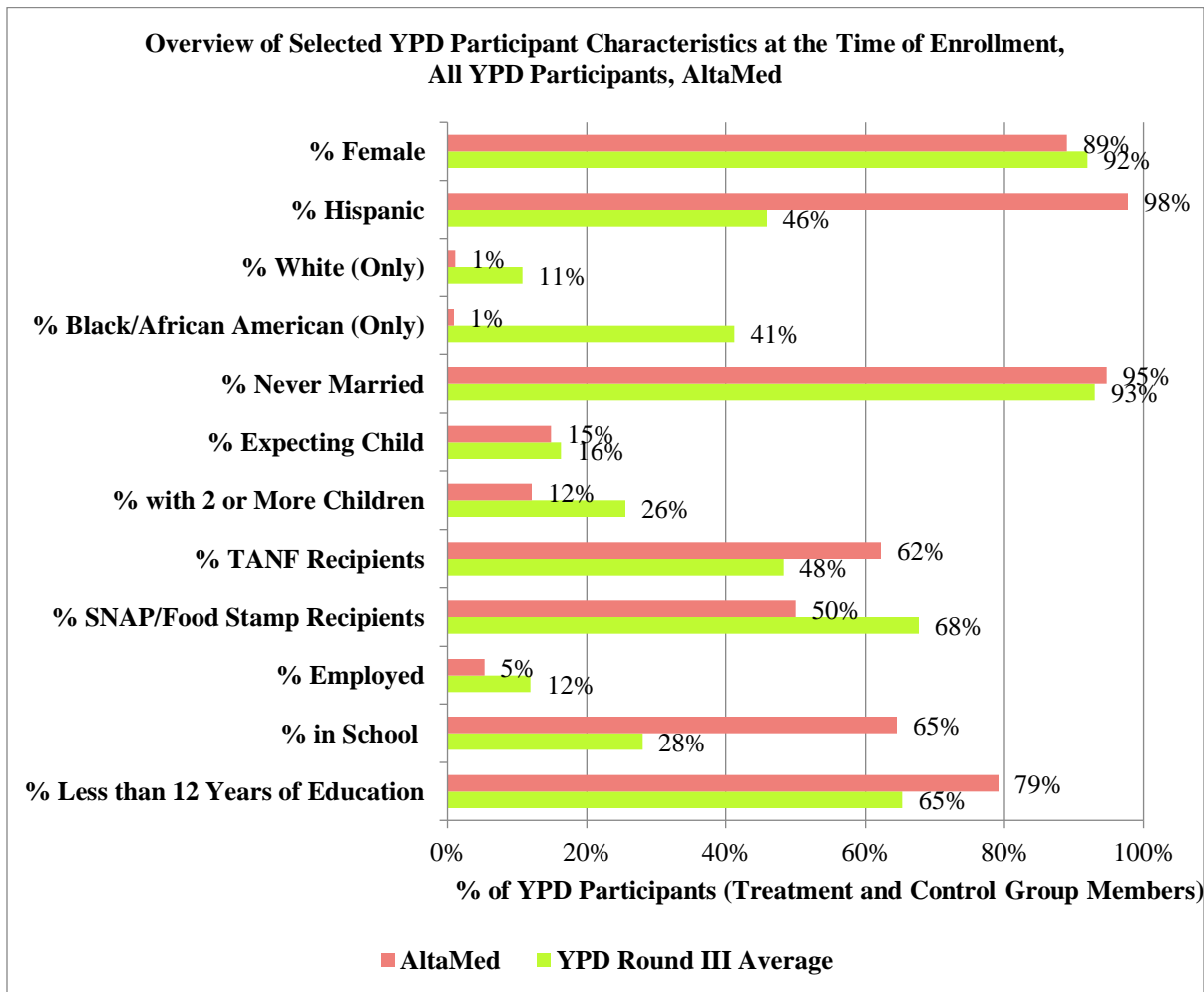
Young Parents Demonstration (YPD) Project Summary
AltaMed Health Services Corporation

Grantee at a Glance	
Organization	AltaMed Health Services Corporation
YPD Program Name	Escalera/Young Parents Demonstration (YPD) Program
Location	East Los Angeles, California
Enhanced Services (for Treatment Group Only)	Two types of mentoring: (1) intensive one-on-one mentoring provided by alumni, community and AmeriCorps volunteers; and (2) group mentoring workshops/classes facilitated by AmeriCorps volunteers.
Base Services (for Treatment and Control Groups)	Escalera program providing education, training, employment and support services based on six core competencies (i.e., foundation skills, educational attainment, technology skills development, career exploration, workforce readiness and leadership and personal development), weekly peer group workshops/sessions, 80-hour internships
Grant Period	7/01/2011 – 6/30/2015
Grant Award	\$1,399,515
Grantee Type	Non-profit
Date of First Random Assignment	4/19/12
# of Youth Randomly Assigned	509

AltaMed Health Services, a 501(c) (3) non-profit, is the largest independent federally-qualified community health center in the nation, delivering comprehensive (from birth to senior years) patient services to more than 855,000 individuals in the East Los Angeles area annually. AltaMed, founded in 1969 as a free health care clinic, employs over 1,500 employees at 48 locations throughout the Los Angeles region and has a budget of approximately \$200 million. Among the many programs AltaMed operates are the federally-funded Adolescent Family Life Program (AFLP) and the partially state-funded CalLearn program, which provides intensive case management services to help pregnant and parenting teens receiving CalWorks services to stay in or return to school to earn a high school credential. AltaMed also receives funding from Los Angeles to operate a Summer Youth employment program, which had recently been expanded to provide year-round employment opportunities. Since 2002, AltaMed has operated the national Escalera program, a 15-month after-school and summer program that promotes educational attainment and economic mobility for Latino youth by helping them graduate from high school, prepare for college and make informed choices about careers. The Escalera program served as the “existing” services for AltaMed’s YPD program. The Escalera YPD treatment intervention was a two-part mentoring component with: (1) one-on-one mentoring provided by Escalera program alumni (and more recently professional) volunteers who met with assigned participants for at least two hours a month; and (2) group mentoring sessions/workshops facilitated by AmeriCorps volunteers which participants attended for two hours each month. Individuals

assigned to the treatment group were to receive at least two hours of individual mentoring each month over an 18-month period and two hours per month of group mentoring workshops/classes over a 15-month period (the length of the Escalera program). The mentoring component served as the enhancement (“bump-up”) to the “existing” services, the 15-month Escalera program held after school and in the summer, which featured six key program components: foundation skills, educational attainment, technology skills development, career exploration, workforce readiness and leadership and personal development. Participants were considered a positive and successful exit if they: (1) obtained a high school diploma, GED, credential or vocational certificate; and (2) enrolled in post-secondary education or obtained employment.

AltaMed randomly assigned a total of 509 parenting and expectant youth to YPD treatment and control groups. As shown in the exhibit (below), in comparison to participants at all YPD sites, participants randomly assigned to the YPD treatment and control groups at AltaMed were more likely to be Hispanic, never married, TANF recipients, in-school and have less than 12 years of education; less likely to be white, black, with two or more children and SNAP/food stamp recipients at the time of random assignment.



Source: YPD Participant Tracking System.

Note: YPD average only included participants enrolled during Round III.

YPD Outreach and Recruitment

AltaMed recruited three large cohorts – in May 2012, May 2013, and May 2014 – to participate in its 15-month Escalera YPD initiative. For each of these three cohorts, recruitment began in December and continued through March, orientation took place in April and program services began in May, ending the following July. The major referral sources for Escalera YPD participants were AltaMed interdepartmental referrals from the DPSS CalLearn and AFLP programs operated by AltaMed. Case managers at these programs identified existing participants who were potential candidates for the Escalera YPD program and made referrals. Referrals also came from school counselors at public and charter high schools and occupational schools and from other partners (e.g., WIA, CBOs) throughout the area. Self-referral walk-ins were also accepted. Staff made presentations on the Escalera YPD program at schools, partner locations and at the other AltaMed sites to recruit new participants. Case managers at other programs were provided with \$5 - \$10 gift cards (e.g., movie tickets, Subway cards) to hand out as incentives to the referred youth to follow-up on referrals. An Escalera flyer was also posted at sites throughout the community.

YPD Base Services for Treatment and Control Groups

Referred participants were first screened during an in-person meeting with the Escalera Program Director for suitability for the program. If the individual passed the initial screening, she/he was assigned to a case manager and an interview was scheduled. Potential enrollees were also tested for math and reading levels at this time. Typically, this one-hour interview was conducted in-person but it could also be completed by phone. Those determined to be eligible were given an application to complete and invited to a 2.5 hour information/orientation session, during which staff presented information about the Escalera model and the YPD study. Orientation sessions were usually held twice a week for two to three weeks in March and April. The PTS intake form, the informed consent form, and the “successful student contract” were distributed and signed during this meeting. After the orientation session, PTS data were entered and random assignment was completed. The participants were then assigned based on the zip code of their residence to a treatment or control group case manager. Staff reported that it typically took two to three weeks to complete the random assignment process for each cohort and inform the participants of assignments. Participants were split into groups of 7 to 9 participants who met together weekly to work on the Escalera curriculum.

Beginning in May for each of the three study cohorts, members of both the control and treatment groups received the “existing” or base services - the Escalera Program. The participant’s first one-on-one meeting with his/her assigned case manager provided an opportunity for the case manager to get to know the participant and assess his/her family’s immediate needs for supportive services, such as health care, housing, and food assistance. Several psycho-social assessments, inventories and the CASAS were also administered at this time. Based on these early discussions and the results of the assessment tests, the case manager and the participant developed an Individualized Service Plan (ISP), which was used to develop a schedule of activities and identify next steps for participants. Over the next 15 months, case managers met one-on-one with participants for forty-five minutes to an hour at least weekly to discuss progress and emerging challenges, and, as appropriate, the case manager referred the individual for assistance and supports to other organizations/resources (e.g., health services, food banks, organizations that provide cribs, strollers, etc.).

In addition to the one-on-one meetings with the assigned case manager, YPD treatment and control group members participated in weekly cohort workshops/meetings (at least an hour but often several hours) that addressed specific topics related to the six core competencies (that are the focus of the Escalera curriculum): foundation skills, educational attainment, technology skills development, career exploration, workforce readiness, and leadership skills development. Case managers conducted multiple sessions of these workshop meetings (on the same topics) for their assigned participants weekly. Separate classes were held for those enrolled in the treatment and control groups. At any given time, treatment and control group members were also working on obtaining their high school diploma or GED (with GED preparation classes held at AltaMed) or participating in vocational training through programs offered on site or by partner agencies (with participants often involved in both activities concurrently). Vocational training was primarily focused on preparing participants for health care occupations (e.g., medical assistant, pharmacy technician, phlebotomy, and CNA). Staff estimated that most YPD participants received 2 to 3 hours per week in services, although those attending GED classes (which were 4 to 6 hours per day, 3 days per week) received substantially more hours of services. Another component of the Escalera program was an 80-hour internship, usually completed during the summer at retail locations and other businesses in the community. While not paid by their employers, each intern received a \$200 stipend for completing their internship. Although the internship was considered a requirement of the Escalera program, staff estimated that under half (about 40 percent) of treatment and control group members participated in such internships. At the end of the 15-month YPD/Escalera program enrollment period, YPD participants were placed in the Escalera alumni program, during which time they could receive assistance in finding jobs; however, case management services typically ended.

YPD Services Only Provided for the Treatment Groups

The treatment group intervention, individual and group mentoring, provided an additional level of service beyond what was available through the Escalera program.

Individual and Group Mentoring. Individuals who were assigned to the treatment group received two types of mentoring – one-on-one mentoring from an assigned Escalera program alumni volunteer mentor (or a volunteer mentor recruited from the community) for two-to-four hours per month over an 18-month period and group mentoring activities/workshops facilitated by AmeriCorps volunteers for 2 hours each month. The AmeriCorps volunteers also provided individual mentoring to their assigned participants over the course of their standard 10-month service assignments.

Treatment group members were initially notified of their assignment by the case manager. Initially, treatment group participants completed a mentor interest/matching form during the first meeting and case managers worked together to match mentees with available mentors, based on shared interests. Mentees and mentors were then invited to a group event with an activity for that first meeting. (For the last cohort, mentors and mentees were invited to a “mixer” and later matched on their top three choices.) Most participants were typically matched within the first month, although some with special issues took longer. The mentor and mentee were supposed to meet for at least two to four hours per month; with one hour each month to involve an in-person meeting while the remaining contact could be by email or texting. Activities could include, for example, help obtaining a driver’s license or going out for lunch or a snack. Case managers continued to follow-up with both the mentee and mentor to make sure that the meetings were

taking place. Initially, they tried to make matches based on similar goals and interests (as well as gender). but found over time it was more important to match on shared availability and proximity to each other (e.g., making mentor/mentee matches among individuals residing in the same communities). Initially, most of the individual mentors were college students or recent college graduates, but near the end of the grant period, individuals who had completed their studies and were working within the community were increasingly recruited to serve as mentors. Mentors were not paid for their services, however, they received sometimes received tickets to sporting activities and movies, and occasionally, gift certificates.

The AmeriCorps volunteers provided an extra level of support for the treatment group's weekly cohort workshops/meetings on topics related to the Escalera curriculum, helping to facilitate (and, in many cases, leading) the classes. Treatment group members also participated in monthly activities/peer group mentoring sessions (offered at multiple times throughout the month) on topics such as nutrition, parenting, and sexually-transmitted diseases (STDs), also led by the AmeriCorps mentors. Although the case manager was the point person for service/program needs for the participant, the AmeriCorps mentor acted as a back-up for the case manager. The AmeriCorps volunteer also provided individual mentoring to assigned participants, meeting one-on-one at least once a month.

Recruitment and Training of Mentors. The AltaMed team first began reaching out to Escalera alumni and other potential individual mentors in late December 2011/early January 2012, using a flyer developed for the program. Informational sessions were held at AltaMed as well as other locations in the community (e.g., college campuses) during which the role of the mentor within the initiative mentoring requirements were discussed (e.g., an 18-month commitment to serve as a mentor and a willingness to meet with and be in contact with mentees at least two to four hours per month). Individuals expressing an interest in becoming a mentor, were required to complete an application and were invited to participate in an orientation session, during which a mentor matching tool was completed. Those accepted to serve as a mentor were usually contacted within a week and then completed an informal interview by phone or in person. Criminal background checks were also required. Initial training sessions covering the “dos and don'ts” of being a mentor, were conducted by the AmeriCorps volunteers were about ten hours duration (divided into two sessions). AmeriCorps volunteer mentors received the same mentor training as the individual mentors (provided by the Escalera Program Director), in addition to their own standard AmeriCorps training.

**Young Parents Demonstration (YPD) Project Summary
Asheville Buncombe Community Christian Ministry⁷⁸**

Grantee at a Glance	
Organization	Asheville Buncombe Community Christian Ministry (ABCCM)
YPD Program Name	Our Circle
Location	Asheville, NC
Enhanced Services (for Treatment Group Only)	Modified version of national Circles mentoring program, including assignment to 2-3 mentors and a Coach for one-on-one and group mentoring; participation in community meetings with other mentor/mentee teams.
Base Services (for Treatment and Control Groups)	Work readiness training program focusing on skills/interests, career goals, job search skills, resume development, interviewing skills, world-of-work guidance; GED preparation; short-term certificate-based skills training
Grant Period	7/01/11 – 6/30/15 (No-cost extension through 9/30/15)
Grant Award	\$1,400,163 (note: a portion was subcontracted to FSDC)
Grantee Type	Non-profit
Date of First Random Assignment	2/15/2012
# of Youth Randomly Assigned	240 (of the 400 under the ABCCM grant)

Asheville Buncombe Community Christian Ministry (ABCCM), located in Asheville, NC, and established in 1969, is a volunteer-driven, faith-based 501(c)(3) organization that served over 50,000 individuals in western North Carolina (in 2013). ABCCM, with an estimated annual budget of \$6.5 million at the time of its involvement in YPD, receives about two thirds of its funding from local churches and community agencies. The organization, with 10 locations in Buncombe County, including transitional housing facilities, had over 100 paid staff and a large number of volunteers. Among its broad range of programs, ABCCM also operated a federally-funded Green Jobs program, transitional housing facilities, homeless facilities for men and women, medical assistance programs, a crisis ministry, a jail ministry, employment and training programs and multiple programs providing services to veterans.

Under YPD, ABCCM subcontracted a portion (about 40 percent) of its \$1 million YPD grant to Family Services of Davidson County (FSDC), an organization located in Lexington, NC about 150 miles from ABCCM. FSDC was subcontracted to recruit, randomly assign, and provide YPD services to 160 of the planned 400 youth to be enrolled overall by ABCCM under the

⁷⁸ Family Services of Davidson County (FSDC) served as subgrantee to ABCCM (see separate project summary for details about the role that FSDC plays in enrollment and providing services for YPD participants under the grant award to ABCCM).

demonstration effort. ABCCM, as the lead agency, oversaw FSDC's performance, and was responsible for ensuring that all grant programmatic and financial obligations were met.⁷⁹

Apart from subcontracting with, and overseeing the demonstration-funded efforts of FSDC, ABCCM directly administered its own YPD initiative, randomly assigning youth to receive treatment and control services at one of its service locations in Asheville. At ABCCM, the YPD treatment group intervention was a modified version of the national "Circles" model, which matches a group of mentors (referred to as "Allies") with an at-risk, low-income individual (referred to as a "Leader") so that they can develop a supportive relationship (the "Circle") through regular meetings that typically include meals ("Community Meetings"). At ABCCM, the "Our Circle" program served as the service enhancement (or "bump-up") for treatment group members to the "existing" services provided for treatment and control group member, which was an 8-week (2 hours per week) work readiness training program. Members of the treatment group receive an enhanced version of this work readiness training (provided in separate groups), which incorporated the Circles' "Getting Ahead" curriculum.

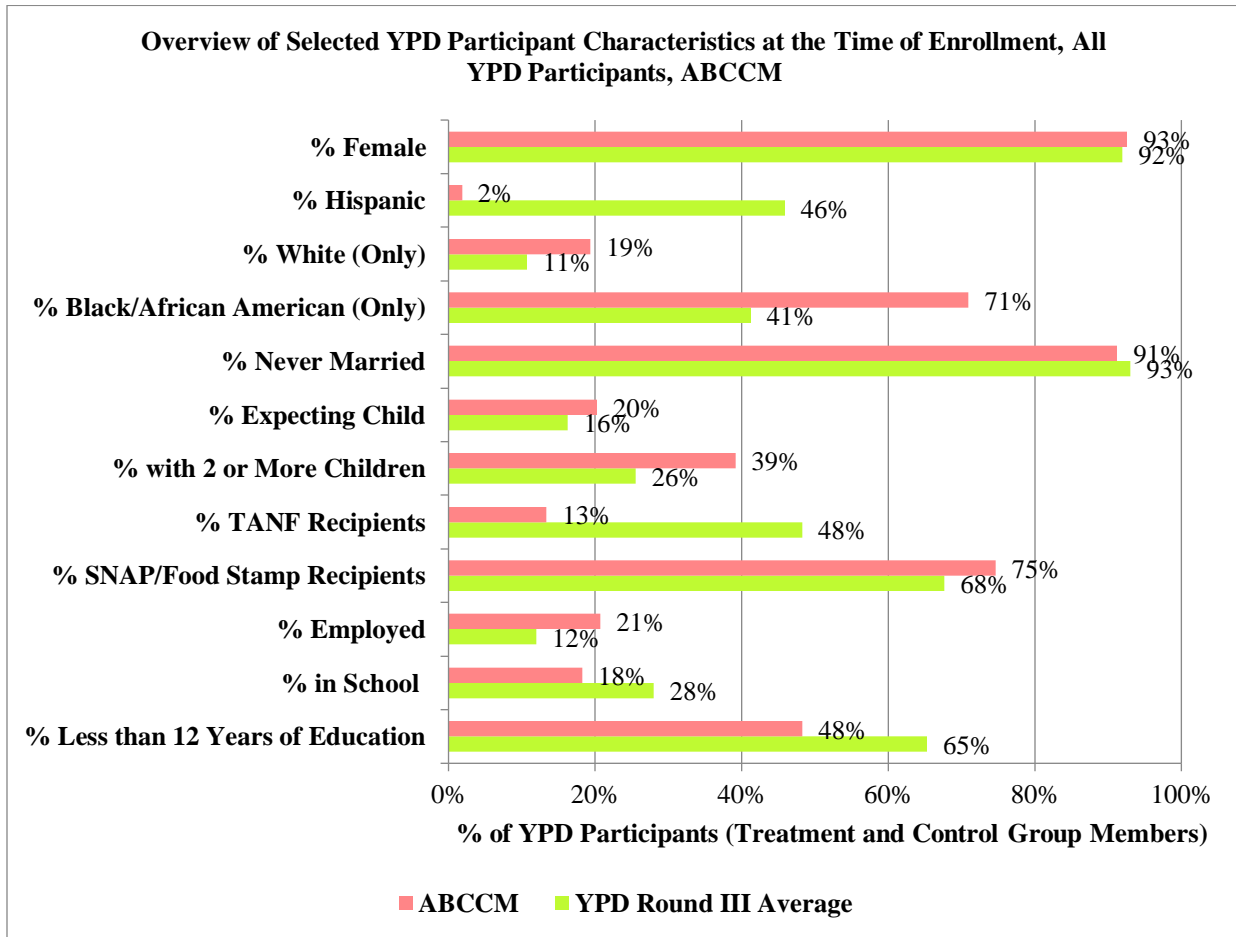
ABCCM randomly assigned a total of 240 parenting and expectant youth to YPD treatment and control groups. As shown in the exhibit (below), in comparison to participants at all YPD sites, participants randomly assigned to the YPD treatment and control groups at ABCCM were more likely to be white, black, with two or more children, and employed; less likely to be Hispanic, TANF recipients, and in school at the time of random assignment.

YPD Outreach and Recruitment

ABCCM outreach efforts for the YPD initiative were focused on at-risk youth, ages 16-24, residing within the Asheville city limits. Many of the youth targeted for the demonstration effort resided with Asheville's public housing projects and depended upon city buses for transportation. The most common outreach methods under its YPD grant included distribution of flyers and sharing information about YPD program services at family health clinics, ob-gyn clinics, WIC sites, beauty salons, and at shopping malls. Program staff also conducted door-to-door outreach at Asheville's housing projects, as well as distributed flyers about the YPD initiative and talked one-on-one with potential participants at bus stops and other locations frequented by the target population. Information about YPD/Our Circle was also posted on Facebook. ABCCM also relied upon an array of government and private human service agencies to provide referrals of eligible parenting youth in the 16-24 age range, including: the local Department of Social Services (DSS), NC JobLink Career Centers, the local school system (including a special school for pregnant teens), community colleges, homeless shelters, Goodwill, Mt. Zion Community Development Center, Project NAF (Nurturing Asheville Area Families) Mission Hospital, churches and other faith-based organizations. In 2012, a relationship with a local judge was established to generate referrals from the court system. As

⁷⁹Although sharing the same YPD grant resources, because ABCCM and FSDC operated largely independently with regard to day-to-day operations under the demonstration effort (though with ABCCM providing oversight of FSDC grant-funded activities) – offering distinct client flows and services to YPD participants – unlike the other three Round III sites, separate site visit summaries are provided in this appendix. Additionally, within both the impact and implementation analysis in this report, the FSDC and ABCCM sites are treated as essentially two separate demonstration sites.

the grant was in its final year, program staff indicated that the local Housing Authority had become a key source of new program recruits.



Source: YPD Participant Tracking System.

Note: YPD average only included participants enrolled during Round III.

YPD Base Services for Treatment and Control Groups

Intake, Orientation Sessions, and Random Assignment. ABCCM staff conducted home visits with most potential participants to provide information about the YPD/Our Circle program and to determine interest and likely eligibility. YPD program goals and objectives, as well as requirements and expectations were discussed. The prospective participants and YPD staff members worked together to complete the first two pages of the ABCCM YPD intake/enrollment form, which collects information on family size, living situation, employment status, education level, and income. Barriers to enrollment such as transportation, childcare, housing and substance abuse issues were also discussed. The YPD study, random assignment, and informed consent processes were also explained during this meeting. Eligible and interested individuals were then scheduled for the next series of orientation sessions. YPD staff later sent a reminder note about the upcoming orientation session and, if transportation was an issue, included a bus ticket to enable the individual to travel to ABCCM.

To demonstrate commitment to participation in the YPD/Our Circle program, all eligible participants were required to complete two (1.5-hour each) orientation classes. During the first of these two meetings (held one week apart), documentation verifying eligibility was collected, the remainder of the YPD intake form was completed, and informed consent forms were signed. At the second orientation session, intake information was entered into the PTS and participants were randomly assigned to the treatment or control group and informed of their assignment. If they were assigned to the control group, they were enrolled in the Career Ladders work readiness class, which met on Thursday evenings; if they were assigned to the treatment group, they were enrolled in the Circle Leaders class, which met on Tuesday evenings. Staff estimated that approximately 10 percent of those randomly assigned dropped out prior to engaging in either treatment or control services; some of the participants reportedly did so because they had other commitments on the day or at the time of the class to which they were assigned.

Work Readiness Training. Following orientation, all treatment and control group members participated in an 8-week work readiness training program. Separate sessions were held on different days of the week for members of the treatment and control groups. Overall, the work readiness program focused on identifying skills, interests, career goals and work values; effective resume writing; interviewing skills; building networks; and providing guidance on the culture of the workplace. Enrollees attended classes for 1.5 to 2 hours, one afternoon a week over the 8-week period; meals and childcare were also provided. While attending the work readiness classes, each participant also met (at least once a month) with her/his assigned case manager/coach on education and employment goals and objectives as outlined in an Individual Education and Employment Program (IEEP). These YPD staff also facilitated access to supportive services, available through ABCCM as well as other public and non-profit agencies. Depending on the individual needs of the participant, other activities were made available to participants, including GED classes, community college courses and/or short-term certificate-based skills training (paid for with YPD funds). ABCCM instituted an on-site GED class in May 2013, with volunteers serving as GED instructors. All treatment and control group participants received a weekly \$25 incentive payment for continued participation during the eight weeks the program was in session. Transportation assistance in the form of bus passes was also provided for participants as needed. The eighth and final class featured a graduation ceremony for participants who successfully completed work readiness classes. ABCCM staff provided follow-up case management/coaching was made available for workshop graduates, though staff reported that continued contact was limited, particularly if the participant had found a job. With regard to case management services, YPD staff reported that they spent the majority of their time helping participants address crises, find jobs (e.g., help with resumes, filling out job applications, developing references), and identifying childcare resources.

YPD Services Only Provided for the Treatment Groups

The YPD treatment group intervention, the Our Circle Mentoring Program, provided an additional level of service beyond what was available through the work readiness training sessions provided to both treatment and control group members under the YPD initiative.

Our Circle Mentoring Program. Individuals assigned to the treatment group participated in the expanded work readiness training specifically for Circle Leaders that included the Getting Ahead curriculum, described above. They received all of the same services associated with the work readiness training (including the ongoing case management) as the members of the control

group, but they received additional support and guidance after the training from their assigned Coach (a YPD team member) who was also part of their Circle group. YPD team members identified the best matches for Coaches, often determined based on specific career interests or the service needs of a participant. Throughout the 8-week class, the Circles concept (including the role of the participant as the Leader of the Circle with a team of Allies/mentors available to provide support to the Leader and act as role models) was explained to the participants. Participants had the opportunity to meet and get to know the Allies (who were receiving their own training concurrently [see below]) at dinners and other activities held immediately after training. At the end of the 8-week training session, treatment group members (Leaders) were asked if they wanted to work with a mentor. Staff reported that some (estimated at 15 to 20 percent of treatment group members) indicated that they were not interested and were never matched with a mentor; staff felt that many of these unmatched treatment group members were “not ready” for Allies. Those who wanted to participate were matched with two to three Allies/mentors by the YPD team, based on the participants’ requests, life experiences, personalities, and the resources they needed. They continued to meet and develop relationships with their Allies at 2-hour, bi-monthly community meetings attended by Coaches as well as other Circles teams. Outside speakers were sometimes present at these meetings (which also included 20-minute information sessions on topics of interest, such as budgeting) but this was an opportunity for Leaders to bring up issues, discuss career goals and seek advice. A guiding principle of the Circles model is that the participant is the Circle “leader” and the primary decision-maker in determining choices and next steps; as such, the Allies were viewed as having a “coaching” role providing alternatives and suggesting how participants should consider moving forward on overcoming challenges and in meeting short- and long-term personal goals. Other one-on-one mentoring activities (e.g., in-person meetings, phone calls, and text messaging) between the Leader and Allies took place outside of the community meetings (at least once a month), but type and duration of those contacts varied; staff noted that many interactions were precipitated by a crisis (e.g., loss of childcare, job loss, housing or transportation issues). ABCCM staff noted that the biggest roadblock to successful Circles was keeping in touch with participants.

Recruitment and Training of Allies/Mentors. ABCCM staff recruited volunteers to serve as Allies/mentors to members of the treatment group (Leaders). Volunteer allies were recruited primarily from churches and civic groups in the community. Brochures with information on training and other program requirements (e.g., Allies were required to commit to 4 to 6 hours per month for 18 months) were provided to those who expressed interest in mentoring. Potential Allies were screened (including criminal background and sex offender registry checks) prior to participating in an 8-week, 2 hour per session mentorship training workshop, based on the national Circles Ally Orientation guide and Ruby Payne’s “A Framework for Understanding Poverty.” After Ally training was completed and Allies and Leaders were matched, weekly support/discussion meetings were held for Allies. A periodic newsletter with helpful hints on developing and maintaining mentoring relationships was also distributed to Allies.

Young Parents Demonstration (YPD) Project Summary
Family Services of Davidson County (FSDC)
 [Subgrantee to Asheville Buncombe Community Christian Ministry]

Grantee at a Glance	
Organization	Family Services of Davidson County (FSDC)
YPD Program Name	Circles for Davidson County
Location	Lexington and Thomasville, North Carolina
Enhanced Services (for Treatment Group Only)	Modified version of national Circles mentoring program, including assignment to a mentor for one-on-one mentoring; participation in Circle Group meetings for group activities with other mentor/mentee teams
Base Services (for Treatment and Control Groups)	Work readiness/life skills class; GED preparation
Grant Period	7/01/11 – 6/30/15 (No-cost extension through 9/30/15)
Grant Award	Subcontracted amount from ABCCM (estimated at 40 percent of ABCCM contract of \$1,400,163)
Grantee Type	Non-profit
Date of First Random Assignment	2/28/12
# of Youth Randomly Assigned	160 (of the 400 under the ABCCM grant)

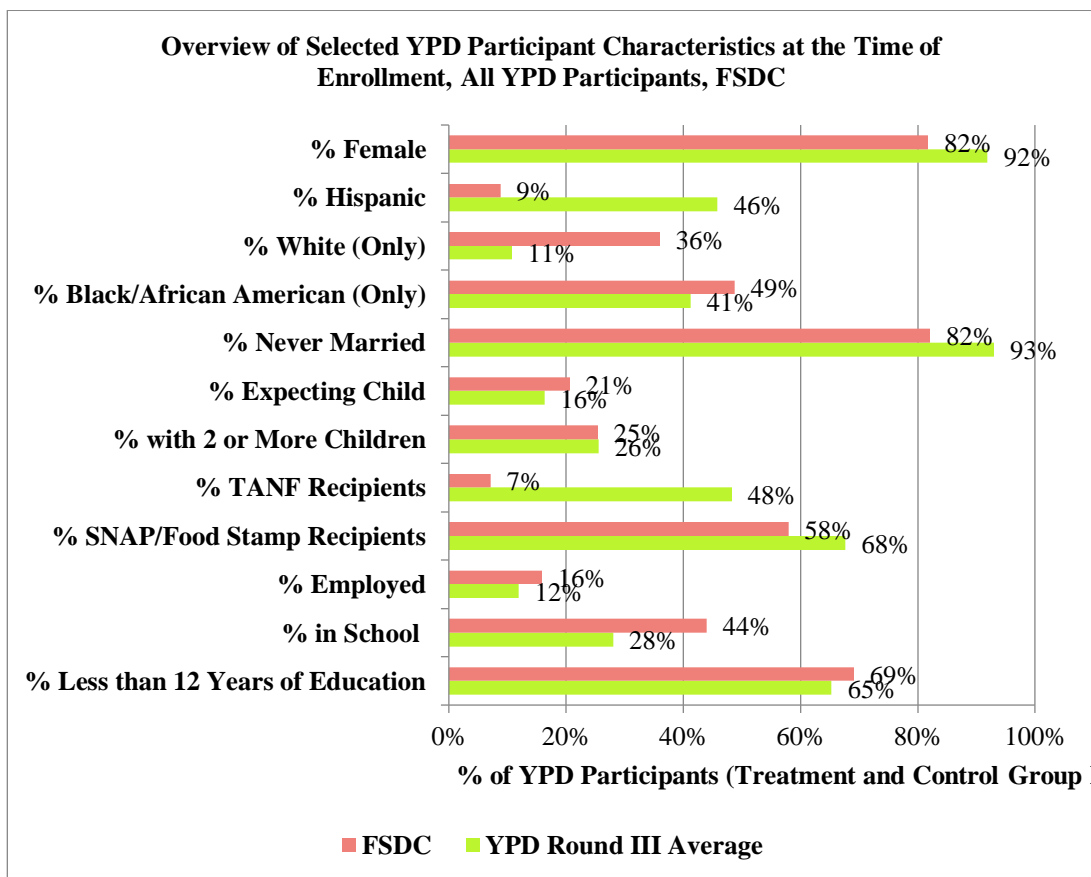
Family Services of Davidson County (FSDC), a private, non-profit agency formed in 1997, with an annual budget of \$1.3 million and about 25 paid staff, provides wraparound services including counseling, crisis intervention, family therapy, abuse and addiction treatment services and youth and community services to residents of Davidson County. Approximately half of the FSDC’s funding comes from government grants (including NC Department of Public Safety Juvenile Justice and Delinquency Prevention and U.S. Department of Labor grants). Other services offered by the organization are supported by organizations such as the United Way, as well as insurance and sliding-scale fee-for-services paid by clients.

Under the YPD initiative, FSDC served as a subcontractor to Asheville Buncombe Community Christian Ministry (ABCCM), receiving YPD funding and oversight from ABCCM. FSDC (located in Lexington, NC) and ABCCM (located in Asheville, NC, about 150 miles from Lexington), operated largely independently on a day-to-day basis with regard to their YPD interventions, though both offered variations of the Circles mentoring program for members of the treatment group (as discussed in greater detail below). ABCCM subcontracted a portion (about 40 percent) of its YPD grant to FSDC to randomly assign and provide YPD services to 160 (of the planned 400) youth to be enrolled overall by ABCCM under the demonstration effort.⁸⁰

⁸⁰ Although sharing the same YPD grant resources, because ABCCM and FSDC operated largely independently with regard to day-to-day operations under the demonstration effort (though with ABCCM providing oversight of FSDC grant-funded activities) – offering distinct client flows and services to YPD participants – unlike the other three Round III sites, separate site visit summaries are provided in this

Under its YPD initiative, FSDC directly provided all YPD/Circles services and activities for treatment and control group members at churches located in Lexington and (nearby) Thomasville, NC. The YPD treatment group intervention was a modified version of the national “Circles” model, which matches a mentor (referred to as an “Ally”) with an at-risk, low-income individual (referred to as a “Leader”). The Circles program served as the service enhancement (or “bump-up”) for treatment group members, and was added to the “existing” service provided to both treatment and control group members: a 12-week (1.5 to 2 hour per week) life skills/job readiness class. Although FSDC had provided mentoring services before the YPD grant, this was the organization’s first experience with the Circles program.

FSDC randomly assigned a total of 140 parenting and expectant youth to YPD treatment and control groups. As shown in the exhibit (below), in comparison to participants at all YPD sites, participants randomly assigned to the YPD treatment and control groups at FSDC were more likely to be white, employed, and in school; less likely to be female, Hispanic, and TANF recipients at the time of random assignment.



Source: YPD Participant Tracking System.

Note: YPD average only included participants enrolled during Round III.

appendix. Additionally, within both the impact and implementation analysis in this report, the FSDC and ABCCM sites are treated as essentially two separate demonstration sites.

YPD Outreach and Recruitment

FSDC utilized a variety of outreach methods under its YPD initiative to reach out to at-risk expectant and parenting youth in Davidson County, including distribution of flyers and presentations about YPD program services at local schools, the courts, and other community programs serving young parents. Information about YPD was also shared via Facebook, Twitter, radio spots, newspaper articles and an email newsletter. FSDC also relied upon partnerships with a variety of government agencies and nonprofits to provide referrals of eligible parenting youth, including: the Department of Social Services (DSS), NC JobLink Career Centers, NC Department of Juvenile Justice, the local school systems, community colleges, the local health department (specifically through the Baby Love Program), Head Start, homeless shelters, churches and faith-based organizations, food pantries and feeding programs, Smart Start (focused on young children), and Get Real (focused youth 16-21). At one point during the grant period, the local Housing Authority reviewed its caseload and posted flyers describing YPD on the doors of public housing units where youth were likely to be eligible for YPD enrollment. As the program became more established within the community, word-of-mouth and person-to-person networking became increasingly important referral sources.

YPD Base Services for Treatment and Control Groups

Intake, Orientation, Assessment, and Random Assignment. When a referral was received, an FSDC staff member contacted the individual and made arrangements to conduct a home visit (typically about 30 minutes in duration). Occasionally, this first meeting took place at the FSDC offices or a school, but most were home visits. Staff provided information about the YPD/Circles program, and determined interest in, and likely eligibility for, YPD services. The participant and the YPD staff member worked together to complete the YPD intake/enrollment form, which collected information on family size, living situation, employment status, education level, and income. Barriers to enrollment such as transportation, childcare, housing, and substance abuse issues were also discussed.⁸¹ The YPD study, random assignment, and informed consent process were also explained during this meeting. Eligible and interested participants were then scheduled for the 12-week Circles Leaders life skills classes. Because of the cohort design for the sessions, some eligible participants had to wait 12 weeks to begin receiving program services if the current session had just closed. According to staff, this resulted in the loss of some participants. The timing for entering participant information into the PTS and random assignment varied over the course of the grant period. For the majority of the cohorts, participants who completed the intake form and signed the informed consent were randomly assigned early in the process - either immediately after the home visit or after their life skills training session was closed (after the second class.) However, participants were not informed of their assignments until they had graduated from the 12-week session.

Circles Life Skills Training Program. Following enrollment, all YPD/Circles treatment and control group members participated in the 12-week Circles life skills training program. Initially, for the first three cohorts, the FSDC staff administered the Circles' "Getting Ahead" curriculum, but staff found that the "Getting Ahead" curriculum was not well-suited to the targeted age

⁸¹Staff reported that with the exception of those referred through court order, most youth were interested in the program; many of those who were initially reluctant changed their minds after attending a few classes.

group. As a result, beginning with the fourth cohort, FSDC staff switched to the Circles “Leaders” curriculum. While enrolled in the 12-week Circles life skills training program component, YPD participants and the FSDC instructional team were not informed of the treatment or control group status of program participants. Circles life skills classes, 1.5 to 2 hours in duration, were held on consecutive Tuesdays, at lunchtime at Thomasville and in the evenings in Lexington. Each class was preceded by a group meal (referred to as a “Community Meal”). The first class was a “soft start,” described as a “getting to know you” session, followed by a series of classes focusing on a range of life skills topics aimed at enhancing self-sufficiency and employability, culminating in a 12th class that included a graduation ceremony. No new participants could join a Circles class after the second session. Participants could make up for a missed class by reviewing class materials and meeting with the YPD/Circles instructor. Twenty-five dollar (\$25) gift cards were distributed weekly to class attendees, with distribution occurring the week after the class was attended to encourage participants to continue showing up for all 12 sessions.

Childcare was available during each the 12 life skills classes (provided by paid staff and volunteers) and transportation to and from the session was provided. Some type of instructional programming (e.g., guest speakers) was typically included as part of the Community Meal. After graduation from the 12-week class, participants were informed of their treatment or control group assignment. Control group members were invited to continue attending Community Meals (held monthly for cohorts 1 through 4, and weekly for subsequent cohorts), which were also attended by YPD treatment participants as well as FSDC staff and volunteer mentors. In addition, control group members could also meet monthly with a Life Coach (an FSDC staff member) for a 1.5-hour session for advice, guidance and support in goal setting and meeting goals (e.g., obtaining a GED, finding a job, obtaining additional education or training). Control group members were not permitted to participate in the Circles Group meetings for Leaders (treatment group members) and their Allies (mentors).

YPD Services Only Provided for the Treatment Groups

The treatment group intervention, the Circles Mentoring program, provided an additional level of service beyond what was available through the life skills training program.

Circles Mentoring Program. After graduation from the Life Skills class, treatment group members (“Leaders”) were informed of their assignment, at which time they were matched with a mentor (an “Ally”). FSDC’s Circles program did not have a sufficient number of Allies to assign multiple Allies to each Leader (as at ABCCM); consequently, most Leaders were matched with one Ally. According to staff, about one-third of the treatment group members were not interested in having a mentor and were never matched with an Ally. Leaders and Allies were expected to attend the weekly Community Meals and the 1.5 to 2-hour Circle Group meetings with instructional programming and activities (e.g., goal setting) that followed. Each Ally and Leader met one-on-one during the Community Meal and after the Circle Group meeting to discuss catch up, discuss progress on personal goals, and any challenges or issues that might be in the way of achieving the goals. Leaders and Allies were also expected to meet at least once a month outside of the Tuesday meetings and to continue to communicate/check-in via text, email, Facebook and in-person.

Recruitment and Training of Mentors. FSDC recruited volunteers to serve as mentors (Allies). Allies were recruited primarily from personal contacts the staff developed with churches, businesses, civic groups and other community partners (e.g., Smart Start and Baptist Children’s Homes of North Carolina); word-of-mouth referrals also brought in Allies. Interested volunteers were encouraged to attend a Circles Group meeting to get a sense of what the program entailed and the role/duties of Allies under the initiative. Allies were asked to commit to 4 to 6 hours per month (although many reportedly contributed 2 to 3 hours per week) for 18 months. Allies were required to participate in a mentorship training workshop (initially 4 hours but later increased to 8 hours) that included Bridges “culture of poverty” training, a poverty simulation and Circles training. Allies were also provided with a manual to guide them in providing mentoring to Leaders. In recruiting allies, there were no specific age requirements, though according to staff, no mentors under the age of 25 participated in the initiative. YPD/Circles staff emphasized the “community-based” focus of the Circles model with new Allies. The YPD team faced challenges in recruiting mentors, which they attributed in part to their organization’s lack of prior experience recruiting volunteers and also to reluctance on the part of potential mentors to make an 18-month commitment.

**Young Parents Demonstration (YPD) Project Summary
The Dannon Project**

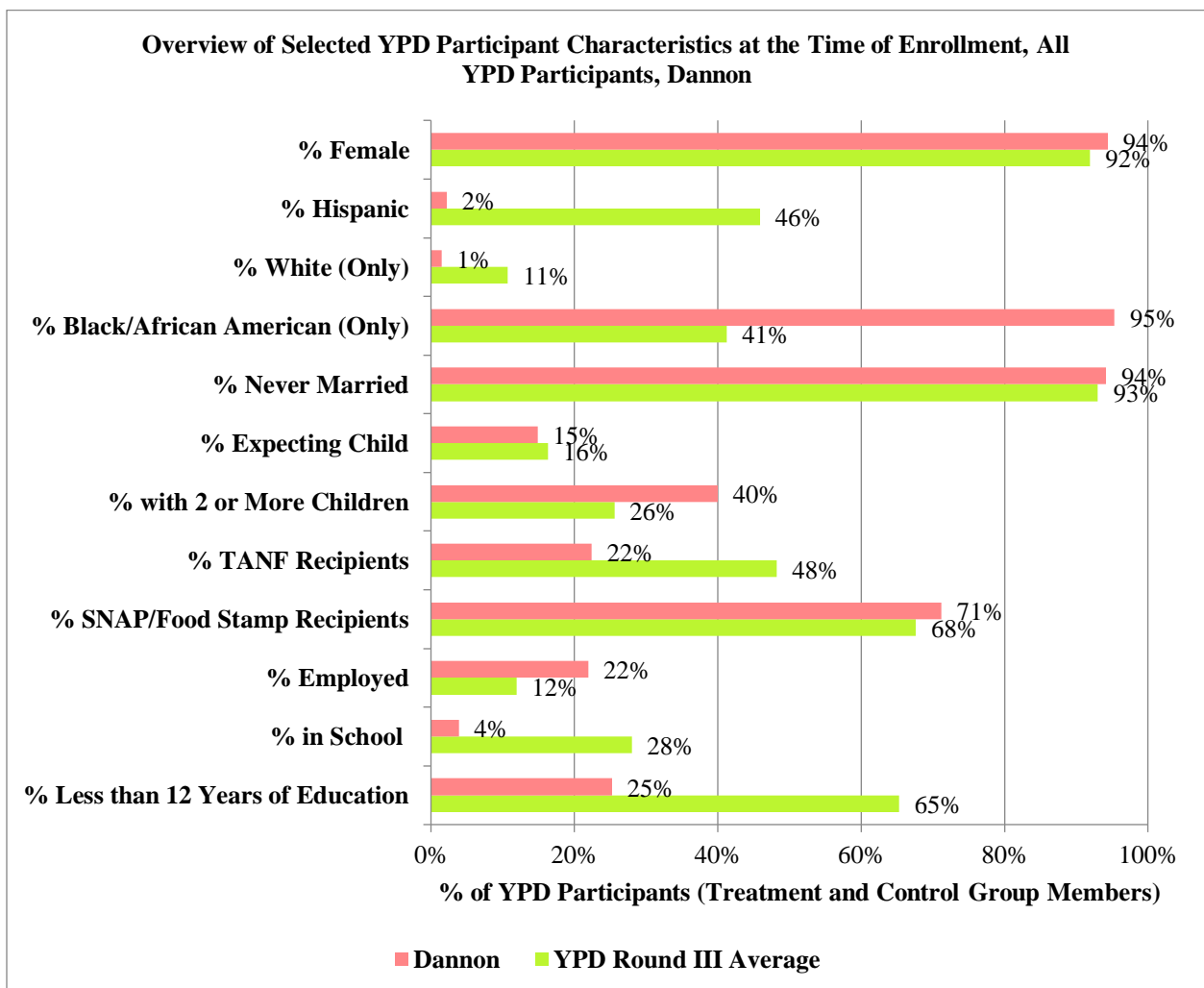
Grantee at a Glance	
Organization	The Dannon Project
YPD Program Name	Young Parents Demonstration (YPD) Program
Location	Birmingham, Alabama
Enhanced Services (for Treatment Group Only)	One-on-one and group mentoring activities focusing on development of participants' communication/emotional skills and support of achievement in program/credential completion, employment, and job retention.
Base Services (for Treatment and Control Groups)	WIA Youth/Youth Opportunities Program including: (1) classroom/computer-based instruction on life skills, financial literacy, parenting, job search skills, health awareness; (2) short-term occupational skills training (e.g., CNA, PCT, HVAC) leading to a credential or certification, job shadowing/internships; and (3) job placement
Grant Period	7/01/11 – 6/30/15 (No-cost extension through 11/30/15)
Grant Award	\$1,400,161
Grantee Type	Non-profit
Date of First Random Assignment	2/28/12
# of Youth Randomly Assigned	413

The Dannon Project, a nonprofit organization founded in 1999, was established to help individuals who are in transition, including the unemployed, the underemployed, those recovering from addictions, with a specific focus on non-violent offenders re-entering society after incarceration and at-risk youth. With an annual budget of approximately \$1.9 million and 20 staff/consultants, Dannon Project provides case management, life skills training, education, occupational/skills training, support services and job placement/employment services to individuals in transition in Birmingham/Jefferson County, Alabama. The majority of the organization's funding is from the Department of Labor, with additional resources provided by the local workforce development system, the Department of Justice, foundations (e.g., Wells Fargo) and community fundraisers. Since 2007, Dannon operated a WIA-funded out-of-school youth program (Youth Opportunities Program); they also administered a WIA Summer Youth program. Dannon has also administered several programs (e.g., Project ACER) focusing on the reentry process for non-violent ex-offenders.

The Dannon Project directly provided the majority of YPD services and activities for treatment and control group members. However, some of the training components (e.g., Patient Care Technician (PCT) at Baptist Health and HVAC, Level I plumber, Level I industrial maintenance technician at CEFA) were outsourced and provided by other vendors. The YPD treatment group intervention was mentoring services provided by volunteers recruited from the community who committed to meet with their mentee at least twice a month for a minimum of two hours per meeting for a period of 18 months. The mentoring served as the enhancement (or "bump-up") to

the “existing” services, which was the Youth Opportunities Program (the WIA Youth program) with the age-range expanded to include all eligible members of the YPD target group (ages 16 to 24). This three-phase program, described below, included classroom and computer-based instruction on life skills/job readiness, financial literacy, job search skills, short-term skills training leading to a credential or certification, job shadowing or internships, and job development/job placement.

The Dannon Project randomly assigned a total of 413 parenting and expectant youth to YPD treatment and control groups. As shown in the exhibit below, in comparison to participants at all YPD sites, participants randomly assigned to the YPD treatment and control groups at the Dannon Project were more likely to be black, with two or more people, and employed; less likely to be Hispanic, white, TANF recipients, in school, and have less than 12 years of education at the time of random assignment.



Source: YPD Participant Tracking System.

Note: YPD average only included participants enrolled during Round III.

YPD Outreach and Recruitment

Potential participants were referred and recruited through relationships established with the local WIB/WIA agency, Department of Human Resources (TANF agency), Healthy Start/Maternal and Child Health, childcare agencies, health care clinics, Birmingham Health Care and the courts. The Dannon Project also employed a court advocate who acted as a liaison with the local criminal justice system, working to reduce sentences and ensure a smooth transition away from the justice system. This court advocate also identified and referred potential YPD participants. Common outreach methods included use of social media (e.g., Facebook and Twitter), a monthly newsletter, and radio advertisements (the Executive Director participated in radio interviews about YPD services monthly). According to staff, word-of-mouth was the best recruitment source for new YPD participants.

Initially, the Dannon team encountered some challenges with referrals from the local WIA agency. Dannon was sending WIA-eligible youth to the WIA agency for final eligibility determination so that they could take advantage of WIA Youth funds for YPD services for these participants. However, WIA staff were not always referring these youth back to Dannon for YPD enrollment, instead choosing to refer some individuals to other WIA service providers in the community. Despite initial challenges, The Dannon Project staff was able to resolve this referral issue with WIA midway through the grant period. Staff also reported that the response to YPD was largely positive and that most individuals who participated in recruitment activities followed through and enrolled in the YPD program. Staff also indicated that the fact that the YPD program was both free and short-term was a key selling point for potential participants.

YPD Base Services for Treatment and Control Groups

Orientation and Random Assignment Process. Once YPD applicants were determined to be eligible, they were provided with a list of next steps and notified by both mail and email that they were scheduled for the next orientation session. Orientation sessions were held on the first Thursday of each month, from 9:00 am to 3:00 pm. The session began with introductions, followed by program rules and requirements explanations, and then packets of forms were filled out, including the PTS intake form and the informed consent form. While the session was taking place, a case manager entered the intake data into the PTS and participants were randomly assigned to the treatment or control group. Afterwards, case managers met with participants one-on-one to complete an Individual Service Plan (ISP), a supportive services needs checklist (which helped to identify learning disabilities, housing needs, etc., and tailor services needed), and helped each participant identify the type of short-term career training into which they would prefer to be enrolled. At this time, treatment group members were told about their assignments, but control group members were not.

Youth Opportunities Program. After orientation, members of both the control and treatment group began participating in the Youth Opportunities Program. The program consisted of three distinct phases.

Phase I: All YPD enrollees received classroom and computer-based instruction 5.5 hours per day, 4 days per week, for 3 weeks. Case managers and other Dannon staff provided instruction on life skills (including the Pathways Out of Poverty curriculum), financial literacy, parenting, health awareness, job readiness, job search skills (including resume writing, development of elevator speeches and interviewing skills), conversational skills, and math, reading and writing

refresher skills. All enrollees were also required to complete community service during this phase, working for three hours each Friday at a homeless shelter. Assigned case managers met with each participant for one hour twice weekly to review progress on ISP goals, address barriers and provide support services. A \$10 gas card was available to each participant upon request. Although staff reported that most of the participants attended classes and completed this first phase, participants could only miss two days of classes before they were removed from the program; there were also strict requirements for workplace-appropriate clothing, jewelry, etc. for the classes. Those who had not yet identified an occupational training area during the intake process usually did so by the end of the second week of Phase I; a referral was then made to the selected training program for Phase II. While, most YPD participants had a high school credential prior to entering the program, those that did not were provided GED tutoring during Phase I, and also offered additional GED classes held two evenings a week; these GED preparation activities could continue through Phase II. The Dannon Project also partnered with a local community college to have an admissions counselor speak to the group about possibilities for additional training after completion of the program at Dannon.

Phase II: During this phase, YPD enrollees participated in short-term occupational training, usually for four to 12 weeks. At the time of the grant, Dannon was licensed through the State of Alabama to operate a post-secondary private training school for allied health careers including Certified Nurse's Technician (CNA); CNA with geriatric specialty; Phlebotomist Technician; and Patient Care Technician (PCT). Dannon also used training vendors to provide other training and certification programs including: CEFA-HVAC; Level 1 Plumber; Level 1 Industrial Maintenance Technician; and LEED Green Level I. Training for administrative dental assistant was dropped due to lack of interest. Both employers and current employees came to the classes to speak about the occupations (and workplace expectations) for which training was available. During Phase II, case managers were in contact with assigned participants once a week. Although not part of the original design, Dannon added opportunities for an additional 20 to 25 hours of job shadowing or internships (both paid and unpaid) for selected training programs (e.g., PCT) after the training was completed at the request of employers. Some of these internships were paid for with YPD funds. However, because of the short timeframe, most of the training programs did not offer internships or other work-based training experiences. At the end of Phase II, participants took the required exams to obtain an occupational certificate or credential; staff indicated that most participants passed their exams. Once a case manager learned that a certification had been obtained, that participant was referred to Dannon's job development/job placement team.

Phase III: The final phase of the base services program was the job placement phase. Case managers continued to work with participants to reassess and, if necessary, modify the ISP. YPD enrollees were referred to job fairs, provided assistance in developing resumes and cover letters, and were guided through mock interviews; they were also given job referrals and transported to interviews. Makeovers were also available before job interviews. Phase III could last as long as needed for each individual participant. Participants remained in this phase until they were employed. After job placement, case managers conducted follow-up with employers to check in on job performance; they also stayed in contact with participants to determine what kinds of additional training or supportive services (e.g., help with housing) might be needed. A graduation ceremony occurred at the end of this phase.

According to staff, the average student needed four to five months to complete all three phases of the program. Participants were required to be in contact with their case manager once a week for the first three months of their involvement in the initiative; after that point, they were required to touch base with their case manager once a quarter for up to 12 months. Key supportive service needs for participants were transportation and housing assistance, followed by emergency childcare and uniforms/clothing; many of these services were paid for with YPD funds. The Dannon team also partnered with a local church to provide free childcare for those enrolled in health care training. Financial incentives were also offered to ensure completion of the program; staff felt that participants were more likely to drop out without them. Individuals who completed all three phases of the Youth Opportunities Program and recruited another participant received \$25; those who completed the program and were able to produce two pay stubs received \$100. An additional \$100 was awarded to participants who earned a GED or certification.

YPD Services Only Provided for the Treatment Groups

The YPD treatment group intervention – mentoring – provided an additional level of service beyond what was available through the WIA Youth Opportunities Program.

Mentoring. In addition to participating in Phases I, II and III of the Youth Opportunities Program, YPD treatment group participants received intensive one-on-one mentoring services. Mentors were expected to maintain a mentoring relationship with each treatment group member for 18 months, with the goal of helping develop the mentee’s communication and emotional skills, helping to ensure completion of program services, supporting attainment of educational credentials, and assisting with job placement and retention. Case managers first worked with treatment group participants to complete a mentee profile immediately after random assignment. The Mentor Coordinator then met with each mentee one-on-one several times during Phase I, reviewing their profile and getting to know them. Using the profile, a participant interest form and the information obtained during these meetings, the Mentor Coordinator matched participants to a trained volunteer mentor based on interests, past experiences, demographics, location, and other characteristics. Staff felt that the profile was key to creating a successful mentee-mentor match. Treatment group participants were usually matched by the end of Phase I, or within three weeks of program enrollment.

The first meeting between the participant and the mentor usually took place during a group meeting when all of the matches were present. These group meetings, which staff felt were critical to successful matches, included training, food, and discussions. After that initial meeting, the mentee and mentor continued to meet one-on-one for at least four hours per month; contact of some type (e.g., text, email, and phone) was supposed to occur weekly. Mentor-mentee activities included meals, walks in the park, trips to the zoo, going to church services together, help preparing for job interviews, and help obtaining certifications. Additional group activities for all mentor-mentee matches also took place on a regular basis, often with children included. YPD mentors and mentees were also offered \$25 gift cards for completing the requisite mentoring hours. Staff noted the key role played by the Mentor Coordinator, who acted as the link between mentees and mentors, but also served as an extra source of support for many of the mentees who contacted her on a regular basis. Dannon staff indicated that most of the feedback on the mentoring relationships was positive, although there were some complaints about mentors being “too old” and requests by some mentees for replacement of existing mentors with new

ones. Staff also received feedback from some control group members that they wished that they had been assigned mentors.

Recruitment and Training of Mentors. Community members were recruited to be mentors through media campaigns, including magazine and newspaper articles, TV appearances, radio interviews and speaking engagements at various locations, through churches, employers, social media and word-of-mouth. The Chief of Police took an interest in the program and served as the Mentor Ambassador; he participated in numerous city-wide recruitment efforts. Individuals interested in becoming mentors met with the Mentor Coordinator for an introductory interview; information about program goals, requirements and expectations were shared, and applications were completed. Potential mentors also completed a mentor profile and an interest form. Background checks were conducted on each mentor applicant; costs were covered by Weed and Seed and the city police department. According to the original implementation plan, mentors were required to participate in 8 hours of initial training before being matched with a participant; ongoing training was to be provided through monthly meetings and support sessions. Mentors committed to meeting with their mentee in-person at least twice a month and having two communication connections (i.e., phone, email, text) each month, for a total commitment of four hours per month. Mentoring pairs were also expected to complete one community service project and one family or program social activity over the 18-month period. Staff noted that initially, the average mentee-mentor relationship lasted between 4 to 9 months, but over time as they allowed more flexibility in the relationships (e.g., more electronic communication), the average was 6 months to a year, with many lasting beyond 12 months. Staff reported that they did not face challenges recruiting adequate numbers of mentors, but some participants were never matched because Dannon staff lost contact with the individual before they could be matched (i.e., due to changes in phone numbers, etc.) while others received little or no mentoring because they did not “click” with their assigned mentors.

Young Parents Demonstration (YPD) Project Summary
Training Resources of America/LARE Training Center (TRA-LARE)

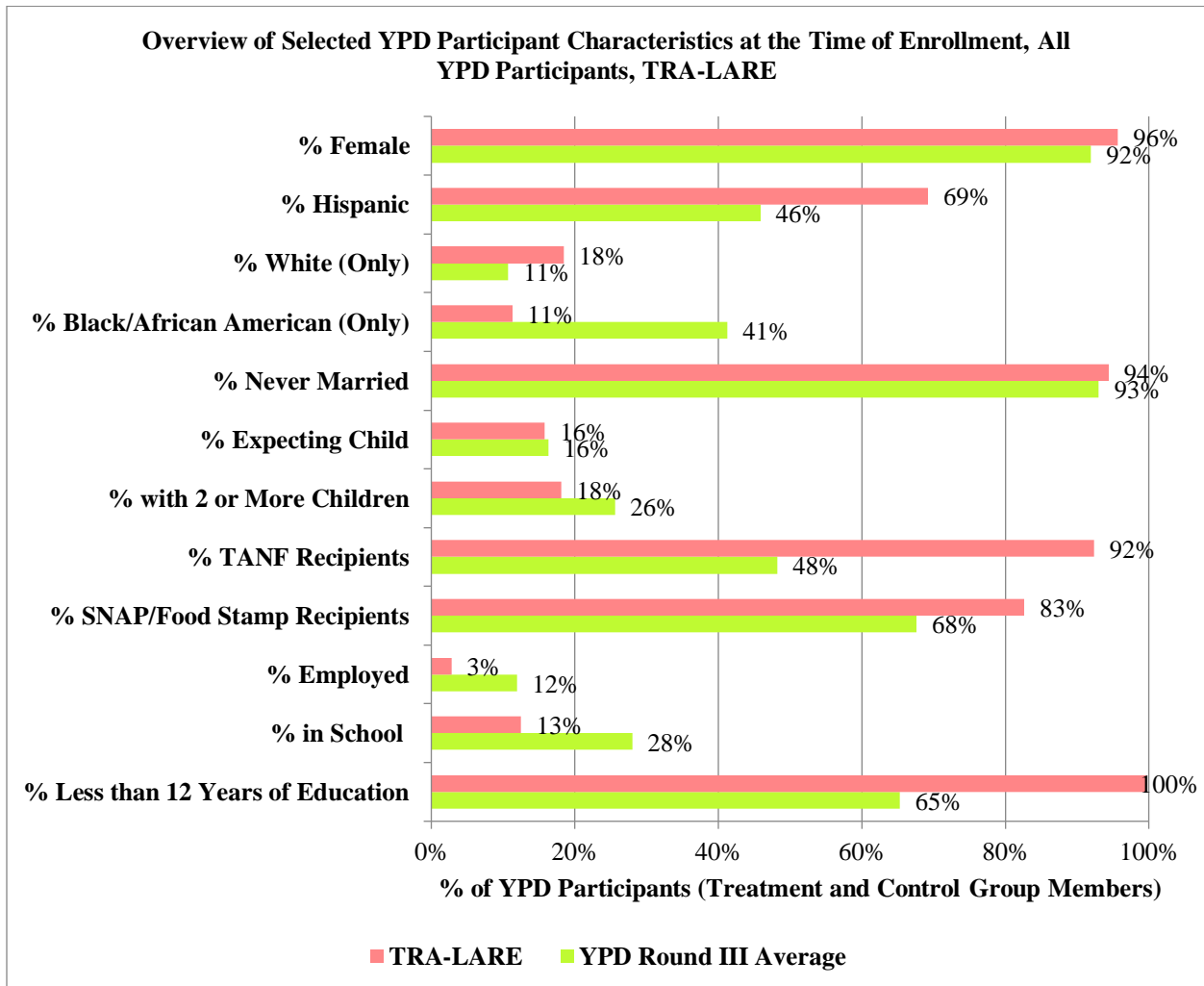
Grantee at a Glance	
Organization	Training Resources of America/LARE Training Center (TRA-LARE)
YPD Program Name	Young Parents Demonstration (YPD) Program
Location	Worcester, Massachusetts
Enhanced Services (for Treatment Group Only)	One-on-one mentoring services focusing on education, career advancement and personal development provided by volunteer mentors.
Base Services (for Treatment and Control Groups)	Young Parents Program (YPP) offering ABE, GED preparation, ESOL, work readiness, skills training (e.g., customer service) and parenting/life skills training for TAFDC/TANF-eligible, pregnant and parent youth.
Grant Period	7/01/2011 – 6/30/2015 (No-cost extension through 10/31/15)
Grant Award	\$1,300,161
Grantee Type	Non-profit
Date of First Random Assignment	2/16/2012
# of Youth Randomly Assigned	399

Training Resources of America (TRA), a private, non-profit organization headquartered in Worcester, Massachusetts, has been providing education, skills training and employment services for educationally and economically disadvantaged youth and adults for 40 years. With an approximate annual budget of \$4.3 million and 75 paid staff, TRA has operated a Department of Transitional Assistance (DTA)-funded Young Parents Program (YPP) since 1992. TRA offers YPP services in multiple locations for Transitional Aid to Families with Dependent Children (TAFDC) recipients in Massachusetts, who are ages 14 to 21, pregnant or parenting, and out-of-school with no high school diploma. Other major programs operated by TRA included YouthBuild, WIA Achieve, and the Competitive Integrative Employment Program. TRA partnered with the LARE Training Center (which also had a DTA contract to provide similar YPP services) to operate the YPD program in ten sites, offering mentoring services as a bump-up to their YPP. TRA operated YPD programs in 8 locations across the state; LARE operated similar services in 2 sites. TRA, as the lead agency, oversaw and monitored LARE’s performance (and provided technical assistance as needed) and was responsible for ensuring that all grant program and financial obligations were met. TRA subcontracted \$287,000 (of its \$1.3 million grant award) to LARE to provide YPD services.

TRA and LARE directly provided all YPD services and activities for treatment and control group members in 10 service locations across the state. The YPD treatment group intervention was mentoring services provided by volunteers recruited from the community who committed to meet at least four hours per month with a YPD participant for 18 months, focusing on education, career advancement and personal growth goals. The mentoring served as the enhancement (or “bump-up”) to the “existing” services, which was the state-funded YPP program providing education, work readiness, life skills, and skills training. All participants were required to attend

classes for 4.5 hours per day, 5 days a week, focusing first on GED completion then moving on to further education or training leading to employment and long-term self-sufficiency.

TRA-LARE randomly assigned a total of 399 parenting and expectant youth to YPD treatment and control groups. As shown in the exhibit below, in comparison to participants at all YPD sites, participants randomly assigned to the YPD treatment and control groups at FSDC were more likely to be Hispanic, white, TANF and/or SNAP/Food Stamp recipients, and have less than 12 years of education; less likely to be black, employed, and in-school at the time of random assignment.



Source: YPD Participant Tracking System.

Note: YPD average only included participants enrolled during Round III.

YPD Outreach and Recruitment

TRA-LARE’s YPP/YPD program focused on out-of-school, low-income/economically disadvantaged pregnant and parenting youth ages 14-21, without a high school credential. In order to be eligible for YPP/YPD, participants had to be TAFDC recipients with a referral from the local DTA/TAFDC office. Potential participants were primarily referred and recruited through relationships established with local DTA offices. TRA/LARE staff communicated via

phone and in-person with DTA staff and also attended monthly orientation sessions at DTA offices to provide information about YPP/YPD and meet one-on-one with potential participants. A staff member in one local office estimated that 90 percent of the YPP referrals came directly from the local DTA office. Although recruitment efforts were concentrated in the DTA offices, staff also distributed flyers with information about YPP at various locations in the community, including nail salons, bus stations/bus stops, childcare centers, health centers, food pantries and other partner organizations, such as the One-Stops and WIC offices. They also shared information about the program through community presentations, PSAs in local newspapers and on radio talk shows, TRA's Facebook page, TRA's website and on Craigslist. Word-of-mouth was also a key referral source. Walk-ins to TRA/LARE and referrals from other community agencies were required to visit the local DTA office to have TAFDC eligibility verified and to obtain a DTA referral to YPP. (Once DTA determined that an individual was eligible for YPP, that individual was also eligible for YPD.)

Recruitment efforts focused on YPP, without specific mention of YPD, though information about the possibility of receiving mentoring was included on flyers. Information about available monetary incentives for completion of the first 40 hours of service and for referral of a new participant was also shared as part of recruitment efforts. Recruitment challenges occurred at times throughout the grant period because local DTA offices did not always refer an adequate number of eligible participants to YPP on a regular basis. Staff noted that additional flyers were posted and open houses were held to recruit more eligible participants.

YPD Base Services for Treatment and Control Groups

Pre-Enrollment Activities. Following determination of interest, availability and likely eligibility, an intake appointment was scheduled with TRA/LARE YPP staff. During the intake session with TRA-LARE YPP staff, YPP program goals and objectives were discussed (mentoring services offered through YPD might also be briefly mentioned at this time). Demographic information as well as education, training and work history, career goals, interests, etc., were collected and the TRA/LARE intake form was completed. Barriers to enrollment in YPD were also discussed. Next, individuals attended a 1.5-hour orientation, during which staff members were introduced, YPP program requirements and expectations were explained, and participants signed the YPP program plan and policy agreement. The YPD study was also briefly explained during orientation. After the session, each individual worked with a case manager to develop an Employment Development Plan (EDP). Once the plan was developed, everyone participated in YPP education and training classes and activities (the "existing" services described below) until they completed the 40-hour probationary period. This usually took about a week and a half. At that point, participants were considered enrolled in YPP. Hence, all YPP participants were first required to successfully complete 40 hours of the base or "existing" YPP services to demonstrate their commitment before they were considered enrolled in YPP and eligible for random assignment in YPD.

After the participant successfully completed the first 40 hours in YPP, the YPD Mentor Specialist met with the participant to explain the YPD program and study in more detail and to obtain informed consent. Staff reported that only a very small number of individuals refused to sign the informed consent over the course of the study. Any additional information required for the PTS intake form that was not obtained as part of the TRA-LARE intake process was collected at this time and was entered into the PTS. Random assignment was conducted, and

participants were informed of their assignment to either the control or treatment group, usually by phone, though in-person at some sites. Staff noted that some participants assigned to the control group were angry or disappointed that they would not have a mentor; others assigned to the treatment group were uninterested in additional service (mentoring) and, as a result, some treatment group members dropped out immediately (before they received mentoring services).

Young Parent Program (YPP). Following random assignment, members of both the control and treatment group continued to receive the “existing” or base services (i.e., the YPP program). YPP was an open-entry, open-exit program providing instruction 4.5 hours per day, 5 days per week at TRA/LARE sites. Among the instructional activities that individuals were involved in depending upon their needs were the following: ABE/GED preparation, ESOL, pre-vocational/job readiness training (including interviewing skills, resume development, and job search assistance), skills training (e.g., customer service certification and computer skills such as Microsoft Office and Excel), and parenting/life skills training. Although the long-term goal was unsubsidized employment, the primary focus of the YPP instructional component for those without a high school credential was completion of the GED (now the HiSET). Students were tested periodically to measure grade-level progress. YPP case managers/instructors also provided ongoing case management and referrals for support services as needed (e.g., clothing closet). Once a participant earned a GED, she/he was considered to have “completed” YPP program requirements and, as a result, many exited the program. However, TRA/LARE staff preferred that participants achieve an additional program outcome beyond a GED/HiSET, so case managers continued to work with participants on additional education, training or employment goals as outlined in their EDP. Next steps included referrals to the local One-Stop for help finding employment, help enrolling in a community college certificate or degree program, or help arranging an OJT or work experience position with a local employer. Enrollees continued to meet with their case managers at least every two weeks to review progress and, in some cases, to participate in counseling or attend a workshop with a guest speakers (e.g., focusing on domestic violence issues). YPP case managers/instructors also communicated regularly with DTA case managers, reporting on participant progress and attendance to ensure that YPP participants complied with DTA requirements. According to staff, participants remained in YPP from two months to a year and a half, depending on their skill levels; the average duration was about six months. Monetary incentives were provided to all YPP participants when they reached various benchmarks. Participants received \$100 for completing the first 40 hours of the YPP and \$25 was for each referral made to the YPP initiative.

YPD Services Only Provided for the Treatment Groups

The YPD treatment group intervention – intensive, one-on-one mentoring – provided an additional level of service beyond what was available through the YPP.

Mentoring. Individuals who were assigned to the treatment group first met with the YPD mentor specialist in their site for a “get-to-know-you” session, during which they completed a questionnaire and discussed their interests and what they were looking for in the mentoring relationship, and in a mentor. In some cases, a match was made quickly; in other cases, it took several weeks to identify a suitable mentor. When the mentor specialist identified a match, information about the mentee was shared with the mentor and an initial meeting was arranged, usually at the TRA/LARE location. If the match appeared successful, both the mentor and the mentee signed a mentoring contract; the mentor specialist also tried to help set a date for their

next meeting. Staff indicated that most participants accepted their mentoring match. One staff member estimated that about three-quarters of the mentoring matches work out well. Mentors were expected to meet with the mentees for a minimum of four hours per month for 18 months, including weekly contacts and at least one monthly in-person meeting. Types of meetings included walks in the park, trips to playgrounds or museums, hikes, meals, movies, sporting events or visits to the mentee's home. The mentor specialist in one site reported that they tried to check in with each mentor at least once a month to see how the relationship was progressing. Mentor specialists also canvassed local businesses to obtain vouchers for free activities for mentor teams, including yoga studio time, tickets for baseball games, and passes to movies and amusement parks. All TRA-LARE mentor specialists participated in quarterly meetings to provide updates, discuss challenges and share experiences and lessons learned. According to staff, nearly all treatment group members who wanted a mentor received one, mostly within one to two weeks, although some waited up to eight weeks for a match. Staff reported that the average mentor relationship lasted between six to nine months. According to staff, while most treatment group participants responded positively to being assigned a mentor, some participants indicated they only wanted to obtain a GED and were not interested in the mentoring relationship. Staff felt that the most successful outcomes occurred when participants were interested in, and committed to, the mentoring relationship.

Recruitment and Training of Mentors. TRA/LARE staff recruited volunteers through contacts with other community partners, including WIBs, local businesses, churches, colleges, Chambers of Commerce, community centers (particularly Hispanic organizations), and other community organizations, including Mass Mentoring in Boston. Other contacts were made through social media (e.g., LinkedIn), Craigslist, newspaper advertisements, friends and family, and word-of-mouth. Mentor specialists also posted flyers with information about the YPD mentoring opportunities at grocery stores, Starbucks, and libraries and malls, as well as made presentations at various sites in the community. For example, staff at the YPD program in Holyoke reached out to the numerous colleges in the area to recruit potential mentors among the student population. Individuals interested in becoming mentors met with the mentor specialist for a one-hour orientation, completed an application, provided documentation (e.g., driver's license), and submitted to screening and background checks (CORI and SORI). Those eligible and interested in continuing on to become a mentor participated in a six-hour mentor training session. Staff indicated that this training could potentially be condensed into a shorter time period, depending on the size of the group being trained. Mentors were required to commit to meeting with a mentee 4 hours per month (and to communicate weekly) over an 18-month period, reporting to the mentor specialist, and completing mentor logs once a month. The role of the mentor was to develop a supportive, one-on-one relationship while acting as a role model and helping mentees set and work on goals. Mentor specialists in the local sites tried to recruit mentors who had varied backgrounds but similar experiences to those of the mentees – for example, had children, had children at a young age, came from a low-income background, overcame challenging circumstances, and (for Hispanic participants) spoke Spanish.

**APPENDIX B: YPD PARTICIPANT TRACKING SYSTEM
DATA COLLECTION FORMS**

**YPD ROUND III
PARTICIPANT TRACKING SYSTEM (PTS) FORMS**

**Young Parents Demonstration (YPD) Program
Intake Form (Page 1 of 2)**

*First Name	*Last Name	*Birthday (MM/DD/YYYY) ____/____/____	*Social Security Number ____-____-____
Street Address	City	State	Zip Code
Home Phone (____) ____-____	Work Phone (____) ____-____	Cell or Other Phone (____) ____-____	
Email Address:	Gender ___Male ___Female	Pregnant or Expectant Parent? ___Yes ___No	If Expectant, Due Date (MM/DD/YYYY): ____/____/____
Ethnicity – Are you Hispanic/Latino? ___Yes ___No			
Race – Do you consider yourself to be one or more of the following (check all that apply): ___White ___Black/African American ___American Indian/Alaska Native ___Asian ___Native Hawaiian or Other Pacific Islander			
Marital Status (Please Check One): ___Married ___Widowed ___Divorced ___Separated ___Never Married		Number of Children: ____	
*Is your spouse or partner also enrolled in this program? ___Yes ___No If yes, what is the name of your spouse or partner? _____			
Special Client Characteristics (at Time of Enrollment): ___Yes ___No Individual with Disability ___Yes ___No Individual with Limited English Proficiency ___Yes ___No Ex-Offender ___Yes ___No Homeless Individual ___Yes ___No Foster Care Youth Unemployment Insurance Compensation Recipient: ___UI Claimant ___UI Exhaustee ___ Not Claimant/Exhaustee Past participation in mentoring program: ___Yes ___No If yes, length of participation in months: __ __			

Public Assistance Received

Current TANF Recipient: ___Yes ___No	Current SNAP Recipient (Food Stamps): ___Yes ___No
Current Medicaid Recipient: ___Yes ___No	Current Subsidized Child Care Voucher Recipient: ___Yes ___No
	Current Section 8 or Public Housing Recipient: ___Yes ___No

Employment and Earnings Information

Employment Status at Program Entry (Please Check One) ___Employed ___Not Employed	If employed at program entry: Number of Hours Worked per Week: __ __ Hourly Wage: \$_____
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Form Completed by (Staff Name/Initials): _____ Date: _____

**Young Parents Demonstration (YPD) Program
Intake Form (Page 2 of 2)**

*First Name	*Last Name
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Education Information

School Status at Program Entry (Please check One) <input type="checkbox"/> Currently In School <input type="checkbox"/> Currently Not In School	Highest Level of Education Completed (Please Enter One) <input type="checkbox"/> No Education <input type="checkbox"/> Grade (<i>enter</i> 1 to 12) <input type="checkbox"/> Years of college/full-time technical/vocational school (<i>enter</i> 1 to 4) <input type="checkbox"/> Education beyond Bachelor's Degree
Degrees or Certificates Received (Please Check All That Apply) <input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained Associates Diploma or Degree <input type="checkbox"/> Attained (4-year) Baccalaureate Degree <input type="checkbox"/> Attained a GED or Equivalent <input type="checkbox"/> Attained Other Post-Secondary Degree or Certification <input type="checkbox"/> No Education or Certificate	

Alternative Contact Information

Please List Three People Who Can Help Locate You

Alternative Contact 1

First Name	Last Name	Relationship to Participant	
Street Address	City	State	Zip Code
Home Phone (____) ____-____	Work Phone (____) ____-____	Cell or Other Phone (____) ____-____	
Email			

Alternative Contact 2

First Name	Last Name	Relationship to Participant	
Street Address	City	State	Zip Code
Home Phone (____) ____-____	Work Phone (____) ____-____	Cell/Other Phone (____) ____-____	
Email			

Alternative Contact 3

First Name	Last Name	Relationship to Participant	
Street Address	City	State	Zip Code
Home Phone (____) ____-____	Work Phone (____) ____-____	Cell/Other Phone (____) ____-____	
Email			

Young Parents Demonstration (YPD) Program Services Received, Exit, and Follow-up Form

Participant Identifiers and Characteristics

First Name:	Last Name:
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Services Received

(Update Service Receipt in the PTS at 6, 12, and 18 Months After Random Assignment)

<p>Educational Services: _____ <i>Service Never Received</i></p> <p>___ Secondary Education (e.g., High School)</p> <p>___ Post-Secondary Education (e.g., community college, college)</p> <p>___ Adult Basic Education (ABE) ___ Pre-GED/GED</p> <p>___ English as Second Language (ESL) ___ Tutoring</p> <p>___ Study Skills Training ___ Drop-out Prevention</p> <p>___ Other: _____</p> <p>Employment or Training Services: _____ <i>Service Never Received</i></p> <p>___ On-the-Job Training/Employer Wage Subsidies – # of total hours: _____ Avg. hourly wage paid to participant: \$ _____</p> <p>___ Occupational Skills Training – # of total hours: _____</p> <p>___ Job Readiness/Life Skills Workshop(s)/Assistance – # of total hours: _____</p> <p>___ Work Experience/Internship/Transitional Job – # of total hours: _____ Paid? ___ Yes ___ No If paid, avg. hourly wage: \$ _____</p> <p>___ Job Development/Placement Services Was participant placed in a job? ___ Yes ___ No</p> <p>___ Job Retention Services</p> <p>___ Other: _____</p>	<p>Parenting Services: _____ <i>Service Never Received</i></p> <p>___ Parenting Workshops – # of total hours: _____</p> <p>___ Other: _____</p> <p>Individual Mentoring Services: _____ <i>Service Never Received</i></p> <p># of total hours: _____ # of total contacts: _____</p> <p>Group Mentoring Activities: _____ <i>Service Never Received</i></p> <p># of total hours: _____ # of total sessions: _____</p> <p>Other Support Services: _____ <i>Service Never Received</i></p> <p>___ Subsidized Child Care:</p> <p>___ Section 8 or Public Housing</p> <p>___ Transportation Assistance</p> <p>___ Family Preservation/Engagement Services</p> <p>___ Other: _____</p>
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Outcome and Exit Information

<p>Degrees or Certificates Obtained During Participation (Check All That Apply):</p> <p>___ Attained High School Diploma ___ Attained Associates Diploma or Degree</p> <p>___ Attained a GED or Equivalent ___ Attained (4-year) Baccalaureate Degree</p> <p>___ Attained Certificate of Attendance/Completion ___ Unknown</p> <p>___ Attained Other Post-Secondary Degree or Certification</p>	
<p>Employment Status 6 Months After Random Assignment:</p> <p>___ Employed ___ Not Employed ___ Unknown</p> <p>If employed at 6 Months After Random Assignment:</p> <p># of hours worked per week: _____</p> <p>Hourly Wage: \$ _____</p> <p>Enrolled in education/training 6 months after Random Assignment?</p> <p>___ Yes ___ No</p>	<p>Employment Status 12 Months After Random Assignment:</p> <p>___ Employed ___ Not Employed ___ Unknown</p> <p>If employed at 12 Months After Random Assignment:</p> <p># of hours worked per week: _____</p> <p>Hourly Wage: \$ _____</p> <p>Enrolled in education/training 6 months after Random Assignment?</p> <p>___ Yes ___ No</p>
<p>Employment Status 18 Months After Random Assignment:</p> <p>___ Employed ___ Not Employed ___ Unknown</p> <p>If employed at 18 Months After Random Assignment:</p> <p># of hours worked per week: _____</p> <p>Hourly Wage: \$ _____</p> <p>Enrolled in education/training 6 months after Random Assignment?</p> <p>___ Yes ___ No</p>	<p>Date of Exit (MM/DD/YY): ____/____/____</p> <p>Exit Reason (Check One):</p> <p>___ Completed services</p> <p>___ Dropped out before completing services</p> <p>Form Completed by (Staff Name/Initials): _____</p>

Case Notes/Comments:

Form Completed by (Staff Name/Initials): _____

**Young Parents Demonstration (YPD) Program
Monthly Mentor Log**

Month/Year:		Mentor's Name			
Participant's First Name			Participant's Last Name		PTS #
Date of Interaction	Nature of Interaction (Circle)	Type of In-Person Activity (Use Code)	# of Minutes for Mentor	# of Minutes with Mentee	Comment
	I T E/T				
	I T E/T				
	I T E/T				
	I T E/T				
	I T E/T				
	I T E/T				
	I T E/T				
	I T E/T				
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	I T E/T				
	I T E/T				

Nature of Interaction: I-In-person T-Telephone E/T- E-mail/Text Message

Codes for In-Person Mentoring Activities (Select only one that was most important focus of mentoring activity):

- 1-Social event or activity (e.g., meal, movie, walk, etc.)
- 2-Cultural/sporting activity (e.g., museum trip, sporting event, etc.)
- 3-Health-related activity (e.g., doctors' visit, counseling on accessing health services)
- 4-Education or training-related activity (e.g., help planning to return to school, help with identifying or applying to education/training programs, help applying for financial aid)
- 5-Employment/job/career-related activity (e.g., job search/placement assistance, career counseling, etc.)
- 6-Help with obtaining housing and other supports (e.g., counseling or help obtaining housing, cash assistance, child care, public transportation voucher/bus passes, driver's license, etc.)
- 7-Parenting support
- 8-Budgeting/financial counseling
- 9-Crisis intervention/management or behavioral support
- 10-Transportation assistance (e.g., driving participant to an appointment)
- 11- Other

Agreement to Take Part In the Young Parents Demonstration Study

You are invited to take part in an important study of the services for young parents. The study is funded by the U.S. Department of Labor and will test how well our program works in helping young parents improve their skills and find and keep a job. A research organization called The Urban Institute is doing the study for the U.S. Department of Labor.

We are trying some new approaches to help young parents. Young parents will be assigned to one of two different program models that we are running - either to a group that will receive Young Parents Demonstration program services in addition to regular services or to a group that will only receive the program's regular services. A process called "random assignment" is being used to make sure people are assigned to the two groups in a fair way. Because there are only limited slots in the new program, assigning people to the groups randomly ensures it is fair. Random assignment is like a lottery or picking names out of a hat. The decision about who goes to which group has nothing to do with personal traits like your age or race.

What does it mean to be in the study?

If you agree to be in the study, the Urban Institute will collect several kinds of data about you to help understand how well the services are working: (1) information about your participation in the program will be shared with the Urban Institute; (2) you may be contacted to answer questions about your education, work, family, and other topics (and you can refuse to answer any of the questions); and (3) the Urban Institute will use your Social Security Number to collect data about dates of employment and earnings.

The Urban Institute is strongly committed to keeping all of the study data private to the maximum extent allowed by the law. Any paper information that includes your name will be kept in a locked storage area, and any computer files with your name will be protected by a password. Your name will never appear in any public document produced as part of the study.

By participating in the study, you will help us and programs around the country learn about the best way to help young parents improve their skills and find jobs. You can refuse to answer any question that is asked, and you do not have to do anything to help the Urban Institute obtain the other data mentioned above.

Participation in the study is voluntary. You may withdraw from the study at any time. Refusing to be in the study or withdrawing from the study later will not affect your eligibility for any services here or elsewhere. If you withdraw, the Urban Institute may continue to use information that was collected about you during the period you were in the study. This agreement is effective from the date you sign it (shown below) until the end of the study.

Statement

I have read this form and agree to be in the Young Parents Demonstration study. I understand that I will be put into one of two groups - either a group that will receive Young Parents Demonstration program services or a group that will receive the Program's regular services. The group to which I am assigned will be picked at random. I know that my participation is voluntary, that the Urban Institute is strongly committed to keeping all of the study information private to the maximum extent allowed by the law, and that my name will never appear in any public document. I know that I can refuse to answer any questions in the study's interviews, or stop being in the study at any time without penalty. I understand that the Urban Institute will get information about me, as described above."

PRINT NAME OF STUDY PARTICIPANT

SIGNATURE OF STUDY PARTICIPANT

DATE: _____

APPENDIX C: YPD SITE VISIT DISCUSSION GUIDE

YOUNG PARENTS DEMONSTRATION PROGRAM (YPDP) SITE VISIT INTERVIEW GUIDE

Introduction

I am (we are) researchers from the Urban Institute, a private, nonprofit research organization based in Washington, DC, which conducts policy-related research on a variety of social welfare and economic issues.

This project is being conducted by the Urban Institute under contract to the U.S. Department of Labor. Our visit here today is part of an evaluation of the implementation experiences of Young Parents Demonstration Program projects. A major aim of the evaluation is to identify lessons learned from your experiences in implementing the projects under this initiative. As part of this evaluation, we are conducting site visits to each of the four YPD sites. In conducting site visits to each of the project sites, we are talking to YPD project directors and staff, as well as partner organizations. We are here to learn about your service delivery model and understand how it was implemented under the YPD grant. Our aim is to learn from your experiences, not audit or judge your programs. The views you express will be kept confidential, and nothing we publish in this evaluation will identify you along with the statements you make to us.

Confidentiality Statement: Before beginning the interview, I (we) want to thank you for agreeing to participate in the study. I (we) know that you are busy and we will try to be as focused as possible. We have many questions and are going to talk to many different people, so please do not feel as though we expect you to be able to answer every question. And, we understand that your participation in this discussion is voluntary and you may choose to not answer questions you don't wish to.

In addition, before we start, I want to let you know that though we take notes at these interviews, information is never repeated with the name of the respondent. When we write our reports and discuss our findings, information from all interviews is compiled and presented so that no one person can be identified. We also ask that you refrain from sharing anything we discuss today with others to help us ensure your confidentiality and the confidentiality of others we are interviewing.

Do you have any questions before we begin? [Respond to questions and read Public Burden Statement listed below.]

Public Burden Statement

According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this questionnaire is voluntary. Public reporting burden for this collection of information is estimated to average XX minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Research, Room N5641, Attention: Michelle Ennis, 200 Constitution Avenue, NW, Washington, D.C. 20210. Do NOT send the completed questionnaire to this address.

A. GENERAL INFORMATION ON ORGANIZATION AND INTERVIEWEE

1. Before we begin, we'd like to get some general information on you and verify some information about your YPD grant.
 - a. Your YPD project name
 - b. Organization name
 - c. Contact information (address, telephone, fax, e-mail)
 - d. Website address

2. Obtain the following information on each respondent involved in the interview (note: request a business card from each interviewee):
 - a. Name
 - b. Organization
 - c. Contact information (address, telephone, e-mail)
 - d. Title
 - e. Position/role under YPD
 - f. How long the individual has been involved in YPD

3. Please provide background on your organization [note: obtain brochure/recent annual report on the organization]:
 - a. Type of organization
 - b. Organization' budget for most recently completed program year
 - c. Organization's major sources of funding (e.g., WIA, funding from federal/state/city agencies, foundations, private contributions, fee for service, etc.)
 - d. Organization's total # of paid staff: _____
 - e. When organization was established
 - f. Types of clients/customers served or targeted
 - g. Major programs/initiatives operating other than YPD – for each program (excluding YPD)
 - o Name of program/initiative
 - o Number and types of clients/customers served for most recently completed program year (unduplicated count)
 - o Service area for program
 - o Brief description of services provided
 - o Whether the program is linked in anyway to YPD project
 - o Whether program is being evaluated and type of evaluation
 - h. Other relevant features about the grantee organization that has affected the YPD program implementation/operations

B. BASIC GRANT INFO AND PROGRAM CONTEXT

1. Tell us quickly about the overall purpose of your YPD grant project. (We will get more information and details shortly)
2. Verify with the respondent the following background information about the YPD grant (obtained prior to the visit from the Urban Institute case file)
 - a. Original grant period: _____ to _____
 - b. Modified grant period (*Probably will not have modified grant period, but we should check*): _____ to _____
 - c. Your original YPD grant amount: \$ _____
 - d. Modified (and final) YPD grant amount (*Probably will not have modified grant amount, but should check*): \$ _____
 - e. Leveraged funds
(*Definition: cash or in-kind contributions leveraged from strategic partners including businesses, faith-based or YPD organizations, to broaden the impact of the grant-funded project. Leveraged resources were strongly encouraged in the YPD grant solicitation*)
(amount by source, if readily available):
 - f. Total project budget over the time period (with modifications, including leveraged amounts):
 - g. Number of YPD participants in bump-up/control groups – Goal and actual number assigned at time of the site visit
 - h. Date random assignment began
3. Under your YPD grant, does your institution/organization operate all grant-funded programs and activities or do you contract, have financial arrangements or have memoranda of understanding with others for some programs, activities, or other components?
 - a. What percentage of your YPD grant activities do you contract out to other organizations? What percentage do you operate?
 - b. How many and which organizations do you have a contract or other financial arrangements with to operate YPD grant activities?
 - c. For each contracted organization (note: request subcontract agreement)–
 - i. What is total amount of the subcontract
 - ii. What is the subcontractor's role
 - iii. Does subcontractor serve YPD control group, treatment group, or both
4. What geographic area is served by your YPD grant? Possibilities include:
 - a. Portion of a city/county
 - b. Single county
 - c. Multiple counties (within one state)
 - d. Other (regional effort)
5. What has been the economic environment in which your YPD project has operated?
 - a. Unemployment rate for area served (start of grant; at time of visit)
(*pull from BLS ahead of visit and confirm any trends*)
 - b. Availability of job openings in area served (generally and for particular population being served)
 - c. Wage rates in area served (generally and for particular population being served)

- d. Other local economic conditions that may have affected the project's ability to recruit and retain participants and training participants' ability to find employment (e.g., in- or out-migration of major employers, major layoffs, and natural disasters)

C. PROJECT OBJECTIVES AND START-UP

1. What are the main goals of your YPD initiative? Have these goals changed over the course of your project, and if so, how and why?
2. Have you modified the SOW (in your contract with the U.S. Department of Labor) during the course of the project? If so, how and why (e.g., difficulties recruiting participants, unwillingness/inability of partner to be part of initiative, change to time period or scope of work)? *(Grantees have probably not made any changes, but should check)*
3. How did your YPD project start-up and early implementation go (e.g., on-time, slow, etc.)?
 - a. What factors facilitated project start-up?
 - b. What factors hindered project start-up?
 - c. What organizations did you work most closely with during the design and start-up of your YPD grant?

D. OUTREACH, INTAKE AND ASSESSMENT [FOR YPD TRAINING]

1. Under your YPD grant, what types of youth are you specifically targeting? Possibilities include:
 - Youth (pre-high school)
 - Youth (high school)
 - Youth (out-of-school/dropout)
 - African Americans/Hispanics
 - Low-income/disadvantaged
 - Boys/Girls
2. How have you recruited participants? What methods have you used? Possibilities include:
 - Distribution of flyers, posters or other educational/informational
 - Informational websites
 - Toll-free informational hotlines
 - Outreach campaigns using media (e.g., TV, radio, newspaper, ads on buses/bus shelters)
 - Direct mail campaigns
 - Door-to-door outreach campaigns
 - In-person outreach presentations in the community (e.g., K-12 schools, neighborhood centers, libraries)
 - Word-of-mouth
3. Have you worked with any other organizations to get recruitments or referrals to your program? Possibilities include:
 - YPD partners
 - Educational institutions
 - Workforce system (One-Stops)
 - Community or faith-based organizations
 - Courts/correctional system
 - Other

4. What has been the response of the targeted population to the initiative? How many participants have been enrolled in the treatment and control groups? When is the program likely to achieve its enrollment goals for the treatment and control groups?
5. Have there been recruitment challenges? If so, what challenges have been encountered and how have each of these challenges been addressed? Please also describe any “best practices” that have been identified for recruitment. Some possible challenges include:
 - Had difficulty finding eligible participants
 - Many who applied did not meet program eligibility requirements
 - Some of the outreach strategies didn’t result in many applicants
 - Partner organizations did not provide enough referrals
 - Some applicants had difficulty getting to YPD facility
 - Didn’t have enough resources for recruitment
 - Changing economic or other conditions in the areas where recruiting
 - Other similar programs competing for the same pool of participants
 - Potential participants unwilling to consent to participation
 - Other, please specify.
6. What incentives (if any) have been used to encourage participation and/or retention? Possible incentives include:
 - a. Financial aid
 - b. Work supports
 - c. Supportive services
 - d. Financial stipends for completion
7. Who determines eligibility of individuals to participate in your YPD training programs, and what, if any, criteria are used to select among candidates recruited? (*ask for copies of any assessment materials*)

Possible assessment criteria includes:

- Be referred from other specific organizations or agencies
 - Attend an orientation session
 - Meet income requirements
 - Meet education level requirement (e.g., high school diploma)
 - Pass standardized skills assessment test (e.g., TABE, ABLE, BESI, WorkKeys)
 - Pass grantee’s own customized skills assessment test
 - Complete interview with program staff
 - Complete a program application
 - Other, please specify
8. How are the service needs of participants determined? Please take us briefly through the assessment process, noting any formal assessment tests that you use under the YPD grant (e.g., TABE, interest inventories, substance abuse screening).
 9. Is an individual service strategy or employment development plan created for each participant (*note: request a blank copy of the form used*)?

10. Has your program included a foundational skill development/remediation program component (e.g., adult basic education or GED preparation) prior to random assignment? How the foundational skill development piece fit in with your YPD program?
11. Please describe at what point individuals are randomly assigned to the bump-up or control group. Please discuss the process of random assignment (note: review flow chart on random assignment process from the Grantee Random Assignment Manual).

E. DESCRIPTION OF EXISTING PROGRAM (FOR CONTROL GROUP)

1. What specific employment, education, training, mentoring, and parenting services have been provided for YPD control group participants (as part of the existing services)? For each major service or program component, please describe:
 - Discuss specific services/activities participants receive
 - Who provides the service and where are services are provided?
2. Please briefly describe the typical way in which control group participants flow through the training program (i.e., from RA, through services, and to exit and during the 18-month follow-up period)? [Note: review flow chart provided as part of the Grantee Random Assignment Manual.]
3. What post-completion services do you provide control group participants in your training programs? Possibilities include:
 - a. Connections to job openings
 - b. Job search services
 - c. Job retention services
 - d. Work supports
4. Were any program components or service elements of the original program design for control participants discontinued? If yes, which ones and why?
5. Has the program faced any challenges in establishing/maintaining services for the control group? How have these challenges been addressed?

F. DESCRIPTION OF BUMP-UP PROGRAM (FOR TREATMENT GROUP)

1. What specific employment, education, training, mentoring, and parenting services have been provided for YPD control group participants (as part of the existing services)? For each major service or program component, please describe:
 - specific services/activities bump-up participants receive and how these services are distinctive from existing services
 - who provides the service and where services are provided?
 - if training pathway – How long does training last? What specific coursework is provided (note: request listing of courses/syllabus detailing coursework/topics covered)? When training is completed, do participants receive a degree or certification?
 - If mentoring pathway: Who provides mentoring services? What are the credentials of mentors (discuss variation)? How is match made between mentor and mentee? How

long does mentoring last (e.g., 6 months, year, etc.)? Is there variation in duration? How often does mentor meet in-person with participant (minimum, maximum, average)? What other types of contacts occur between mentor and mentee (telephone, email) and how often? What constitutes “completing” mentorship?

- If financial incentives pathway: discuss each specific type of financial incentive, such as milestone bonus payments, including amount of payment, what needs to be done to receive a payment, experiences to date with incentive payments (e.g., which incentives are participants achieving)
2. Please briefly describe the typical way in which bump-up group participants flow through the training program (i.e., from RA, through services, and to exit and during the 18-month follow-up period)? [Note: review flow chart provided as part of the Grantee Random Assignment Manual.]
 3. Has there been attrition of treatment group participants before bump-up services are completed? If yes, how many have dropped out and when has this occurred? How does attrition for the bump-up group compare to the control group? What are the specific reasons for attrition? Has the site taken any steps to reduce attrition and, if yes, what specific steps have been taken and have they been effective.
 4. What post-completion services do you provide bump-up group participants in your training programs? Possibilities include:
 - a. Connections to job openings
 - b. Job search services
 - c. Job retention services
 - d. Work supports
 5. Were any program components or service elements of the original bump-up program design for treatment group participants never implemented or discontinued? If yes, which ones and why?
 6. Has the program faced any challenges in establishing/maintaining services for the bump-up group participants? How have these challenges been addressed?

G. YPD PARTICIPANT CHARACTERISTICS AND EARLY OUTCOMES/ PERCEPTIONS OF IMPACTS

1. Review participant characteristics, services received, and, if available, early outcomes generated from the YPD Participant Tracking System (PTS).
2. Has the site had any problems/challenges with the PTS? If so, please discuss.
3. Is the PTS characteristics, services, and outcome data valid and reliable?
 - a. Does it accurately reflect number and types of clients served in the treatment and control groups? If not, why not? Discuss patterns observed in YPD participant characteristics.
 - b. Does it accurately reflect types of services received by the treatment and control groups? If not, why not? Discuss patterns observed in YPD services received.
 - c. Does it accurately reflect employment, earnings, and educational outcomes for the treatment and control groups? If not, why not? Discuss patterns observed in YPD services received.

4. Although it is still early, have you noticed any effects or “impacts” of the program (i.e., are there any noticeable differences between outcomes for treatment and control group participants)? If so, what are they and can you explain the differences you have observed?
5. Beside the employment and earnings outcomes maintained in the PTS, are there other important outcomes that you are tracking or think should be track for participants? If yes, please identify these other outcomes and discuss any findings to date on these other outcomes.
6. Overall, to date, what have been the greatest impacts of the YPD project on bump-up group participants? Possibilities include:
 - a. Employment
 - b. Self-sufficiency
 - c. Skill level
 - d. Self-esteem
7. Are there ways in which the program has so far fallen short of its goals for training or assisting participants? If yes, how?
8. Are there other approaches, strategies, or services that you believe would contribute to better outcomes for YPD program participants?

H. PROJECT MANAGEMENT AND STAFFING

1. Please describe your organizational structure and YPD project staffing (request organizational charts pertaining to the structure of the YPD grant)
 - Type and number of project staff
 - Any new hires for the YPD project
 - Employed vs. contracted staff and oversight
 - Location of staff
 - Experience and/or credentials
 - Frequency of turnover and recruitment process for new staff
 - Use of volunteers or interns
2. What kinds of training/staff development activities have been provided for program staff? Please describe the extent and types of training/staff development activities, including who has conducted the training. Are there areas in which you feel there should have been more staff development/training? If yes, what are those areas?
3. Has the technical assistance provided by the DOL and the technical assistance contractor contributed to effective project implementation? Please explain.

I. PROJECT COSTS/EXPENDITURES

1. What are the major ongoing costs/expenditures for the program (note: if available, collect line item budget and line item expenditure report, e.g., breaking down total expenditures under the YPD grant for items such as project staff, rent, equipment purchase or rental, subcontracts, etc.)?

2. How do the types of participants served affect costs? What types of participants are most/least costly to serve? [Note: if readily available, collect information on per-participant costs.]
3. What has been the pattern of grantee expenditures? Have expenditures been higher during certain phases of the project? Has the project been fully implemented and reached a “steady-state” level of expenditure?
4. What kinds of resources has your YPD project leveraged?
 - a. Cash
 - b. Equipment/facilities
 - c. Instructors
 - d. Paid training for employees
 - e. Internships

K. POST-GRANT PLANS/SUSTAINABILITY

1. Have you developed sustainability plans for the YPD program once federal funding is exhausted under the demonstration? If so, please describe these plans. Do you feel that your sustainability plan and leveraged resources are sufficient to sustain the activities of the grant after the completion of the grant?
2. What sources of funding are likely to be used to sustain the project or activities conducted under the YPD project?

L. PROJECT REPLICABILITY AND LESSONS LEARNED

1. To what extent do you think your program could be replicated in other localities?
2. What features of the YPD project are most amenable to replication?
3. What features of project are least amenable to replication? How does location, the target population served, or other distinctive features of your program make it either non-transferable or limit transferability?
4. To date, what do you consider your most important accomplishments under the YPD grant?
5. To date, what do you believe to be the main lessons learned from your YPD grant?

M. CHECKLIST OF ITEMS TO COLLECT FROM SITE (IF AVAILABLE)

- Background information about the locality
- Background information about the organization
- Additional documentation/reports detailing major services (especially training provided under the YPD grant)
- Diagram showing how participants flow through the program
- Organizational chart for the program

**APPENDIX D: YPD PARTICIPANT FOLLOW-UP SURVEY
INSTRUMENT AND METHODOLOGY**

APPENDIX D: YPD PARTICIPANT FOLLOW-UP SURVEY

Give title here

I. Overview

This technical appendix summarizes the methods used by Abt SRBI in conducting the Young Parents Demonstration (YPD) an 18-month follow-up study conducted as part of the YPD program evaluation. The YPD program is sponsored by the U.S. Department of Labor's Employment and Training Administration (DOL/ETA) to test innovative strategies that can improve the skills and education of young parents and, ultimately their employment and earnings.⁸²

II. Questionnaire Development and Testing

Abt SRBI consulted on the development of the survey instrument, gathering relevant survey items from validated surveys on similar topics. The survey was internally tested for timing, flow and ease of administration. We conducted a pretest, using experienced interviewers. Some final changes were made to the questionnaire based on the monitored pretest interviews. The survey instrument is attached at the end of this technical appendix.

III. 18-month Follow-up Survey Procedures

Interviewer Training & Supervision

Project staff remotely trained supervisors and interviewers on the survey instrument prior to the beginning of calling. Supervisors trained interviewers assigned to the project during the field period. Project staff also provided a list of responses to frequently asked questions (FAQ's) for interviewers to use (see end of this technical appendix for a list of FAQs).

Project staff monitored calls during the first night of calling and periodically during the field period. In addition, each interviewer is silently monitored by a line monitor at least twice each interviewing shift. The monitor evaluates the interviewer on his or her performance. The monitor discusses any problems that an interviewer is having with the shift supervisor.

All CATI interviewers went through two types of monitoring. Screen/Audio monitoring included a supervising monitoring the interviewer screen while listening to the audio of the interview. The audio-monitoring allows the supervisor to determine the quality of the interviewer's performance in terms of: (1) initial contact and recruitment procedures; (2) reading the questions, fully and completely, as written; (3) reading response categories, fully and completely according to study specifications; (4) whether or not open-ended questions are properly probed; (5) whether ambiguous or confused responses are clarified; (6) how well questions from the respondent are handled without alienating the respondent or biasing

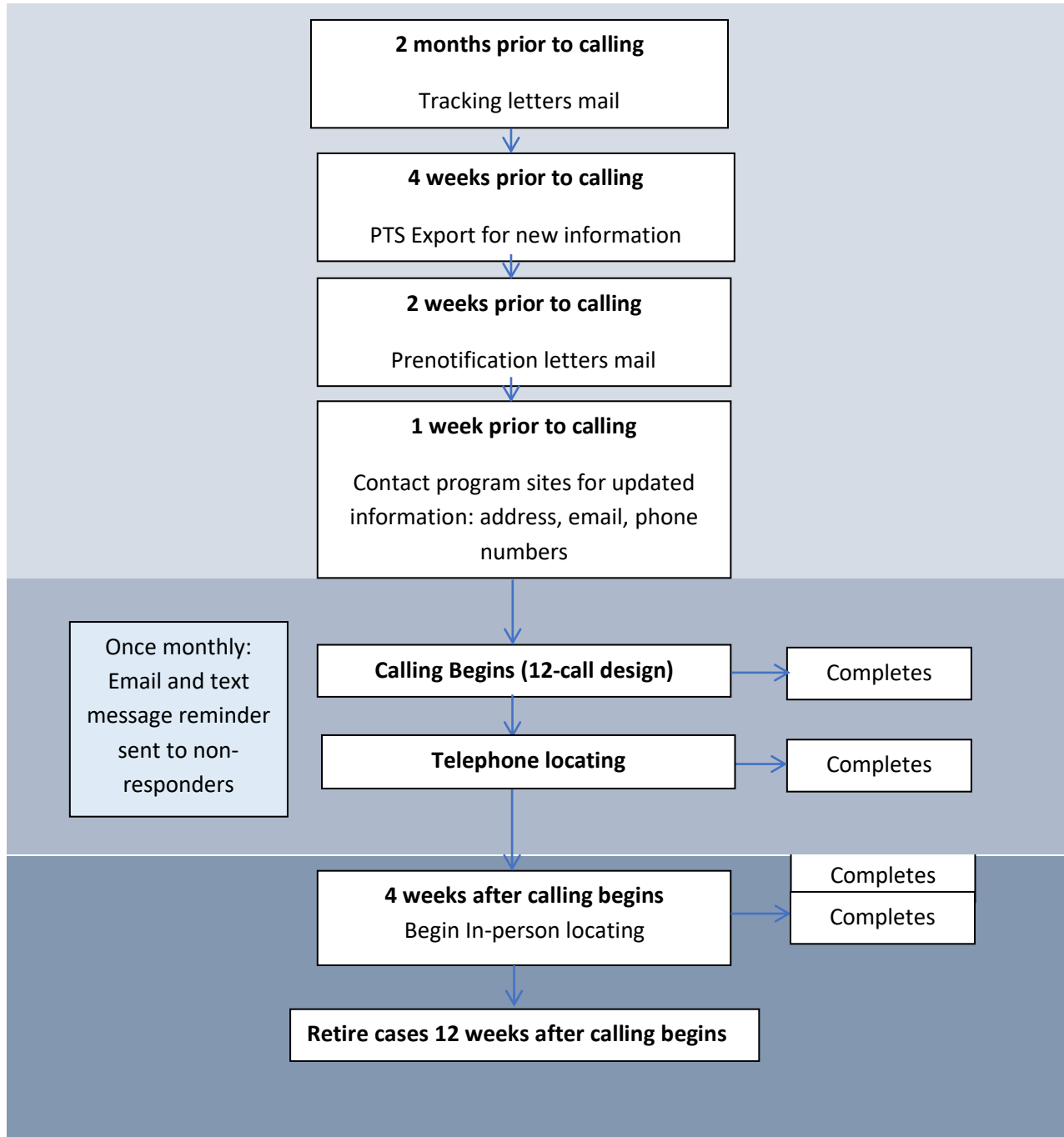
⁸² U.S. Department of Labor, Employment and Training Administration, "Young Parents Demonstration Program (YPDP) SGA/DFA PY 08-08", http://www.doleta.gov/grants/pdf/SGA-DFA-PY-08-07_YouthBuild.pdf, 2008.

his/her response; (7) avoiding bias by either comments or vocal inflection; (8) ability to persuade wavering, disinterested or hostile respondents to continue the interview; and (9) general professional conduct throughout the interview. A supervisor monitored each interviewer at least twice per shift. The proportion of interviews monitored was adjusted when a supervisor observed problems in an interview, if an interviewer was attaining a higher than average production rate or response rate.

In-person locators could not be monitored in the same way as CATI interviewers. The field manager was a locator as well as a supervisor of other in-person locators. Project staff met with the field manager at least weekly to conduct quality performance reviews for all in-person staff and discuss resource management. In-person staff were replaced if it was determined they were not meeting quality and productivity standards.

The data collection protocol included multiple components to locate and interview young and expectant parents who enrolled in YPD and were randomly assigned to one of the treatment conditions. The protocol is graphically displayed in Exhibit 1 and described below.

Exhibit 1. YPD Data Collection Protocol




Pre-notification and Contact Update

The survey team mailed the first set of pre-notification letters in July 2013 to the updated or last known address for the study subjects, reminding them of the YPD research survey effort. Research and survey staff worked with program grantees to determine recent changes of address for undeliverable mail or other address updates that had been recorded in the grantee participant tracking system.

In December 2013 Abt SRBI began including a \$2 pre-incentive to motivate study participants to return the contact information card and as a consideration for the time to review, update, and return the card. The contact information card is shown in Exhibit 2 below.

Exhibit 2. Contact Information Card

	
REF #: «SrbiKey»	
On the <i>left</i> side of this form, you will find the last contact information you provided us. Please update any new information on the <i>right</i> side. <u>If there have not been any changes, please check the box below and return this form in the enclosed postage-paid envelope.</u> Thank you.	
Check if <u>no changes</u> to present information <input type="checkbox"/>	
May we send you automated text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<p style="text-align: center;"><u>PRESENT INFORMATION</u></p> Name: «FirstName» «LastName» Street: «address1» Apt#: «Address2» City: «city» State: «state» Zip: «Zip» PHONE # (landline): «phonehome» PHONE # (cell): «PhoneCell» Email: «email»	<p style="text-align: center;"><u>UPDATE INFORMATION</u></p> If no changes simply check the box above Name: _____ Street: _____ Apt#: _____ City: _____ State: ____ Zip: _____ PHONE # (landline): _____ PHONE # (cell): _____ Email: _____ Best Time to Reach You: (Circle Option) Day Afternoon Evening
OMB CONTROL # 1205-0494 EXPIRES 05/31/2015	

In March 2015, Abt SRBI modified the pre-notification letter into a “tracking letter” and mailed it ahead of the pre-notification letter, two months prior to calling. We added this because response rates were low and we hypothesized it was because study participants hadn’t received any information regarding the study and 18-month follow-up survey since enrollment, approximately 18 months prior. We mailed the tracking letter with the contact information card and the \$2 incentive. We continued to mail the pre-notification letter two weeks prior to calling but reduced the text into more of a reminder about the study and the upcoming telephone interview. No incentive was included in the revised pre-notification letter.

Telephone Recruitment

Telephone interviewing for the first cohort began August 15, 2013. At the time of intake into YPD, participants were asked to provide contact information (i.e., telephone, e-mail, and address) for themselves, as well as three secondary contacts. This information was entered into a participant tracking system for YPD grantee staff. Upon enrollment participants were given information about the research activities and consented to participate in the follow-up tracking and survey activities.

Data collection for the follow-up survey took place between August 15, 2013 and May 31, 2015. Interviews were conducted in English and Spanish. Within two weeks of the pre-notification letter, telephone interviewers administered the 18-month survey.

Interviewers placed phone calls from 5pm to 9pm Eastern time during weekdays, from 10am to 5pm Eastern time on Saturdays and from 12pm to 12am Eastern time on Sundays. In addition, special arrangements were made to accommodate other times of the day based on a respondent's request. To increase the probability of completing an interview, we established a differential call rule requiring that call attempts be initiated at different times of day and days of the week.

Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents. Each number received at least one daytime call. Interviewers verified the respondent's name, that s/he was an adult, and because this was cell phone sample, that s/he was in a safe place before administering the survey. Respondents were given every opportunity to complete the interview at their convenience. For instance, those refusing to continue at the initiation of, or during the course of the telephone interview were offered the opportunity to be re-contacted at a more convenient time to complete the interview. They were also offered the opportunity to complete the survey in multiple calls, or to call into the toll-free telephone number to complete the survey at their convenience.

The maximum number of call attempts was originally set at 12. Since most phone numbers were cell phone numbers, and because the sample was a low-income, hard-to-reach population, all phone numbers (cell, landline, and unknown) were considered cell numbers and manually dialed. To maximize the response rate the number of maximum call attempts was raised to 15 for noncontacts and callbacks. All respondents were offered a \$25 incentive payment by prepaid Visa card in appreciation of their participation in the survey.

Refusal Conversion. The survey team implemented a refusal conversion plan in which each respondent who refused to participate was re-contacted approximately one-to-two weeks following the refusal. The interviewers used a conversion script based on the FAQ's in an attempt to convince the respondent to reconsider and participate in the survey.

Other efforts to maximize response rates included checking the grantee participant tracking system and checking in with the grantee programs directly for the most up-to-date participant contact information, attempting to call multiple phone numbers for each participant who

hadn't responded to our survey requests, sending a monthly trying-to-reach-you email reminder to those for whom we had an email address, and sending a monthly text message reminder to those who consented to receive text messages.

Telephone and In-person Locating

Data collection efforts included telephone and in-person locating for survey non-responders. If the sample information provided by the grantee programs was inaccurate or incomplete, telephone locators were trained to attempt to locate participants by contacting up to three secondary contacts. Study participants provided these contacts at YPD enrollment in the event we could not reach them for the 18-month follow-up interview. If telephone locating efforts did not yield a completed interview, cases were turned over to in-person locators for additional locating. In December 2013, we moved to in-person locating exclusively because it was determined to be more cost effective than conducting both telephone and in-person locating.

In the original locating protocol, after 12 attempts to reach the respondent, cases were transferred from telephone locators to specially trained in-person locators. They began by mailing a study flyer to the last known address in a hand-addressed envelope and mailed from a local address. The flyer provided information on how to reach the locator and schedule an interview. Next they attempted to contact the participant from their study-issued cell phone which had a local phone number. If the participant was still unreachable, the in-person locators attempted to call the secondary contacts. They also could contact the grantee program site manager to review participant information for any updates. These steps were taken prior to going out for on-the-ground locating, physically traveling to last known addresses or those of the secondary contacts to locate the participant. In-person locators could also search LexisNexis for updated participant information.

When in-person locators identified a respondent by phone, to keep costs down, they first attempted to schedule the 18-month interview for completion by phone. Once an appointment was made locators would notify the phone center of the appointment time. These cases were tracked carefully to determine completion. For respondents that either did not complete by phone or preferred an in-person visit, locators would attempt to schedule an in-person interview time that was convenient for the respondent. The in-person locator would visit the respondent home at that time to complete the telephone interview. For respondents they could not reach by phone, respondents attempted an in-person visit with the intention of gaining their cooperation on the spot. In-person, the locators would provide respondents with the study-issued cell phone to use to call into the Abt SRBI phone center to complete the 18-month interview. Once the interview was completed, the locator handed the \$25 Visa card incentive payment to the respondent.

In-person locating is considerably more costly than phone recruitment, especially for sites located across a large geographical area, like Los Angeles, with long travel time and mileage expenses. In December 2014, in conjunction with grantee staff, Abt SRBI hosted an experimental set of on-site survey data collection days at the AltaMed site in Los Angeles, CA. Several factors made this a favorable time and location to attempt a group data

collection: a higher-than-usual number of participants in the recent cohorts, close contact between the site and study participants, and plentiful private space to conduct multiple interviews at the grantee site. It was anticipated that a group data collection could potentially reduce the total hours per completed case. For the most part, it did.

We completed 15 interviews over seven on-site days at the AltaMed site, two to three days a week for three non-consecutive weeks. The on-site days were held in December 2014, January 2015, and February 2015. Staff at the AltaMed site recruited and scheduled study participants for interview appointments for the on-site days. Abt SRBI in-person locators were present at the AltaMed site on these days to greet participants, answer any questions about the survey, initiate the survey with our phone center, and provide the \$25 Visa card upon completion of the interview. The results of the on-site days by case are in Table 1 below and in summary in Table 2 below. It took about six and a half hours to complete a case (in total) using the standard data collection protocol. Since the on-site days lasted approximately four to six hours per day, they successfully reduced the hours per completed case, particularly if we could complete more than one case during an on-site day.

Table 1. On-site Days – Completes by Case

Session	Case	Treatment/Control	Day
December 2014	1	Treatment	1
	2	Treatment	1
	3	Treatment	1
	4	Treatment	1
	5	Treatment	1
	6	Control	2
	7	Treatment	2
January 2015	8	Treatment	3
	9	Control	4
	10	Control	4
February 2015	11	Control	5
	12	Control	5
	13	Treatment	5
	14	Treatment	6
	15	Treatment	7

Table 2. Completion at On-site Days – Summary

	N	%
All cohort 16-17 cases	330	100%
Cases eligible for on-site days (AltaMed, not completed)	161	49%
Completed at on-site days	15	5%

IV. Final Dispositions and Outcome Rates

Exhibit 3 shows final response rates overall and by site, using AAPOR Response Rate 2.⁸³ Overall, the YPD 18-month follow-up survey achieved a 58.5% response rate. Exhibit 4 shows the final response rates by treatment and control groups.

Exhibit 3. Disposition of Cases

	Household Confirmed ^a						Household Not Confirmed ^b		Total	Response Rate
	Comple ^e	Partia ^c	In-comple ^e	Refusa ^l	Other Foreign Language ^e	Screen-Out (Not Eligible) ^{NE}	In-comple ^e	Refusa ^l		AAPOR RR 2
	I	P	NC	R	O		UO	UH		
ABCCM	113	1	9	9	0	0	75	0	207	55.1%
AltaMed	255	1	29	22	1	0	87	3	398	64.3%
FSDC	68	0	3	3	0	0	31	1	106	64.2%
The Dannon Project	207	1	6	23	0	0	90	7	334	62.3%
TRA-LARE	127	1	26	11	0	0	111	3	279	45.9%
All Sites	770	4	73	68	1	0	394	14	1324 ^d	58.5%

Response Rate 2 $(I+P)/(I+P) + (NC+R+O) + (UH+UO)$

Source: Young Parents Demonstration Evaluation, 2013-2015

^a Indicates that a respondent was reached and verified as the study participant.

^b Indicates that no respondent was located and reached to verify whether s/he was the study participant.

^c Represents cases that began the interview but broke-off and did not complete the interview at a later time.

^d 295 Cases were excluded from the sample because they did not reach the 18M FU interview point before the OMB expiration date; of those 2 were duplicates.

⁸³ We show AAPOR Response Rate 2 rather than Response Rate 3 because Response Rate 3 incorporates a factor (e) that estimates unknown eligibility among households not confirmed. Since this survey employed a list sample provided by the grantee programs, we consider all cases eligible for the survey.

Exhibit 4. Disposition of Cases by Treatment and Control

	Complete			Partial			Non-Complete			AAPOR RR2		
	Total	T	C	Total	T	C	Total	T	C	Total	T	C
ABCCM	113	56	57	1	0	1	93	46	47	55.1%	54.9%	55.2%
AltaMed	255	128	127	1	0	1	142	69	73	64.3%	65.0%	63.7%
FSDC	68	37	31	0	0	0	38	19	19	64.2%	66.1%	62.0%
The Dannon Project	207	102	105	1	1	0	126	61	65	62.3%	62.8%	61.8%
TRA-LARE	127	65	62	1	1	0	151	87	64	45.9%	43.1%	49.2%
All Sites	770	388	382	4	2	2	550	282	268	58.5%	58.0%	58.9%

Response Rate 2 (Complete+Partial) / (Complete+Partial+Non-Complete)

PTS SURVEY INSTRUMENT

YOUNG PARENTS DEMONSTRATION PROGRAM (YPDP) 18-MONTH FOLLOW-UP SURVEY

SAMPLE PRELOAD VARIABLES: PROGRAM NAME:

- Our Circle at ABCCM
- Circles of Davidson County
- AltaMed Health Services
- The Dannon Project
- TRA/LARE

[INTRO]

Cell Phone Introduction

INTRO2. Hello, my name is [FILL NAME] and I am calling from Abt SRBI. I KNOW THAT I MAY BE CALLING ON YOUR CELL PHONE RIGHT NOW. If you are currently driving, we will call you back at another time.

A2. Are you currently driving?

- 1 NO, NOT DRIVING → [GOTO INTRO2.1]
- 2 YES, CURRENTLY DRIVING/NOT AVAILABLE → [SCHEDULE CALLBACK]
- 8 DK → [THANK AND END – SOFT REFUSAL]
- 9 REFUSED → [THANK AND END – SOFT REFUSAL]

INTRO2.1 Am I speaking with [NAME OF PARTICIPANT]?

- 1 YES → [GOTO INTRO2.2]
- 2 NO → [GO TO INTRO2.1.1]
- 8 DK → [GO TO INTRO2.1.1]
- 9 REFUSED → [GO TO INTRO2.1.1]

INTRO2.1.1 May I speak with [NAME OF PARTICIPANT]?

- 1 YES, RESP IS AVAILABLE → [GOTO INTRO2.2]
- 2 NO, RESP IS NOT AVAILABLE [SCHEDULE CALLBACK]
- 3 DO NOT KNOW THAT PERSON [WRONG NUMBER- PERSON]
- 9. DK/REF [SOFT REFUSAL]

INTRO2.2. We sent you a letter recently about our evaluation of the Young Parents Demonstration (YPD) and we're calling today to follow up. You'll remember you agreed to talk to us about this research project. We'd like to ask you about your experiences with [PROGRAM NAME (grantee_insert3)].

INFORMED CONSENT

B1. Our letter explained the purpose of the study. I will review that information now so you understand the survey, and what you will be asked. This survey is completely voluntary. We keep all your information and answers private to the maximum allowed by the law— your name will never be associated with anything you say. We will not identify you in any reports written about this study. You can skip any question that you do not want to answer, and you can choose to end the interview at any time.

This study is funded by the U.S. Department of Labor to learn how different services work for young parents and the information we collect will be used to improve the services offered to young parents. We will ask you about the services you received and your experience with [CATI PRELOAD: INSERT PROGRAM NAME]. At the end of the interview we will verify your address so we can send you a \$25 Visa card for your participation. The interview takes about 20 minutes to complete over the telephone.

B2. Can we begin?

- 1 YES, CONTINUE → [GOTO QUESTION 1]
- 2 NO, NOT NOW → [SCHEDULE CALLBACK]

- 9 DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

QUALIFIED LEVEL 1: B2 = 1

G1. (DO NOT READ: Record respondent gender)

- 1 Male
- 2 Female

Service Receipt

1. I'm going to quickly ask you about some services, school, classes or training you might have participated in through any program in the past 18 months. You just have to answer yes or no and then tell me how useful you thought it was.

Did you participate in...? [READ LIST]

A. Adult basic education classes, that is, classes for improving your basic reading and math skills, or GED classes, that is, classes to help you prepare for the GED test?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

B. Classes to prepare for a regular high school diploma?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

C. College courses for credit toward a college degree? This would include courses at community, two-year, and four-year colleges. Please do not count recreational classes like exercise or hobbies, courses preparing for the GED, or other kinds of courses that don't provide credit toward a college degree.

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

D. Any other vocational courses or training for a specific job, trade, or occupation [other than the college courses for credit you just mentioned]? [Please don't include on-the-job training or unpaid work experience.]

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

E. Special government programs, such as a welfare program, that gave you an UNPAID JOB so that you could get some experience working?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

F. A job in which, for a specific period of time, a portion of your wages was paid for by a program or agency—a summer youth job, for example?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

G. ON-THE-JOB TRAINING (OJT) -- a paid job with a private employer in which you received informal training while you were working and a portion of your wages was paid for by a program or agency

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

H. Parenting services or any parenting classes?

- 1 Yes

- 2 No
- 8 DON'T KNOW
- 9 REFUSED

I. Classes or workshop on preparing resumes and job applications, or calling employers? This activity is sometimes called "job club", "job readiness workshops" or "job search assistance."

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

J. Independent job searches, in which you looked for a job on your own? You may have had to report back to a case manager or staff member or provide them with a list of employers you contacted.

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

K. ESL classes, that is English as a Second Language?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

L. Some other educational or training activities or employment programs

- 1 Yes (specify) ? _____
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

2. Please rate the helpfulness of each of the services you received as excellent, very good, good, fair, or poor. How would you rate the [INSERT EACH SERVICE =1 IN Q1]...?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 DON'T KNOW
- 9 REFUSED

QUALIFIED LEVEL 2

Mentoring Services

[IF X=X (TREATMENT GROUP) THEN ASK 3A. IF X=X (CONTROL GROUP) THEN ASK 3B.]

3. A. In the PAST 18 MONTHS, have you worked one-on-one regularly with a mentor from [INSERT PROGRAM NAME (grantee_insert3)]? Please do NOT include any meetings with a case manager.

- 1 Yes
- 2 No [GO TO Q11]
- 8 DON'T KNOW [GO TO Q11]
- 9 REFUSED [GO TO Q11]

3. B. In the PAST 18 MONTHS, have you worked one-on-one regularly with a mentor from any program? Please do NOT include any meetings with a case manager.

- 1 Yes
- 2 No [GO TO Q11]
- 8 DON'T KNOW [GO TO Q11]
- 9 REFUSED [GO TO Q11]

4. [IF Q3=1] On average, how long, in minutes, was each meeting with this mentor? Please provide your best estimate. [IF NECESSARY: Please do NOT include meetings with a case manager.]

_____ Minutes
[RANGE=1-999, DK = 998, REF = 999]

5. When did you first start meeting with a mentor? Please tell me the month and year you began meeting with this person. [IF NECESSARY: Please do NOT include meetings with a case manager.]

_____ Month
[Range= 1-12, 98, 99]

_____ Year
[Range=1980-2016, 9998, 9999]

6. When was the last time you met with the mentor? Please tell me the month and year you last met with this person. [IF NECESSARY: Please do NOT include meetings with a case manager.]

6a. _____ Month
[Range= 1-12, 98, 99]

6b. _____ Year
[Range=2012-2016, 9998, 9999]

7. In the past 18 months, on average, how often would you say you had any type of contact, with this mentor? [IF NECESSARY: Please do NOT include contact with a case manager.] (READ LIST)

- 1 Several times per day
- 2 Daily, including weekends
- 3 4-6 times per week
- 4 2-3 times per week
- 5 Once a week
- 6 2-3 times per month
- 7 Once a month
- 8 Less often than once a month
- 98 DON'T KNOW
- 99 REFUSED

8. Did you ever get help from this mentor with...? [IF NECESSARY: Please do NOT include help received from a case manager.] (READ LIST)

- 1 Never
 - 2 Once or twice
 - 3 3-5 times
 - 4 More than 5 times
 - 8 DON'T KNOW
 - 9 REFUSED
- A. Finding or paying for child care arrangements
 - B. Finding or paying for transportation to work or child care
 - C. Getting Food Stamps (SNAP) or Medicaid/SCHIP
 - D. A financial emergency (such as possible eviction or if your car broke down, etc.)
 - E. Enrolling in education or training activities or programs
 - F. Looking for a job
 - G. Addressing a personal problem that made it hard for you to find a job or go to school
 - H. Finding a better job while you were working
 - I. Dealing with problems or issues at school (such as tutoring or getting supplies)
 - J. Dealing with problems on your job (such as conflicts with your supervisor or co-workers, etc.)
 - K. Finding a new job if you lost your job
 - L. Discussing your career goals
 - M. Needs related to your child, including your child's health

- N. Help being a better parent
- O. Other services (Specify)_____

9. Overall, how satisfied were you with your experience working one-on-one with the mentor? [IF NECESSARY: Please do NOT include working with a case manager.] (READ LIST)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 8DON'T KNOW
- 9REFUSED

10. How close do you feel to that mentor? [IF NECESSARY: Please do NOT include your case manager.] (READ LIST)

- 1 Very close
- 2 Somewhat close
- 3 Not very close
- 4 Not close at all
- 8 DON'T KNOW
- 9 REFUSED

11. In the PAST 18 MONTHS, have you met with your mentor in a group setting?

- 1 Yes
- 2 No [GO TO Q13]
- 8 DON'T KNOW [GO TO Q13]
- 9 REFUSED [GO TO Q13]

12. How helpful have these group mentoring sessions been for you?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful
- 8 DON'T KNOW
- 9 REFUSED

QUALIFIED LEVEL 3

Educational Attainment Since Random Assignment

13. What is the highest grade or year of regular school that you have completed?

(INTERVIEWER, IF THE RESP ANSWERS "GED," ASK: Before you received your GED, what was the highest grade of school you completed?)

___ ___ (RANGE 00 – 12)

- 14. AA/AS OR ASSOCIATE DEGREE
- 16. BA/BS OR BACHELORS DEGREE
- 18. MA OR MASTERS
- 20. DOCTORATE
- 98 DON'T KNOW
- 99 REFUSED

14. Do you have any type of trade license or training certificate?

(INTERVIEWER: IF MORE THAN ONE, ENTER MOST RECENT.

CATI: FOR ALL DATES, USE '98' FOR DON'T KNOW MONTH AND '9998' FOR DON'T KNOW YEAR. USE '99' FOR REFUSED MONTH AND '9999' FOR REFUSED YEAR.)

- 1 YES 
- 2 NO (GO TO 16)
- 8 DON'T KNOW (GO TO 16)
- 9 REFUSED (GO TO 16)

14a. When did you receive it?

___ / ___

MM YYYY


15. What type of license or certificate is it? (PROBE: What type of trade or v qualify you to do?)

OPEN-ENDED RESPONSE _____

- 1 Gave response
- 8 DON'T KNOW
- 9 REFUSED

[IF Q13<=12 THEN ASK Q16]

16. Do you have a GED certificate?

- 1 YES 
- 2 NO
- 8 DON'T KNOW
- 9 REFUSED

16a. When did you receive it?

___ / ___

MM YYYY

[RANGE: 1-12, 98,99/

[IF Q13<=12 AND Q16=2,8,9 THEN ASK Q17]

17. Do you have a high school diploma?

- 1 YES 
- 2 NO
- 8 DON'T KNOW
- 9 REFUSED

17a. When did you receive it?

___ / ___

MM YYYY

[RANGE: 1-12, 98,99/

18. Did you attend school in the PAST 18 MONTHS?

- 1 Yes [GO TO Q19]
- 2 No [GO TO Q20]
- 8 DON'T KNOW [GO TO Q21]
- 9 REFUSED [GO TO Q21]

19. How much did your participation in [PROGRAM NAME] have to do with your decision to attend school, in the PAST 18 MONTHS? Would you say it affected your decision...?

- 1 Very much
- 2 Somewhat
- 3 Not very much
- 4 Not at all
- 8 DON'T KNOW
- 9 REFUSED

[SKIP TO Q21]

20. Which of the following are reasons why you have not attended school or college in the PAST 18 MONTHS? [INTERVIEWER READ EACH RESPONSE AND CODE ALL THAT APPLY]

- 1 ill, or disabled and unable to attend school
- 2 Lack of child care
- 3 Lack transportation to get to/ from school
- 4 Do not have time because of job/ work
- 5 School/ courses/ program of study not available
- 6 No interest
- 7 No need for additional education or training
- 8 Could not get into school of choice
- 9 Insufficient money available to attend
- 10 Other (Specify)_____
- 98 DON'T KNOW
- 99 REFUSED

QUALIFIED LEVEL 4

Employment and Earnings

21. Are you currently working for pay at a job or business?

- 1 Yes [GO TO Q27]
- 2 No
- 8 DON'T KNOW [GO TO Q27]
- 9 REFUSED [GO TO Q27]

22. [IF Q21=2] Do you currently do any temporary, part-time, or seasonal work?

- 1 Yes [GO TO Q27]
- 2 No
- 8 DON'T KNOW [GO TO Q27]
- 9 REFUSED [GO TO Q27]

22a. [IF Q22 = 2] Have you worked for pay at a job or business at all in the PAST 18 MONTHS?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

23. When is the last time you worked for pay at a job or business? [IF NECESSARY: Please tell me the month and year of the last time you worked for pay at a job or business.]

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December
- 98 DON'T KNOW
- 99 REFUSED

Q23YEAR. ENTER YEAR_____

[RANGE: 1980-2016 9998, 9999]

24. What is the main reason you are not currently working for pay at a job or business? [READ LIST]

- 1 ill, or disabled and unable to work
- 2 Retired
- 3 Taking care of home or family
- 4 Going to school
- 5 Could not find work

- 6 Doing something else (Specify)
- 8 DON'T KNOW
- 9 REFUSED

25. During the LAST 4 WEEKS, have you been actively looking for work?

- 1 Yes [GO TO THE LOGIC BEFORE Q27]
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

26. LAST WEEK, could you have started a job if offered one, or returned to work if recalled? [INTERVIEWER: IF NO ASK "Was it because of your own temporary illness or another reason?"]

- 1 Yes, could have gone to work
- 2 No, because of own temporary illness
- 3 No, because of all other reasons (in school, etc.)
- 8 DON'T KNOW
- 9 REFUSED

[IF Q22a = 1 (YES) CONTINUE, ELSE SKIP TO Q37]

27. In the PAST 18 MONTHS, this is, from [MONTH YEAR (18 MONTHS AGO)] to today, how many weeks did you work even for a few hours? Include paid vacation and sick leave as work. If you'd like to tell me in months, that's fine too. [INTERVIEWER: ENTER 98 IF RESP ANSWERS IN MONTHS. RECORD MONTHS AT NEXT SCREEN.]

_____ Weeks
[RANGE= 01-78, 98, 99]

ASK Q27MON IF Q27(weeks) = 98 (DK), otherwise skip to Q28
Q27MON. ENTER NUMBER OF MONTHS WORKED

_____ Months
[RANGE= 01-18, 98, 99]

[IF Q27(months) = 1-18, CALCULATE WEEKS AND ASK Q27YEAR, otherwise skip to Q28]

Q27YEAR. Then you worked about [INSERT WEEKS] weeks. Is that correct?

- 1 Yes
- 2 No [GO TO Q27 AND OBTAIN ESTIMATE]

- 8 DON'T KNOW
- 9 REFUSED

28. In the PAST 18 MONTHS, for how many employers did you work? If more than one at the same time, only count it as one employer.

- 1 One
- 2 Two
- 3 Three or more
- 8 DON'T KNOW
- 9 REFUSED

29. In the PAST 18 MONTHS, in the weeks worked, how many hours did you usually work each week?

_____ Hours
[RANGE= 1-97, 98, 99]

30. In the PAST 18 MONTHS did you do any work that you would describe as ...?
[INTERVIEWER: READ LIST AND SELECT ALL THAT APPLY] [CATI – Options 6,8,9 single response]

- 1 Full-time
- 2 Part-time
- 3 Temporary work such as odd jobs or day labor
- 4 Temporary work through a temp agency, odd jobs or day labor
- 5 Work that is “off the books,” or
- 6 None of these
- 8 DON'T KNOW
- 9 REFUSED

31. Please describe the kind of work you are (were) doing in your current or most recent job. [FOR EXAMPLE: nurse, secretary, cashier, and certified nursing assistant...]

[OPEN END]

- 1 Gave response
- 8 DON'T KNOW
- 9 REFUSED

31a. In your current or most recent job, what is the easiest way for you to report your total earnings BEFORE taxes or other deductions: hourly, weekly, annually, or on some other basis?

- 1 Hourly
- 2 Weekly

- 3 Bi-weekly
- 4 Twice monthly
- 5 Monthly
- 6 Annually
- 7 Other (SPECIFY)
- 8 DON'T KNOW
- 9 REFUSED

32. In your current or most recent job, what is/ was your regular [FILL] rate of pay, including tips and commissions before taxes? [FILL BASED ON Q31a; IF Q31a=Annually THEN INSERT "annual".]

(DO NOT PROBE REFUSALS. PROBE ONLY DON'T KNOW.)
(ENTER CENTS ON NEXT SCREEN)

_____ Dollars
[RANGE: 1-999999]

- 1. Gave response
- 8. DON'T KNOW
- 9. REFUSED

33. ENTER CENTS

_____ Cents
[RANGE=0-99]

- 1. Gave response
- 8. DON'T KNOW
- 9. REFUSED

[IF Q31a = DK/REF and Q32 = 1-999999]

33a. Is that hourly, weekly, annually, or some other rate?

- 1. Hourly
- 2. Weekly
- 3. Bi-weekly
- 4. Twice monthly
- 5. Monthly
- 6. Annually
- 7. Other (SPECIFY)
- 8. DON'T KNOW
- 9. REFUSED

34. In the PAST 18 MONTHS, that is, from [MONTH YEAR (18 MONTHS AGO)] to today, what were your total earnings, including wages, salary, commissions, bonuses,

and tips from all jobs. Please give us your best estimate. [IF NECESSARY: Please report total amount before deductions for taxes, bonds, dues, or other deductions.]

_____ Dollars
[RANGE: 1-999999]

1. Gave response
8. DON'T KNOW
9. REFUSED

35.

36. In your current or most recent job, through your employer are (were) you eligible for any of the following benefits? By eligible we mean the benefit is (was) available, even if you have decided to not receive it or have not needed it.

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSED

RANDOMIZE:

- A. Paid vacation
- B. Health insurance (Please select YES even if you pay for part of your health insurance cost.)
- C. Sick leave
- D. Retirement benefits (Please select YES even if your employer contributes less than 100%.)
- E. Paid holidays

QUALIFIED LEVEL 5

Receipt of Cash Assistance

37. In the PAST 18 MONTHS, even for one month, did you receive any CASH assistance from a state or county welfare program?

(IF NECESSARY: Include cash payments from: welfare or welfare-to-work programs, state programs, [[INSERT NAME OF STATE'S TANF PROGRAM FROM SAMPLE]], or General Assistance/Emergency Assistance program.)

(IF NECESSARY: Do not include here food stamps/Supplemental Nutrition Assistance Program (SNAP) benefits, SSI, energy assistance, WIC, School meals, or transportation, childcare, rental, or education assistance.)

- 1 Yes
- 2 No [GO TO Q40]
- 8 DON'T KNOW [GO TO Q40]
- 9 REFUSED [GO TO Q40]

38. [IF Q37=1] From what type of program did you receive the CASH assistance? Was it a welfare or welfare-to-work program, General Assistance, Emergency Assistance, or some other program? (ENTER ALL THAT APPLY)

PROBE: Any other program?

- 1 State Program/welfare/AFDC/TANF
- 2 General Assistance
- 3 Emergency Assistance/short-term cash assistance
- 4 Some other program (specify)
- 8 DON'T KNOW
- 9 REFUSED

39. How many months was CASH assistance received in the past 18 months?

_____ Months
[RANGE=1-18, 98, 99]

QUALIFIED LEVEL 6

Receipt of Food Stamps/Other Public Assistance

40. Did you get food stamps, SNAP or a food stamp benefit card at any time in the PAST 18 MONTHS?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

41. In the PAST 18 MONTHS, were you worried about whether your food would run out before you got money (or food stamps) to buy more? Were you...?

- 1 Often worried
- 2 Sometimes worried
- 3 Never worried
- 8 DON'T KNOW
- 9 REFUSED

42. In the PAST 18 MONTHS, did you or other family members ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No [GO TO Q44]
- 8 DON'T KNOW [GO TO Q44]
- 9 REFUSED [GO TO Q44]

43. [IF Q42=1] How often did this happen? Was it...

- 1 Almost every month
- 2 Some months but not every month, or
- 3 Only 1 or 2 months?
- 8 DON'T KNOW
- 9 REFUSED

44. At any time in the past 18 months, were you covered by Medicaid or a similar state health program? [IF NECESSARY: Medicaid is the Government Assistance Program that pays for health care.]

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

45. At any time in the PAST 18 MONTHS, were your children covered by Medicaid or a similar state program (SCHIP)? IF NECESSARY: Medicaid is the Government Assistance Program that pays for health care.

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

46. In the PAST 18 MONTHS, did you receive any child care services or assistance paying for child care so you could go to work or school or training?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

47. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? [INTERVIEWER READ EACH RESPONSE AND CODE ALL THAT APPLY]

- 1 Insurance through a current or former employer or union (of this person or another family member)
- 2 Insurance purchased directly from an insurance company (by this person or another family member)
- 3 Medicare, for people 65 and older, or people with certain disabilities
- 4 Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability
- 5 VA (including those who have ever used or enrolled for VA health care)
- 6 TRICARE or other military health care
- 7 Indian health service
- 8 None of these
- 98 DON'T KNOW
- 99 REFUSED

QUALIFIED LEVEL 7

Family Composition/Change

48. Next I would like to ask you about everyone who lives with you half of the time or more. Please include people who are temporarily in a hospital or other institution. Please do NOT include people who are only in your home temporarily, and please do NOT include brothers or sisters who are away attending college or in the armed forces or who are temporarily home on vacation.

Including you, how many people currently live with you?

_____ People
 [RANGE=1-11, 98, 99] (ENTER 11 FOR MORE THAN 10 PEOPLE)

49. [ASK IF G1=2] Have you given birth to any children in the past 18 months?

1. Yes
2. No
8. DON'T KNOW
9. REFUSED

50. [ASK IF G1=2] Are you pregnant or expecting a baby?

1. Yes
2. No
8. DON'T KNOW
9. REFUSED

51. [ASK IF G1=1] Have you fathered any children in the past 18 months?

1. Yes
2. No

- 8. DON'T KNOW
- 9. REFUSED

52. [ASK IF G1=1] Is your wife or girlfriend pregnant or expecting a baby by you (that is, are you an expectant parent)?

- 1. Yes
- 2. No
- 8. DON'T KNOW
- 9. REFUSED

53. [adapted from ACS] What is your marital status?

- 1 Now married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married [SKIP TO Q55]
- 8 DON'T KNOW [SKIP TO Q55]
- 9 REFUSED [SKIP TO Q55]

54. [IF Q53=1, 2, 3, OR 4] In the PAST 18 MONTHS, did you get/become...?
(INTERVIEWER READ ALL OPTIONS AND CHECK ALL THAT APPLY) [CATI –
OPTIONS 5,8,9 SINGLE RESPONSE]

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated or
- 5 None of these
- 8 DON'T KNOW
- 9 REFUSED

55. Are you currently living with your spouse or partner?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

56. Are you currently living with one or both of your parents?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

57. How many children do YOU have, living in your household? [IF NECESSARY: Please include only your biological children.]

_____ Children
[RANGE=0-11, 98, 99] (ENTER 11 FOR MORE THAN 10 PEOPLE)

58. Do you have any other children living elsewhere?

- 1 Yes
- 2 No [GO TO Q60]
- 8 DON'T KNOW [GO TO Q60]
- 9 REFUSED [GO TO Q60]

59. [IF Q58=1] How many?

_____ Children
[RANGE=1-10; 98,99]

[CATI – SKIP TO Q70 IF NO CHILDREN: Q57 = 0 AND Q58 = 2]

60. In the PAST 18 MONTHS, have you RECEIVED any child support payments, for any of your children.

- 1 Yes
- 2 No [GO TO Q63]
- 8 DON'T KNOW [GO TO Q63]
- 9 REFUSED [GO TO Q63]

61. [IF Q60=1] For how many of the PAST 18 MONTHS have you received child support payments?

_____ Months
[RANGE=1-18; 98, 99]

62. When you received child support, about how much did you receive each month on average (for all children)?

_____ Dollars
[RANGE=1-9999, 1 = GAVE RESPONSE, 8/9 = DK/REF]

63. In the PAST 18 MONTHS, did you PAY any child support payments?

- 1 Yes
- 2 No [GO TO Q66]
- 8 DON'T KNOW [GO TO Q66]
- 9 REFUSED [GO TO Q66]

64. [IF Q63=1] For how many of the PAST 18 MONTHS did you pay child support payments?

_____ Months
[RANGE=1-18; 97, 98]

65. When you paid child support, about how much did you pay each month (for all children)?

_____ Dollars
[RANGE=1-9999; 1 = GAVE RESPONSE, 8/9 = DK/REF]

QUALIFIED LEVEL 8

Relationship/Engagement With Children

[ASK Q66 IF Q57=1-11. If Q57=1 use “child/is” otherwise use “children/are”]

66. How many days in the past week did you or any family member read stories or tell stories to your (child/children) who (is/are) living with you?

_____ Days
[RANGE=0-7; 98, 99]

[ASK Q67 IF Q57=1-11. If Q57=1 use “child/is” otherwise use “children/are”]

67. How often in the past month have you or any family member taken your (child/children) who (are/is) living with you on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...?

- 1 Once a month or less
- 2 About two or three times a month
- 3 Several times a week, or
- 4 About once a day
- 8 DON'T KNOW
- 9 REFUSED

[ASK Q68 IF Q58=1. If Q59=1 use “your child” otherwise use “the YOUNGEST of your children”]

68. How many days in the past month did you see (your child/the YOUNGEST of your children) who (is/are) not living with you?

_____ Days
[RANGE=0-31; 98, 99]

[ASK Q69 IF Q58=1. If Q59=1 use “your child” otherwise use “the YOUNGEST of your children”]

69. How often in the past month have you taken (your child/the YOUNGEST of your

children) who (is/are) not living with you on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...?

- 1 Once a month or less
- 2 About two or three times a month
- 3 Several times a week, or
- 4 About once a day
- 8 DON'T KNOW
- 9 REFUSED

QUALIFIED LEVEL 9

Housing and Housing Security

70. Were you living in this house or apartment 18 months ago? [INTERVIEWER: IF NO ASK, "Were you living in a different house or apartment in the U.S. or outside the U.S.?"]

- 1 Yes, this house or apartment [GO TO Q72]
- 2 No, different house or apartment in U.S.
- 3 No, outside the U.S. [GO TO Q72]
- 8 DON'T KNOW [GO TO Q72]
- 9 REFUSED [GO TO Q72]

71. [IF Q70=2] Where did you live 18 months ago? Please give me the city, state, and zip.

CITY_1 18-months ago city _____[8/9 = DK/REF]

ST_1 18-months ago state _____[8/9 = DK/REF]

ZIP_1 18-months ago zip _____[8/9 = DK/REF]

72. What was your main reason for moving to this house or apartment? (INTERVIEWER DO NOT READ LIST. CODE ALL THAT APPLY.)

[INTERVIEWER NOTE: The answer categories are separated into the following groups:

FAMILY-RELATED REASONS 1-3

EMPLOYMENT-RELATED REASONS 4-7

HOUSING-RELATED REASONS 8-12

OTHER REASONS 13-17]

- 1 CHANGE IN MARITAL STATUS
- 2 TO ESTABLISH OWN HOUSEHOLD
- 3 OTHER FAMILY REASON
- 4 NEW JOB OR JOB TRANSFER

- 5 TO LOOK FOR WORK OR LOST JOB
- 6 TO BE CLOSER TO WORK/EASIER COMMUTE
- 7 OTHER JOB-RELATED REASON
- 8 WANTED TO OWN HOME, NOT RENT
- 9 WANTED NEW OR BETTER HOUSE/ APARTMENT
- 10 WANTED BETTER NEIGHBORHOOD/LESS CRIME
- 11 WANTED CHEAPER HOUSING
- 12 OTHER HOUSING REASON
- 13 TO ATTEND OR LEAVE COLLEGE
- 14 CHANGE OF CLIMATE
- 15 HEALTH REASONS
- 16 NATURAL DISASTER (HURRICANE, TORNADO, ETC.)
- 17 OTHER REASON (SPECIFY)
- 98 DON'T KNOW
- 99 REFUSED

73. During the LAST 18 MONTHS, was there a time when you (and your family) were not able to pay your mortgage, rent, or utility bills?

- 1 Yes
- 2 No [GO TO Q77]
- 8 DON'T KNOW [GO TO Q77]
- 9 REFUSED [GO TO Q77]

74. [IF Q73=1] Did you get any help when you were not able to pay the mortgage, rent, or utility bills?

- 1 Yes
- 2 No [GO TO Q77]
- 8 DON'T KNOW [GO TO Q77]
- 9 REFUSED [GO TO Q77]

75. [IF Q74=1] Who did you get help from? [CODE ALL THAT APPLY.]

- 1 Family or friends
- 2 Clergy (Minister, Priest, Rabbi)
- 3 Bank, loan company, other commercial source
- 4 Community program
- 5 Government program
- 6 Other (specify)
- 8 DON'T KNOW
- 9 REFUSED

76. During the LAST 18 MONTHS, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent or utility bills?

- 1 Yes

- 2 No
- 8 DON'T KNOW
- 9 REFUSED

QUALIFIED LEVEL 10

Family Income/Contact Information

77. Which category represents the total combined income of all members of your FAMILY during the PAST 18 MONTHS?

This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older? [READ LIST]

- 1 Less than \$5,000
- 2 5,000 to 7,499
- 3 7,500 to 9,999
- 4 10,000 to 12,499
- 5 12,500 to 14,999
- 6 15,000 to 19,999
- 7 20,000 to 24,999
- 8 25,000 to 29,999
- 9 30,000 to 34,999
- 10 35,000 to 39,999
- 11 40,000 to 49,999
- 12 50,000 to 59,999
- 13 60,000 to 74,999
- 14 75,000 to 99,999
- 15 100,000 to 149,000
- 16 150,000 or more
- 98 DON'T KNOW
- 99 REFUSED

78. So that we may send you your \$25 Visa card, may I please have your address?

- 1 [RESP GAVE MAILING ADDRESS] [SKIP TO Q80]
- 9 [VOL] [RESPONDENT DOESN'T WANT MONEY] [ASK Q79]

79. To help make sure that we can reach you for the follow-up interview, we want to make sure that we have your most up-to-date address. May I please have/verify your address so we can contact you in the future?

- 1. Gave Address
- 7. (VOL) Do not contact me for follow-up survey [SKIP TO END]
- 8. (VOL) DK/REF [SKIP TO Q81]

80. CATI: USE ADDRESS TEMPLATE FOR COLLECTING. PRE-FILL WITH ADDRESS FROM SAMPLE:

FULL NAME
ADDRESS
CITY
STATE
ZIP

81. May I please have a preferred phone number for contacting you in the future?
[PREFILL FROM SAMPLE]

1. Gave number
7. (VOL) Do not contact me for follow-up survey [SKIP TO END]
9. (VOL) DK/REF (SKIP TO Q84)

82. Is that a landline or cell phone number?

1. Landline [SKIP TO Q84]
2. Cell Phone

83. Will you allow us to send you reminder text messages about the follow-up study?

1. Yes [IF YES, INFORM THE R THAT STANDARD TEXT MESSAGING RATES APPLY AND “WE HOPE THE \$25 VISA CARD WE’RE SENDING WILL HELP PAY BACK ANY COSTS FOR RECEIVING TEXT MESSAGES.”]
2. No
9. (VOL) DK/REF

84. May I please have an Email address? [PREFILL FROM SAMPLE]

1. GAVE EMAIL [CATI: CHECK FOR PROPER FOMATTING (must include @ .com, .org, .net, etc)]
9. (VOL) DK/REF

Those are all the questions I have for you today. Thank you very much for your participation in this important research study.

85. TOA [CATI: code type of administration]

1. Inbound Locator
2. Inbound Respondent
3. Outbound Call

END

SURVEY FAQ's

WHO IS SPONSORING THIS SURVEY? / WHO IS CONDUCTING THIS STUDY?

The study is being sponsored by the U.S. Department of Labor's Employment and Training Administration (DOL/ETA). Capital Research Corporation and The Urban Institute along with Abt Associates and Abt SRBI, private research firms, are conducting the study.

WHAT IS THE PURPOSE OF THE STUDY? / WHAT INFORMATION IS THIS STUDY SEEKING?

The purpose of the study is to learn how different services work for helping young parents improve their skills and find and keep a job. The information we collect will be used to improve these services. We would like to talk with you about your experiences since you started receiving program services.

WHAT DO I HAVE TO DO? / HOW DO I PARTICIPATE?

You will be asked to complete a 20-minute phone survey now and a follow-up phone survey in about 18 months.

WHAT IS THE BENEFIT OF PARTICIPATING?

You will receive a \$25 Visa card as a thank you from the research team for your time and as an expression of appreciation for your help with this important study. You will also be contributing to an important study that will help improve the services offered to other young parents like yourself.

I JUST DID A SURVEY FOR THIS.

The program sites are also doing a short survey, but this survey asks different questions and you will get a \$25 Visa card for participating.

I'M NOT INTERESTED / I DON'T DO SURVEYS.

Please help us to better understand the education, work, and family experiences of young parents who receive these services. We could really use your cooperation, and we are interested in your experiences and what you think. Your input is unique and cannot be replaced with another person.

DO I HAVE TO ANSWER THE SURVEY? / DO I HAVE TO PARTICIPATE?

This survey is completely voluntary; you do not have to participate. You can skip any question that you do not want to answer, and you can choose to end the interview at any time.

WILL ANYONE BE ABLE TO TELL THAT I ANSWERED THE SURVEY?

Any information you provide to us for the study is kept private to the extent allowed by law. Your name will never be associated with anything you say. Your answers will never be shared with the Young Parents Demonstration program and your personal information will never be published in a report written about this study.

WILL MY INFORMATION BE KEPT PRIVATE?

Information you give will not be shared outside the study team. Study reports will not reveal your identity or mention you by name.

WHO WILL HAVE ACCESS TO MY ANSWERS?

The only people who will have access to your answers are the researchers working on the project. No outside people will be able to look at the information. All your answers will be kept completely private.

HOW CAN I BE SURE THIS SURVEY IS LEGITIMATE?

If you have any questions about the study you may call Alan Dodkowitz at The Urban Institute at **1-202-261-5216**.

For more information about Abt SRBI, the company I work for who has been hired to conduct the telephone interviews, you may call **1-888-812-9285** Monday-Friday from 9am-12am and on Saturday from 10am-4pm or Sunday 4pm-12am Eastern Standard Time. You can also visit our website at www.srbi.com. The website doesn't have any information about this study, but it does describe our company and some of the other projects we have completed.

You may also contact a study representative by email at YPD@srbi.com. You can use that address to communicate with project staff or provide us changes in your contact information.

APPENDIX E: SURVEY WEIGHT DOCUMENTATION

APPENDIX E: SURVEY WEIGHT DOCUMENTATION

This appendix describes the methodology used to develop the survey weight for the analysis of 18 month follow-up survey data collected for the YPD evaluation. The survey weight reduces potential bias due to survey non-response. Survey nonresponse includes YPD participants who received a survey and did not respond as well as those who never received a survey and had no opportunity to respond⁸⁴. Using the survey weight reduces bias in mean sample characteristics.

Variance estimates derived from weighted estimates differ from variance estimates that assume simple random sampling. Unadjusted variances that do not take account the survey weights will often be too low, which can lead to overstated significance levels and overly narrow confidence intervals. The impact of the survey design on variance estimates is measured by the design effect and is explained in more detail at the end of this appendix.

All survey weight adjustments were done separately for those that were randomly assigned to be in the treatment group versus those assigned to the control group. Some adjustments were also done separately by the four grantee sites (AltaMed Health Services Corporation, Asheville Buncombe Community Christian Ministry Incorporated, The Dannon Project, and the Training Resources of America Incorporated). The final survey weight variable included the following adjustments:

- An adjustment for lower than expected number of completed interviews with white respondents in the control group at the AltaMed Health Services Corporation site;
- An adjustment for higher than expected number of completed interviews with non-white respondents in the control group at the AltaMed Health Services Corporation site;
- An adjustment for lower than expected number of completed interviews with Hispanic respondents in the treatment group at the AltaMed Health Services Corporation site;
- An adjustment for higher than expected number of completed interviews with black respondents in the treatment group at the AltaMed Health Services Corporation site;
- A minor adjustment for lower than expected number of completed interviews with respondents that had limited English ability in the control group at all four sites;
- An adjustment for lower than expected number of completed interviews with respondents that had limited English ability in the treatment at all four sites;
- An adjustment for higher than expected number of completed interviews with respondents that were employed at the beginning of the project in the control group across all four sites;
- An adjustment for lower than expected number of completed interviews with respondents that were employed at the beginning of the project in the treatment group across all four sites;

⁸⁴ Two hundred and ninety-three (18 percent) the study sample) were not given the opportunity to respond to the survey due to the expiration of the OMB approval date prior to survey distribution.

- An adjustment for lower than expected number of completed interviews with respondents that were receiving SNAP at the beginning of the project in the treatment group across all four sites;
- An adjustment for higher than expected number of completed interviews with respondents that were receiving Medicaid at the beginning of the project in the control group across all four sites;
- An adjustment for higher than expected number of completed interviews with respondents that were receiving Medicaid at the beginning of the project in the treatment group across all four sites;
- An adjustment for lower than expected number of completed interviews with respondents that were homeless at the beginning of the project in the control group across all four sites; and
- An adjustment for lower than expected number of completed interviews with respondents that were homeless at the beginning of the project in the treatment group across all four sites.

The final survey weight was normalized so that the sum of the weights equaled the sample size of completed control and treatment interviews across all four sites (sample size=809; 421 control and 388 treatment survey respondents).

Design Effects

Post-data collection statistical adjustments were required due to survey non-response and because some respondents never received the survey because of the expiration of the OMB data collection approval date. The post-data collection adjustments required analysis procedures that adjusted the standard errors would have been obtained had a simple random sample been drawn that involved no adjustments. Therefore, when using the survey weight, variance estimation required estimating the survey design effect associated with the weighted estimate. The term design effect is used to describe the variance of the weighted sample estimate relative to the variance of an estimate that assumes a simple random sample.

In a wide range of situations, the adjusted standard error of a statistic should be calculated by multiplying the usual formula by the design effect (i.e., the *deft*). Thus, the formula for computing the 95% confidence interval around a percentage is:

$$\hat{p} \pm \left(\text{deft} \times 1.96 \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}} \right)$$

Where \hat{p} is the sample estimate and n is the unweighted number of sample cases in the group being considered.

The average design effect for the survey weight is 1.118. The *deft* is the square root of the design effect which is 1.057. Thus, to get a more accurate estimate of the standard errors associated with the weighted estimate, the unweighted standard error was multiplied by the *deft* value, 1.057.

**APPENDIX F: DESCRIPTIVE ANALYSIS OF MENTORING
LOGS MAINTAINED BY MENTORS
ON TREATMENT GROUP PARTICIPANTS**

APPENDIX F: DESCRIPTIVE ANALYSIS OF MENTORING LOGS MAINTAINED BY MENTORS ON TREATMENT GROUP PARTICIPANTS

As part of the data collection efforts, mentors at each site were asked to complete logs detailing each interaction they had with their mentee. These logs, collected for treatment group members only, were intended to capture the type, frequency, and intensity of the mentoring interactions. In these logs, mentors logged: (1) when they met with a mentee and for how long, (2) the nature of the interaction (whether it was a meeting, meal, transportation assistance, etc.), (3) if the mentoring encounter was in-person, over the phone, or via text message, (4) if the mentoring interaction was held one-on-one or in a group, and (5) what was the main topic of discussion during the mentoring interaction (e.g., education, career path, job search, etc.). Each mentor was to complete the log of activity shortly after each encounter and to submit the logs each quarter for review by grantee staff, who in turn forwarded a copy of each log to the evaluation team for data entry and analysis. A copy of the mentoring log is attached in Appendix B.

The evaluation team began collecting mentor logs from grantee sites in the summer of 2012, and continued collecting logs through the end of 2015 (i.e., a period of slightly over three years). Over the about three-year period in which mentor logs were collected, mentors logged a total of 6,120 mentoring interactions for a total of 477 treatment group participants (i.e., for slightly over half of treatment group participants). While these mentoring logs provide a useful description and exploratory analysis of the types of mentoring activities provided under the demonstration efforts, there are several limitations:

- While mentors were urged to maintain logs to cover each mentoring interaction, the logs were voluntary (in part so as not to discourage volunteers from becoming mentors because of paperwork burden). Hence, some mentors did not complete logs or did not complete logs for the entire period in which they served participants. In some instances, mentors did not complete logs for all periods in which they served a particular individual. Hence, the analysis provided is exploratory and may not be fully representative of all mentoring encounters that took place under the initiative.
- Not all mentors interpreted in the same manner what constituted a mentoring encounter with a mentee. For example, some mentors entered certain interactions as “meetings” when they appeared to be text messages reminding participants to meet with them.

Given these limitations of the data source, key findings from the analysis of an mentoring logs is presented below designed to provide added background on the nature of mentoring encounters to supplement qualitative discussions in the main body of the report.

Number of Mentoring Encounters and Duration of Mentoring Received. Exhibit F-1, below, provides an analysis of the average number of contacts per participant for which mentoring logs were available, as well as an analysis of duration of the contacts with participants. The data shows that among those participants who had at least one mentoring encounter logged by a mentor, the average number of mentoring contacts was 12.8, totaling to

15.7 hours of contact per mentee on average. The average duration of each individual mentoring contact was 1.2 hours across the five grantee sites. This exhibit shows the considerable variation across grantees in terms of the average number of mentoring contacts logged per participant, ranging from 5.6 (at ABCCM) to 17.9 (at AltaMed). The average duration of each contact was relatively similar across sites (ranging from 1.1 hours per contact at Dannon to 1.5 hours per contact at FSDC and ABCCM).

When hours of mentoring are accumulated across participants (who had at least one mentoring encounter logged), there was considerable variation in average total duration of mentoring hours provided per participant across grantee sites, ranging from 8.2 hours (at ABCCM) to 20.9 hours (at AltaMed) per treatment group participant. Most of the difference in total average duration of mentoring per participant stemmed from differences across sites in the number of encounters per participant.

Exhibit F-1: Mentoring Contacts and Duration, by YPD Round III Site

Site	Number of Participants with at Least One Mentoring Encounter	Average Number of Contacts per Participant	Average Amount of Time Spent per Contact (Hours)	Average Amount of Time Spent Overall Between Mentor and Mentee (Hours)
AltaMed	192	17.9	1.2	20.9
TRA-LARE	45	13.3	1.3	17.3
FSDC	51	9.1	1.5	13.7
Dannon	134	9.9	1.1	11.1
ABCCM	55	5.6	1.5	8.2
Total	477	12.8	1.2	15.7

Source: Mentoring logs were maintained by mentors to capture duration and type of mentoring activity.

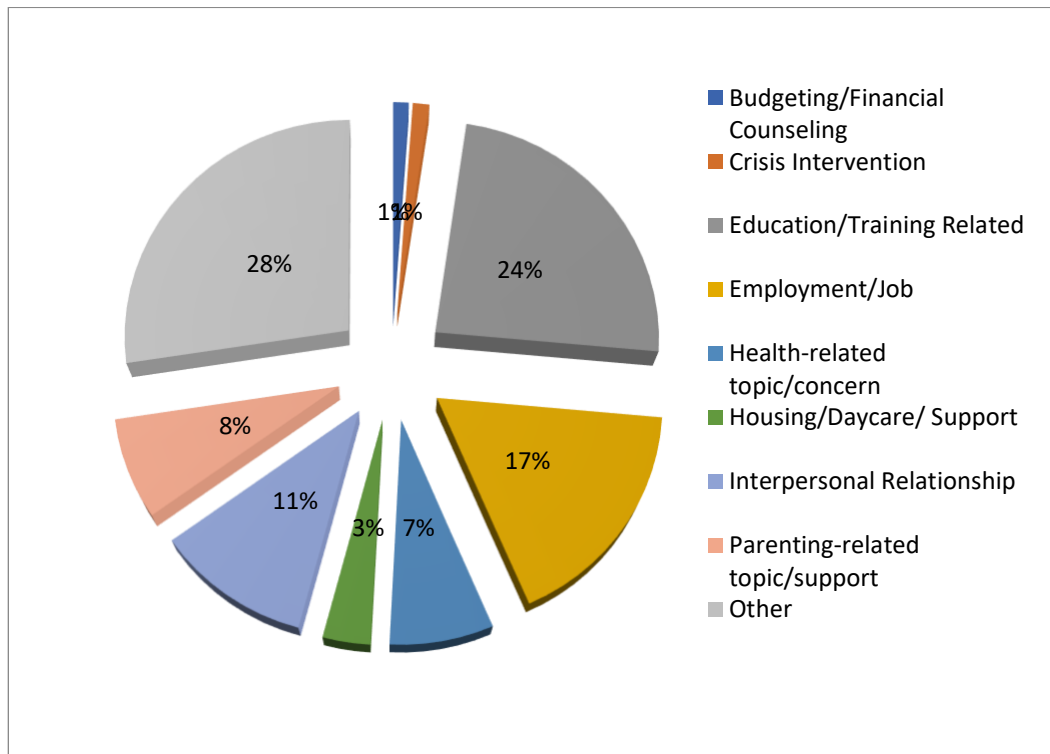
Note: Total number of mentoring contacts logged by site were the following: ABCCM, 308 logged mentoring encounters; AltaMed, 3,430 ; Dannon, 1,320; FSDC, 464; and TRA-LARE, 598.

Variation in Duration of Individual Mentoring Contacts by Type of Contact.

Further analysis of the mentoring logs indicated that the amount of time participants spent in mentoring differed by the type of contact they received (not shown in an exhibit). While the average contact between mentor and mentee lasted approximately 1.2 hours, group sessions (which were approximately one-third of all mentoring encounters) lasted an average of 1.7 hours, while one-on-one sessions with mentors (approximately two thirds of all encounters) lasted about one hour on average. The method of contact also appear appeared to affect average duration of mentoring encounters, with in-person meetings lasting an average of 1.5 hours, where by comparison telephone meetings lasted a little over a half an hour (0.6 hours)

Topics Discussed During the Mentoring Encounters. The mentor logs provided data on the types of topics discussed during each mentoring encounter. Mentors were asked to identify for each interaction the main topic of discussions. Mentors had nine topics areas from which to choose (including “other”). Exhibit F-2 provides a breakdown of the main topic areas of discussion between the mentors and mentees.

Exhibit F-2: Percentage of Total Mentoring Encounters by the Topics Area that Was the Main Focus of Discussion



The data suggests that among the most popular topics of discussion were education/training-related discussions (24 percent), employment or job-related discussions (17 percent), or “other” discussion topics (28 percent). Although not shown in the exhibit, data also revealed a split in the topics of discussion based on whether the encounter was a group or individual session. Group meetings tended to focus on topic areas that could be shared across many mentees. As a result, the group meetings were more often focused on education/training, parenting-related topics, health-related concerns, and employment/jobs compared with individual mentoring sessions, which were more topically diverse.

In-Person Activities. Another key component of the mentor logs was the type of in-person activities conducted between the mentor and mentee. Nearly two-thirds of interactions were in-person, with the remaining sessions held over the phone, or via text message. For each of these in-person mentoring contacts, mentors recorded the main type of activity which was the focus of the encounter (see Exhibit F-3). This exhibit indicates that slightly more than half (52 percent) of all in-person activities were for meetings between the mentor and mentee, which could be either be conducted one-on-one or in a group setting. Although not shown in the graph, 71 percent of group interactions were for meetings, compared with slightly more than a third (37 percent) of one-on-one interactions, which were for meetings. Meals were approximately 12 percent of all in-person activities; relaxation or social time was 9 percent of all in-person activities.

Exhibit F-3: Percentage of In-person Mentoring Encounters by the Type of Activity

