FINAL REPORT

SOLUTIONS FOR YOUTH

AN EVALUATION OF THE LATIN AMERICAN YOUTH CENTER'S PROMOTOR PATHWAY PROGRAM

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Executive Summary

This report describes an evaluation of the Latin American Youth Center's (LAYC) Promotor Pathway program, which provides youth with a "promotor" who provides intensive case management, mentorship, and advocacy to youth who have multiple risk factors. Through these services, the Promotor Pathway program aims to improve education and employment outcomes, boost life skills, and prevent delinquency or reduce unhealthy behaviors for youth transitioning into adulthood.

Youth participating in the program were randomly assigned to either a promotor or to LAYC services as usual. This evaluation tests a "top up" model, where we compared those with access to all other LAYC services with those who also have access to a promotor. The randomized controlled trial (RCT) design assesses whether the Promotor Pathway program improved 18-month outcomes for youth in the areas of education attainment, employment, reduced births, residential stability, and reduced risk-taking behaviors.

LAYC and the Promotor Pathway Program

LAYC was founded in 1968 to address the absence of services for the emerging Latino community in the District of Columbia. Today, LAYC provides of youth development programs that seek to improve the lives of low-income immigrant youth and youth of color and their families. LAYC serves about 4,000 at-risk youth from diverse communities each year in four sites within DC and Maryland.

In 2008, LAYC launched the Promotor Pathway program. Promotor Pathway is an intensive client management program aimed at helping the highest-risk and most-disconnected youth overcome significant life obstacles such as lack of education, homelessness, trauma, substance abuse, and court involvement. The program rests on the theory that a positive relationship with a "caring adult" is the most important factor in helping youth reach their goals, and that this relationship must be long term. LAYC defined intended outcomes in three categories: academic success, employment success, and healthy behaviors. It grouped these outcomes into short-term, intermediate, and long-term time horizons.

LAYC's Promotor Pathway program targets a subset of disconnected youth who have the highest risk, and specifically targets immigrant youth and youth of color from low-income households living in areas with high proportions of populations of color. The program serves youth between the ages of 16 and 24 years old,[1] and requires that youth be no more than 22 years old upon entry into the program so that they could be served for at least two years.

LAYC recruited participants to the Promotor Pathway program from all four LAYC sites: Washington, DC, and Langley Park, Riverdale, and Silver Spring, Maryland. Potentially eligible youth were also referred to the program through word of mouth from within LAYC and from external sources

such as government agencies, schools, and other nonprofits. Once recruited or referred, youth were required to complete a risk screening assessment with the help of a LAYC staff person to determine eligibility. The screening assessment asked youth about whether they were enrolled in school, their housing situation, any substance abuse and mental health issues, and criminal justice involvement; youth with risk in these primary areas automatically are eligible for the program. Youth with risk in other areas, such as involvement in special education, previous failure of a class or grade, a recent suspension, or having a child or expecting a child, were likely to be deemed eligible. Youth with multiple risk factors are eligible for the program.

Evaluation Implementation

The primary method of data collection was a series of questionnaires designed by Public/Private Ventures and LAYC.[2] Once LAYC staff deemed youth eligible for the study, but before random assignment, each young person completed a self-administered baseline paper survey.

Between April 2010 and February 2013, youth determined eligible for the Promotor Pathway program were invited to participate in the program and then randomly assigned to either the treatment group or the control group. Typically within one week of completing the baseline survey, Ewald & Wasserman Research Consultants (E&W), the contracted survey research firm, randomly assigned youth to the treatment or control group using a pseudo-random number algorithm. Once assigned, E&W transferred this information to LAYC. If assigned to the treatment group, youth would be given a promotor and could begin meeting with them within one week of assignment. Those assigned to the control group were not permitted to participate, but could still access other LAYC services on their own.

The study sample comprised 476 youth randomly assigned to the treatment or the control group. Baseline characteristics and risk factors were as follows:

- The sample was split almost evenly in terms of gender. Nearly all study youth (99 percent) were people of color and about half of youth spoke at least some Spanish at home. Their average age was 18.[3] About a third of youth were parents.
- Eighty-four percent were connected to some education (in school or general equivalency diploma [GED] classes). Seventy-four percent had not yet attained a high school diploma or GED. Twenty-four percent had a high school diploma or GED as their highest degree. Twenty-two percent were employed at baseline.
- Forty percent were receiving benefits from the Supplemental Nutrition Assistance Program (SNAP). Twenty-one percent reported not getting enough to eat. Twenty-two percent did not regularly sleep in the same home. Fourteen percent had slept in a homeless shelter in the past six months. Fourteen percent had previous or current involvement in the foster care system.
- About 25 percent reported a learning disability. Twenty-one percent reported a mental health diagnosis. Fifteen percent reported engaging in self-injurious behavior requiring medical attention.

- Twenty-three percent reported a recent arrest. Twenty percent reported receiving a warning by the police at some time in the past. Sixteen percent had carried a weapon in the past four weeks. Six percent reported that they had sold marijuana in the past 12 months.

Randomization was successful as we saw few significant differences between the treatment and control groups at baseline. There were no significant differences in gender, age, SNAP receipt, whether or not youth had slept in a shelter in the past six months, and employment, measures of relationships and self-efficacy, most risk factors, and all neighborhood characteristics. Relative to the control group, a slightly higher percentage of the treatment group identified as mixed race, was in 11th grade, and sold marijuana.

There was only one significant difference in risk factors between treatment and control group at baseline. The only significant difference found was related to whether or not a youth had sold marijuana in the last 12 months. A higher percentage of the treatment group, about 10 percent versus 4 percent, reported that they had sold marijuana in the past 12 months. As when examining the baseline demographic, education, and employment characteristics, the lack of significant difference in risk factors and behaviors between the two groups indicates that the randomization process was successful.

The characteristics of the neighborhoods youth resided at baseline were relatively consistent across treatment and control youth, and no significant differences were found. The lack of significant difference in these characteristics further demonstrates the success of the randomization process.

Three follow-up surveys were conducted after the baseline survey—at 6, 12, and 18 months. The survey instruments for treatment and control group youth were identical, with the exception that treatment group youth were asked additional questions about their promotor. Topics covered in the surveys included housing and food security, education, employment, attitudes toward education and employment, relationships with peers and adults, risky behaviors, and access to community and public services.

Service Use

Engagement with promotores was remarkably high, especially when considering that this was an optional service delivered to a high-need population of young people. Fully, 94 percent of youth engaged at least once with their promotor—either by making contact or responding to contact. On average, the time between a youth's first and last contacts with his/her promotor during the 18-month study period was 15 months. (A youth could remain engaged with his/her promotor beyond the 18-month study period.) Using LAYC's contact data, we find that half of all youth had 45 or more total contacts with their promotores during the 18-month study period.

Youth initiated a considerable number of contacts with their promotores. Looking over the entire tenure of engagement within the study period, we see that, on average, youth initiated 23 contacts and promotores initiated 18 contacts. Promotores initiated a higher share of contacts for youth with fewer total contacts; the share of youth contacts was higher for those youth with higher total contacts. Based

on survey data, treatment youth were very positive about their relationships with their promotores and these feelings remained consistent across all three survey waves.

Examining the Promotor Pathyway program, we find few baseline characteristics predicted the amount of contact a youth will have with their promotor. We ran a logistic regression on those youth who had 45 or more contacts, relative to those who had less than 45 contacts. Only one characteristic—having a child at baseline—was statistically significantly correlated with engaging in 45 or more contacts. Youth with a child at baseline were over four times more likely to have 45 or more contacts with their promotores.

Other LAYC Services Received

Using administrative data on the use of other LAYC services, we can compare the treatment and control groups' participation in LAYC programs. Before random assignment, 83 percent of youth were involved in some LAYC program (excluding Promoter Pathway): 85 percent of treatment group and 82 percent of control group. After randomization occurred, treatment youth were significantly more likely to enroll in certain types of LAYC programs during the 18-month study period: 71 percent of treatment youth compared with 49 percent of control youth.

Overall, treatment youth were also more likely than control group youth to use any service (whether a LAYC service or outside service or program) by the end of the study period. In the outcome survey, youth were asked whether they needed a series of services and, if so, if they received them. Among treatment and control youth reporting they needed a given service, treatment youth were 15 to nearly 30 percentage points more likely to receive services from any provider related to mental health counseling, substance use, public assistance, housing, and legal problems.

Program Impacts

Our analytical strategy employs an intent-to-treat (ITT) and treatment-on-the-treated (TOT) strategies to estimate the difference between the treatment and control groups for each outcome measure. The regression-adjusted ITT models take into account any variation between the groups and improve the precision of the ITT estimates. Using results of the regression-adjusted estimate at 18-month follow-up, and we found the following:

- Looking at education outcomes, in-school rates for treatment youth were 14 percentage points higher than their peers in the control group. "In school" status was captured on the follow-up surveys when youth reported if they were currently in school. Interestingly, this result was largely driven by Latinos and males. However, we saw no gains for the treatment group overall relative to the control group in high school degree attainment or college attendance during the 18-month tracking period.
- We examined four employment outcomes for youth and found no overall impacts. Females in the treatment group fared no better than females in the control group along any of the

employment dimensions. However, males in the treatment group were less likely to have worked recently, worked fewer hours per week, and lower weekly wages. Given that males were more likely to persist in school than females, the worsened employment outcomes may be interpreted as a trade-off between school and work.

- Our analysis found that the program reduced births during the 18-month study period for the treatment group. Overall, treatment youth were 7 percentage points less likely to have a child during the last year of the study period than control youth. This outcome was evident among some subgroups and not others. Latino treatment youth and male treatment youth were less likely to have had a child in the last year of the study period than their counterparts in the control group.
- When examining housing stability, treatment group youth were about 6 percentage points less likely to have slept in a shelter during the past six months than control group youth. Female treatment group members were 12 percentage points less likely than control group females to have slept in a shelter in the past six months and non-Latino treatment group youth, who were primarily African American, were 11 percentage points less likely to have slept in a shelter than non-Latino control group youth. The program demonstrated no effects on the likelihood of moving more than three times in the past six months.
- We found no positive effects on substance use measures. The treatment group was no less or more likely to use marijuana or to use other drugs. However, when compared with control youth, treatment youth were about 12 percentage points more likely to report they engaged in binge drinking in the past four weeks.
- As with substance use, none of the nine violence and delinquency outcomes we investigated evidenced a positive impact. Rather, treatment group youth were more likely to have reported that they got in a fight that required them to seek medical attention, to have sold marijuana, and to have sold other hard drugs (all controlling for higher rates at baseline).
- To examine a youth's relationships and perceptions of self-efficacy, we looked at four outcomes: whether or not a youth had a special adult in his/her life, if his/her friends were a positive influence, if his/her friends were a negative influence, and his/her perceived mastery/control. Treatment youth were 9 percentage points more likely to say that they had a special adult in their life. Treatment youth were not more or less likely than control youth to have friends that were either a positive or negative influence or to have a higher or lower score on perceived master/control.

Implications for Practice and Policy

LAYC's Promotor Pathway program serves an important role by filling a void in the lives of high-needs at-risk youth. Promotores are paid full-time positions, which has implications for how these individuals interact with youth over time. Unlike other case managers these youth might have in their lives,

promotores are expected to be available to youth at all times and for several years. These are important principles for developing the rapport and trust required for such a position to have long-term impact. About half of treatment youth had 45 or more contacts with their promotor and remained engaged with the promotores for an average of 15 months by the point of each youth ending the 18-month study. Prior research indicates that such long-term relationships are more likely to yield positive social outcomes for the youth than shorter relationships.

The evaluation found that youth did not see increases in their perception of self-efficacy as measured through mastery, the belief that you have control over what happens in your life. One possibility is that it may take more time to change this sort of intrinsic attitude. But one caution to consider is the extent to which promotores guide and counsel youth versus make things happen for the youth. Even if promotores are not enabling youth to sit back and be "served," the youth may still feel that they could not have accomplished things on their own.

The evaluation revealed positive impacts in several key domains, but it revealed negative or no impacts in other areas. Additionally, many of the impacts were found only for subgroups, either by gender or race or ethnicity. Further understanding how the program is operating could provide some insight into why certain subgroups benefit more than others, though not consistently across outcomes.

The evaluation also found the treatment group to have engaged in certain negative behaviors, such as binge drinking, selling drugs, and getting into a fight, at greater rates than youth in the control group, even when controlling for differences that may already have been present at entry into the program. Though it seems unlikely that the program caused increases in these behaviors, or prevented them from diminishing, we do not have sufficient information to understand why these differences are observed.

Given the level of needs for the youth eligible for the program, the 18-month period observed in the evaluation may not be sufficient to achieve significant impacts. The finding that treatment youth were more likely than control group youth to be enrolled in school at 18 months, yet not have attained any higher degrees implies that it took some time for the promotores to get the youth to return to school or to fully engage. We recommend consideration of another follow-up interview to observe a longer time period.

LAYC is a service-rich organization, offering numerous programs to at-risk youth. Youth referred to the Promotor Pathway program are mostly already involved in LAYC programs. In the evaluation, control youth were seen to engage in numerous LAYC programs. The Promotor Pathway program, thus, is an add-on to the slate of LAYC programs, and its potential impact is only the marginal impact it can have above participation in these other programs. It is difficult to assess the value the program would have in another organization that might not have as large and diverse a set of services. If an organization had only a limited set of services, it is possible that a promotor could have a significant impact in connecting youth to other services. On the other hand, having a large array of services on site may be critical if youth do not follow through well on referrals to external service. Thus other demonstrations will be needed to address the replicability of the program in a different environment as we cannot assess the importance of having the other services on site, or at least easily accessible. We

expect, however, this evaluation will add to the literature by describing the outcomes of a program that focuses on disconnected youth of these ages who receive a combination of mentoring, case management, and advocacy.

Introduction

This report describes an evaluation of the Latin American Youth Center's (LAYC) Promotor Pathway program, which provides youth with a "promotor" who provides intensive case management, mentorship, and advocacy to youth presenting multiple risk factors. As at-risk youth struggle to make important transitions to employment or education, caring adults like the promotor can be a source of support. A caring adult is defined by a sustained relationship between a young person (the mentee) and an adult in which the adult provides the youth with support, guidance, and assistance (Jekielek et al. 2002). Such adults are expected to have a positive influence only if they develop a strong, trusting, empathetic connection with youth that likely lasts a significant amount of time (Rhodes and Dubois 2008). Through case management, mentoring, and advocacy, the Promotor Pathway program aims to improve education and employment outcomes, boost life skills, and prevent delinquency or unhealthy behaviors for youth transitioning into adulthood.

Youth participating in LAYC programs were assessed on a set of risk factors. For this study, 483 high-risk youth were randomly assigned to either a promotor or to services as usual; the latter including a large number of programs available at LAYC as well as any other service available outside of LAYC. This evaluation tests a "top up" model, where those with access to all other LAYC services are compared with those who also have access to a promotor. These youth completed a survey before randomization, and then were contacted for follow-up surveys at 6, 12, and 18 months after randomization. Using this randomized controlled trial (RCT) design, the evaluation set out to answer three research questions:

1. Does the Promotor Pathway program lead to improved outcomes for participants in the areas of academics, employment, and healthy behaviors when compared with LAYC participants not matched with a promotor?
2. Are there differences in the outcomes achieved among subgroups of participants (e.g., Latinos versus non-Latinos, males versus females)?
3. Through what methods, with what frequency, and on what topics did youth engage with promotores?

More specifically, this evaluation assesses whether the Promotor Pathway program increased educational attainment; increased employment, hours, and wages; reduced births; improved residential stability; and reduced risk-taking behaviors, such as alcohol and drug use and delinquency. We further examine the degree to which program youth engaged with their promotor as well as the variation of promotor involvement with the youth on their caseloads.

Literature on Programming for At-Risk Youth

Youth who are not in school and are not working are considered disconnected from society, or disconnected youth. They are often vulnerable to experience negative outcomes as they transition to adulthood and may lack social networks that provide or connect them to support and community resources (Fernandes and Gabe 2009). Youth may also be considered at risk if they have a high risk of disconnecting from work or school. Youth who are in the foster care system, in the juvenile justice system, or have a child have been shown to have greater difficulty successfully completing school and sustaining work (Wald and Martinez 2003).

Many studies have described the effects of interventions designed to improve the education, employment, and behavioral outcomes of at-risk youth. There is robust literature looking at mentoring programs and moderate literature looking at hybrid approaches that include mentoring and case management. Though there are evaluations that study the effects of programs that provide case management in combination with other services, we are not aware of rigorous studies of interventions targeting youth that solely provide case management services.

Most studies on programs evaluating the effects of case management and advocacy incorporate those services with mentoring or other supports. These programs typically focus on youth who are age 18 and younger. Few studies have focused on programs working with disconnected youth who span the ages this program targets: 14 to 24. As a result, we expect this evaluation will add to the literature by describing the outcomes of a program that focuses on disconnected youth of these ages who receive a combination of mentoring, case management, and advocacy.

Programs that include mentoring, case management, or advocacy as one program component among several, like the Promotor Pathway program, demonstrate varying impacts on youth participants. The random assignment evaluation of the Quantum Opportunities Project, which operated in five sites across the country and offered case management, academic support, developmental activities, and community service, found no positive impacts, though this was attributed to poor implementation of the program model and low participation (Schirm and McKie 2006). LAYC looked at this program during the development of the Promotor Pathway program.

In an evaluation of high-risk sixth graders participating in Across Ages, a substance-abuse prevention program that includes mentoring, LoSciuto and colleagues (1996) found that the mentored youth had increased positive attitudes and community service as well as improved reactions to situations involving drug use and school attendance compared with the control group. A later study of the program found lower levels of problem behaviors and higher levels of self-control and school bonding for program participants compared with controls. However, most of the effects disappeared after six months (Aseltine, Dupre, and Lamlein 2000).

Upward Bound, a federally funded program for high school students lasting up to four years and offering instruction, tutoring, and counseling was found to have no overall impact on high school graduation or college enrollment. However, the program was found to improve education outcomes for students with initially low educational expectations. These students were more than twice as likely to enroll at four-year colleges (38 versus 18 percent) as similar control group members (Myers et al. 2004).

A quasi-experimental study of Sponsor-A-Scholar, a program offering mentoring, academic support, and financial assistance to Philadelphia public high school youth from ninth grade to college enrollment, found that in the first two years after high school graduation, participants had college attendance rates that were 20 percentage points higher than those of their peers. It also found that the most disadvantaged youth benefited the most from the program. Youth who had the least familial support, attended the poorest-performing schools, and had the lowest GPA or motivations at program enrollment had statistically significant improvements in GPA and were more likely to attend college than the comparison group (Johnson 1999). However, those enrolling in the program with good grades and attendance demonstrated no significant improvements. The RCT evaluation of a shorter-term program, the Summer Career Exploration Program in Philadelphia, which provides high school students with a summer job in the private sector, preemployment training, and a college-student mentor, found no effects on students' high school graduation, college enrollment, attitudes toward work or school, or sense of self-efficacy (McClanahan, Sipe, and Smith 2004).

Lastly, a randomized evaluation of the effectiveness of school-based mentoring found that supplementing school-based services with mentoring has small, positive effects on social behaviors of high school females. Compared with high school females who received just school-based services, those who also received mentoring reported greater connectedness to culturally different peers, self-esteem, and support from friends; such effects were not found for males (Karcher 2008).

Of the studies of programs providing mainly mentoring, with few or no adjunct services, some positive results have been found in the near and medium-term. A number of impact studies have examined the Big Brothers Big Sisters of America mentoring program; findings have been mixed. One RCT found that youth ages 10–16 who enrolled in the program skipped half as many days of school, had slightly better GPAs, and had an improved concept of their scholastic competence compared with a control group (Tierney, Grossman, and Resch 1995). Another study of youth ages 9–16 also found improved academic confidence and performance compared with control youth—but effects disappeared by 15 months (Herrera et al. 2011). The length of time a youth is involved in Big Brothers Big Sisters has been found to be important. One study found that youth enrolled in Big Brothers Big Sisters for more than 12 months had significant gains at 18 months in self-worth, perceived scholastic competence, relationships with parents, and other positive social outcomes compared with a control group; meanwhile, those enrolled less than three months demonstrated a decrease in schoolwork confidence and a lower sense of self-worth (Grossman and Rhodes 2002). A specialized Big Brothers Big Sisters program for children of incarcerated parents found treatment group youth had higher self-esteem and felt more connected to school, community, and family at 18 months, but they did not differ in their academic competence or attitudes compared with youth in a control group (US Department of Justice 2011). Grossman and Rhodes (2002) found that mentoring relationships terminating within six

months demonstrated no significant positive effects and even lead to significant increases in alcohol use relative to control groups.

Additional research on Big Brother Big Sisters programs indicates that youth-driven relationships are more likely to yield significant, positive outcomes. A qualitative relationship study of 82 mentoring matches found that mentoring relationships based on the mentors goals' created tension and abandonment of the relationship (Morrow and Styles 1995). Langhout, Rhodes, and Osborne (2004) find that, when categorizing relationships according to their level of structure and supportiveness, relationships with moderate levels of structure and conditional support lead to more positive outcomes relative to control participants.[4]

Studies of programs besides Big Brothers Big Sisters have also found some positive results. A 2011 random assignment study investigated impacts of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care, a relationship-based program in which youth in intensive foster care receive mentoring support. Researchers found that 56 percent of participating youth reported enrolling in college, compared with 38 percent of the control participants (Courtney et al. 2011). In addition, program youth were more likely to persist in college (that is, reenroll for a second year) and were more likely to choose to remain in foster care after turning 18. Participating youth were also more likely to have a driver's license and birth certificates than youth in the control group, but they did not report better outcomes for employment, economic well-being, housing, delinquency, pregnancy, or preparedness for independence. A random assignment evaluation of InsideTrack, a student coaching service providing mentoring to nontraditional college students through their first year of a degree program, found that participants were 5.0 percentage points more likely to remain enrolled in college than a control group after six months of program participation and 3.4 percentage points more likely to remain enrolled at a 24-month follow-up (Bettinger and Baker 2013).

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. However, among females with no prior arrests, program participants had a higher arrest rate at follow-up than control group members (O'Donnell and Williams 2013). Similar adverse effects on lower-risk youth were found in programs that encourage the interaction of higher- and lower-risk youth (Arnold and Hughes 1999; Boxer et al. 2005; Valente et al. 2007).

Studying seven mentoring programs in Washington state, Herrera, DuBois, and Grossman (2013) found that, compared with a 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 prosocial behavior. Positive outcomes were stronger and more consistent for youth with relatively high individual risk categories than for those with environmental risk.

Meta-analyses of mentoring programs have concluded that mentoring programs can positively affect youth development. A meta-analysis of 73 previous studies finds that, on average, mentored youth, score about 9 percentile points higher than nonmentored youth on behavioral, social, emotional, and academic measures (DuBois et al. 2011). A review of 39 RCT and quasi-experimental studies found that mentoring had modest, positive effects on delinquency, aggression, drug use, and achievement in high-risk youth, with larger effect sizes on delinquency and aggression (Tolan et al. 2008). Though limited in the analysis of mentoring components, the study also found stronger effects when mentoring interventions emphasized emotional support for the mentee and when professional advancement was a motivator for the mentor's participation in the program.

Programs that offer youth job training or placement along with case management have documented some success. Participation in Job Corps, a federally funded program providing vocational training, academic support, counseling, and often residential living, was found to have short-term impacts on earnings, employment, education, and crime. However, after 5 to 10 years, these impacts disappeared for the sample as a whole, made up of youth ages 16–24 at the time of application, with the impact on earnings remaining significant only for the subgroup of youth ages 20–24 (Schochet, Burghardt, and McConnell 2006). This random assignment evaluation is one of the few studies made up of youth in the same age range as the Promotor Pathways program.

Perhaps the most promising recent job training program evaluation is that of the National Guard Youth ChalleNGe program. This program, which provides short-term job and life-skills training in a quasi-military environment, followed by one year of mentoring, demonstrated long-term positive impacts on employment. After three years, the program group had an employment rate 7 percentage points higher and earnings 20 percent higher than a control group and was more likely to obtain college credits or a high school diploma or GED (Millenky et al. 2011).

LAYC and the Promotor Pathway Program

LAYC was founded in 1968 to address the absence of services for the emerging Latino community in the District of Columbia. Today, LAYC provides youth development programs that seek to improve the lives of low-income immigrant youth and youth of color and their families. LAYC offers multiservice, bilingual programs in the areas of prevention and intervention, education, workforce readiness, housing, community building, mental health services, arts, and healthy recreation. LAYC specializes in working with high-risk, underserved youth, low-income teen parents, homeless youth, youth in foster care and juvenile justice systems, and youth facing mental health, substance abuse, or complicated family issues. In 2005, LAYC expanded to serve Maryland's Prince George's and Montgomery counties, establishing youth centers at three sites: Langley Park, Riverdale, and Silver Spring. LAYC serves about 4,000 youth from diverse communities each year in DC and Maryland. The characteristics of the communities and youth are described in a later chapter.

In 1998, LAYC established the Next Step Public Charter School to meet the needs of recently arrived immigrant students, teen parents, and other youth whose needs could not be met by the regular public schools in DC. Following the success of Next Step, LAYC founded two other charter schools: the Latin American Montessori Bilingual (LAMB) Public Charter School in 2001 and the YouthBuild Public Charter School in 2005. LAMB Public Charter School was the second public bilingual Spanish-English Montessori school in the country and the first in DC. YouthBuild Public Charter School, also located in DC, offers classes in English and Spanish and serves youth ages 16 to 24 who have dropped out of traditional high schools by offering academic, vocational, and workforce development programs in a nontraditional environment. In 2012, the LAYC opened the LAYC Career Academy, a charter school that provides youth ages 16–24 with college credits and AP-style classes, a general equivalency diploma (GED) and college preparatory curriculum, and career preparation in the health care and information technology fields.

LAYC devotes significant resources to evaluating the outcomes and effectiveness of its programs. In 2005, LAYC created a Learning and Evaluation Department to oversee all work on outcome measurement and performance management. To measure effectiveness, LAYC collects and analyzes demographic, output, and outcome information on participants in each of its programs.

As part of a strategic planning process facilitated by the Bridgespan Group in 2007, LAYC embarked on a planning process to clarify the organization's theory of change. This process, with the input of leadership and staff, resulted in the creation of the Promotor Pathway program in 2008. The term "promotor" is commonly used in Latino cultures to describe an individual in the community who works to raise awareness of health and education issues. The Promotor Pathway is an intensive client management program aimed at helping the most high-risk and disconnected youth overcome significant life obstacles, such as lack of education, homelessness, trauma, substance abuse, and court involvement.

The goal of the program is to help youth make successful transitions to adulthood and (re)connect with their families and communities. It rests on the theory that a positive relationship with a caring adult is the most important factor in helping youth reach their goals and that this relationship must be long term. The program is holistic, providing youth not only with a caring adult, known as a promotor, but also with an array of services and referrals to outside resources.

Promotor Pathway Intervention and Logic

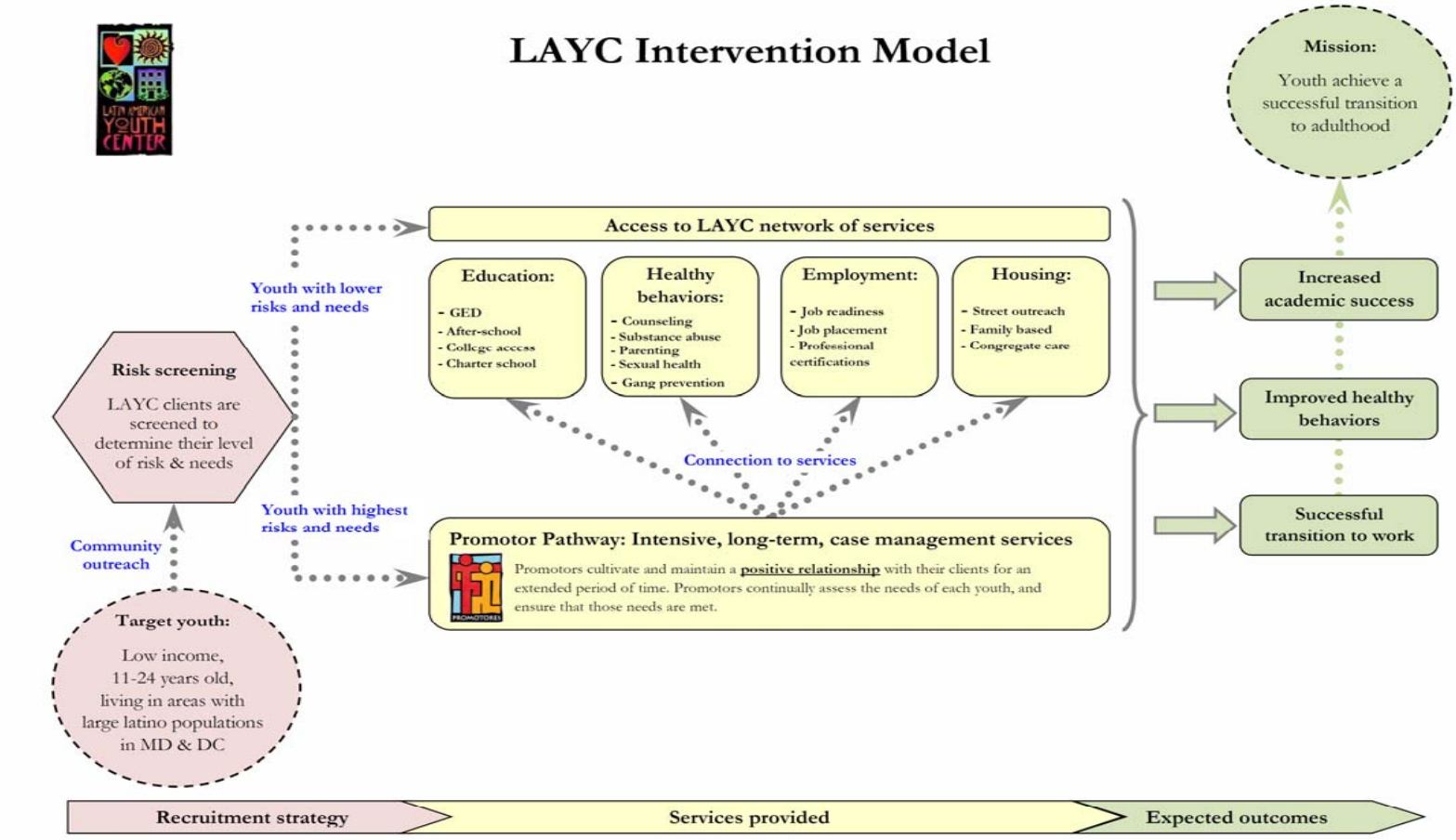
LAYC created an intervention model and a logic model to guide the development of the Promotor Pathway program and describe the relationships between the services offered and the expected outcomes.

LAYC's intervention model, shown in figure 1, emphasizes the program's intention to work with the highest-risk youth. The model is based on the idea that these youth need the most help and will benefit most from working with a promotor. Youth with lower risks and needs are more likely to successfully navigate LAYC's network of services than youth with the highest risk and needs. Both groups are capable of achieving positive outcomes with help, but the most-at-risk youth may need more guidance and support when accessing LAYC's network of services. This conclusion was based on the experience of former LAYC participants who cite their long-term success as the result of forming a multiyear, cross-programmatic relationship with a caring adult at LAYC. Through the Promotor Pathway program, LAYC aims to formalize this process and determine if the relationship with a promotor will lead to better outcomes for the involved youth.

The outcomes that LAYC aims to achieve with the program are outlined in the logic model (figure 2). LAYC defines intended outcomes in three categories: academic success, employment success, and healthy behaviors. It groups these outcomes into short-term, intermediate, and long-term time horizons. LAYC aims to measure the level of intervention by tracking such outputs as number of disconnected youth served, number of services provided by type, and number of referrals provided. In the short term, LAYC hopes participants will attend school or transition back to school, build job skills, and access health care, legal, or government services and benefits as needed. During the intermediate period, LAYC's goals are for participants to complete their secondary schooling, obtain a job, and increase their knowledge of healthy behaviors. For the long term, LAYC wants participants to enroll in and complete at least two years of postsecondary schooling, retain a job for at least 12 months, secure stable housing, and obtain the skills to lead a healthy life.

FIGURE 1

LAYC Intervention Model



Source: LAYC.

FIGURE 2

Promotor Pathway Program Logic Model

Activities	Outputs	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Provide mix of client management, mentoring, and referral services to high-risk/ disconnected youth	Number of disconnected youth served	Youth will successfully transition back to school or enroll in charter/alternative school or GED preparation program Students will attend school at least 90 percent of the time (achieve or maintain a 90 percent attendance rate at school) Students will be promoted to the next grade level in school	Students will graduate from high school or gain a high school credential Youth will complete charter/alternative school Youth will receive a GED	Students will enroll in and complete at least two years of postsecondary education
	Number of hours of service provided (by category of service)	Youth will demonstrate improvements in employment readiness skills in the following areas: Career planning Job application skills Math and reading remediation Financial literacy	Youth will obtain a job (at least a part-time job ≥ 20 hours per week)	Youth will retain a job with long-term career potential for at least 12 months
	Number of referrals provided	Youth will have 'adequate' knowledge and skills to be able to access community resources pertaining to health care, legal services, and government benefits as needed	Youth will access stable housing Increased knowledge of safe sexual practices and the effects of teen pregnancy Youth identified as substance users will reduce use, eliminate abuse, and/or prevent relapse	Youth will have stable housing Youth will maintain healthy lives and behaviors

Source: LAYC.

Target Population, Recruitment, and Screening

LAYC's Promotor Pathway program targets a subset of youth who are at the highest risk and in the greatest need of services. It serves youth between the ages of 14 and 24 and requires that youth be no more than 22 years old upon entry into the program so that they could be served for at least two years. The program specifically targets immigrant youth and youth of color from low-income households living in areas with high proportions of populations of color.

LAYC recruited participants to the Promotor Pathway program from all four LAYC sites: Washington, DC, and Langley Park, Riverdale, and Silver Spring, Maryland. Potentially eligible youth were also referred to the program through word of mouth from within LAYC and from external sources, such as government agencies, schools, and other nonprofits. Once recruited or referred, youth were required to complete a risk screening assessment with the help of a LAYC staff person to determine eligibility. Youth enrolled in school were given an "in school" version of the risk assessment, and youth not currently enrolled in school were given an "out of school" version. Both risk screening assessments consist of 30 yes/no questions meant to determine a youth's level of risk and need for services. LAYC weighted each question on the assessment and scored answers to determine which young people had the highest levels of risk and the greatest need. The screening assessment asked youth about their level of education, housing situation, substance abuse and mental health issues, and criminal justice involvement; youth with risk in these primary areas were automatically eligible for the program. Youth with risks in other areas, such as involvement in special education, previous failure of a class or grade, a recent suspension, or having or expecting a child, were likely to be deemed eligible. Youth with multiple risk factors are eligible for the program.

Program Components

The central component of LAYC's Promotor Pathway program is the relationship of the youth with their promotores. Promotores act as mentors, case managers, community health workers, and advocates connecting youth to the resources and services that will make the greatest difference in their lives. They must carefully balance their roles, acting in one capacity or the other depending on the situation a particular youth is facing. Promotores are paid staff members who are not affiliated with any other LAYC programs. They are required to have at least four years of experience in youth development and extensive knowledge of community resources, but their level of formal education is highly variable, ranging from some college to a master's degree. Promotores receive an average of 30 hours of training per year. LAYC currently employs 15 promotores.

Upon hiring, promotores are trained across a variety of program areas to meet a youth's potential needs. Training topics include

- background on LAYC and surrounding communities;
- the Promotor Pathway model and the program's theory of change;
- overviews on the research and theory on positive youth development;
- roles and responsibilities;

- mentoring teens and young adults and techniques for communicating with each group;
- building healthy relationships and trust over time;
- identifying self-destructive behaviors, partner violence, and potential mental health issues;
- providing crisis services and methods to refer youth to a specialist after a crisis is dealt with;
- referring for other services at LAYC or with external providers; and
- LAYC's internal evaluation and performance management efforts;

In addition to the initial training sessions, promotores also receive monthly trainings that target more specific subject areas. Monthly training topics include advice for working with specific subgroups, such as gang members, pregnant youth, victims of domestic or partner violence, homeless youth, and LGBTQ youth; communications strategies for dealing with difficult groups, such as youth with anger issues or histories of violence; working with youth involved in the juvenile justice, foster care, and other systems; and helping youth obtain specific services, such as Medicaid or official governments documents. In all, promotores receive about 30 hours of additional training per year.

Youth eligible for the program are matched to promotores based on their preferences in terms of gender, languages spoken, and other characteristics, as well as the caseload size and area of expertise. After youth are assigned to promotores, they complete a needs assessment, with the help of their promotores, to determine their unique needs and the highest risk factors in their lives. In most cases, the needs assessment takes more than one meeting to complete. It includes detailed questions on housing situation, mental health issues, issues with substance abuse, educational and employment status, and whether or not youth have a criminal record. Promotores use the needs assessment to develop a case plan for youth.

Promotores are expected to create and maintain relationships with each youth they work with for an extended period of time, usually between two and six years. It is common for promotores to stay in touch with old clients—evidence of the strength of the relationships that are built. Promotores are expected to meet regularly with youth, at least twice a month, to continually assess their needs and encourage accessing any needed services. The first 90 days of the program are more intensive and usually involve more frequent meetings. Promotores are expected to use all forms of social media to maintain contact with the youth and must be available for the youth at all times, including 24/7 cell phone access. Contact can range from an in-person meeting to a phone call to a simple text message. Youth and their promotores often meet outside of the LAYC offices, and LAYC estimates that promotores spend a little over half of their time outside of the office. Promotores record all of their contacts with youth in a structured case note system that is part of LAYC's case management system. This system captures the topics discussed and the promotor's rating of the youth's ability in the topic area.

It is the goal of the promotor to eliminate as many barriers in a youth's life as possible, work alongside him/her through every program or service he/she receives, and act as a resource when the youth is dealing with a problem. Based on a youth's needs, promotores provide referrals to both internal and external services. Services used include those in the areas of education, employment, arts, mental health, substance abuse, housing, community resources, and parental involvement. When a youth receives a particular service, promotores record the information in the case management system and are expected to follow up

both with the youth and with any individual involved in providing the service to see how the youth is progressing. In addition to providing referrals, promotores help youth work toward their goals and address challenges in their lives. For example, they may help youth create a résumé, complete job applications, practice interview skills, select schools to attend, or show up for court dates.

In addition to meeting with the youth, promotores also meet with any other individuals who play a large role in youth's lives. Promotores may meet with the youth's parents, teachers, counselors, probation officer, significant others/partners, other providers and LAYC staff, or anyone else involved.

Evaluation Implementation

In this section, we describe the process used to enroll youth eligible for the Promotor Pathway program in the research study. We also present information about the baseline characteristics of enrolled youth and, finally, about the outcome surveys and attrition.

Sample Enrollment and Baseline Survey

The primary method of data collection was a series of questionnaires designed by Public/Private Ventures and LAYC.[5] Once LAYC staff deemed youth eligible for the program and youth expressed interest in the study, but before random assignment, each young person completed a self-administered baseline paper survey. Both treatment and control group youth completed the baseline survey with the help of the director of the program and the promotores. Promotores were aware of the random assignment process but were not motivated to influence youth answers in any way, as it would not have any effect on a youth's assignment.

Between April 2010 and February 2013, youth determined eligible for the Promotor Pathway program and willing to participate in the program were randomly assigned to either the treatment group or the control group. Typically within one week of completing the baseline survey, Ewald & Wasserman Research Consultants (E&W), the contracted survey research firm, randomly assigned youth to the treatment or control group using a pseudorandom number algorithm. Once assigned, E&W transferred this information to LAYC. If assigned to the treatment group, each youth would be given a promotor and could begin meeting with him/her within one week of assignment. Those assigned to the treatment group were invited to participate in the program while those assigned to the control group were not permitted to participate but could still access other LAYC services on their own.

Baseline Sample Characteristics

The study sample comprises 476 youth randomly assigned to the treatment or the control group. Baseline characteristics are summarized in table 1. The sample was nearly evenly split in terms of gender. Nearly all study youth (99 percent) are people of color, primarily Latino (56 percent) or black (38 percent).[6] Their average age was 18, with 24 percent of youth under 18, 56 percent ages 18 to 21, and 20 percent age 22 or older.[7] About half (47 percent) of youth spoke at least some Spanish at home. (Twenty-six percent spoke only Spanish at home.) This is compared with the 2009 national average where about 12 percent of all people five and older spoke Spanish at home, and 20 percent spoke any language other than English at home.[8] Rates of parenting were also quite high among study youth. Thirty-one percent were parents, with 42 percent of young women and 20 percent of young men having a child.

The sample had low educational attainment and employment at baseline. Forty-seven percent were enrolled in school and another 37 percent were taking GED classes; 84 percent were enrolled in some form of education. Though most youth (76 percent) were 18 or older at baseline, 74 percent of youth had not yet attained a high school diploma or GED; these youth were about evenly split between 9th, 10th, and 11th grades as their highest grade completed. Twenty-four percent of youth had a high school diploma or GED as

their highest degree. Just 2 percent had attained a two-year college degree or technical or vocational certification. No youth in the sample had a four-year college degree at baseline and only 7 percent had ever attended college.

Besides educational attainment, employment rates were also low among sample youth. About 22 percent were employed at baseline, although 70 percent had previously held a job. Of those with a current job, their average weekly wage was $266.87and they worked about 26 hours per week on average. Two scales, the positive peers scale and negative peers scale, examined the positive or negative influences of a youth's friends. The positive peers scale includes six items with a maximum score of 18 and the negative peers scale includes eight items with a maximum score of 24. Youth averaged 11.4 out of 24 on negative peers scale and 12.1 out of 18 on the positive peers scale. Pearlin's Mastery Scale (Pearlin et al. 1981) measures the degree to which youth feel in control of their lives and able to solve problems. At baseline, youth had an average score 17.3 out of 24.

The characteristics above suggest that youth enrolled in the Promotor Pathway program were a high-need, at-risk population. Additional data related to risk factors and risky behaviors, shown in table 2, confirm this characterization. Forty percent of the sample was receiving SNAP benefits at baseline, and 21 percent reported not getting enough to eat. A similar portion of youth (22 percent) did not regularly sleep in the same home, with a notable share of all youth (14 percent) reporting that they had slept in a homeless shelter in the past six months. About 14 percent of youth had previous or current involvement in the foster care system. Youth were also prone to health or learning challenges, with nearly one-quarter reporting a learning disability, 21 percent a mental health diagnosis, and 15 percent having engaged in self-injurious behavior requiring medical attention. Delinquent behavior was common as well. Twenty-three percent of youth reported a recent arrest, and 20 percent reported receiving a warning by the police at some time in the past. Moreover, 16 percent of youth had carried a weapon in the past four weeks. A smaller percentage, about 6 percent, reported that they had been a member of crew or gang in the past 12 months. Nearly 8 percent of youth reported stealing or trying to steal something worth more than $50 in the past 12 months and about 6 and 3 percent, respectively, reported that they had sold marijuana or hard drugs in the past 12 months. Risky behaviors were also relatively common. Twenty-five percent of youth had used marijuana, and 24 percent had binge drank in the past four weeks.

TABLE 1

LAYC Youth Baseline Demographic, Education, and Employment Characteristics

	All (N=476)	Treatment (N=165)	Control (N=311)
Demographics			
Male	51%	49%	52%
Race and ethnicity			
Latino	56%	55%	57%
Non-Latino black[a]	38%	36%	39%
Mixed race**	3%	5%	2%
Non-Latino other[a]	2%	2%	2%
Non-Latino white[a]	1%	1%	1%
Age			
Under 18	24%	27%	23%
18 to 21	56%	53%	58%
22 and older	20%	21%	19%
Spanish spoken at home	47%	47%	47%
Parent	31%	30%	31%
Parent, male	20%	15%	22%
Parent, female	42%	45%	40%
Education			
Enrolled in school	47%	48%	46%
Enrolled in GED classes	37%	38%	36%
Highest grade completed			
9th grade and below	36%	35%	36%
10th grade	23%	22%	24%
11th grade*	21%	25%	18%
HS diploma or GED	22%	24%	21%
Two-year college degree or certification	2%	3%	2%
Attended college ever	7%	6%	7%
Employment			
Currently employed	22%	24%	21%
Previously employed	70%	72%	69%
Average weekly wage (if employed)	$267	$277	$261
Hours worked per week	25.9	25.6	26.1
Relationships and self-efficacy			
Negative friends score (max=24)	11.4	11.2	11.5
Positive friends score (max=18)	12.1	12.0	12.2
Perceived mastery score (max=24)	17.3	17.5	17.1

Source: LAYC baseline survey.

Note: HS = high school.

[a] In the following sections, we do not include the term "Non-Hispanic" when referring to this group.

**p < 0.05, * p < 0.1

TABLE 2

LAYC Youth Baseline Risk Factors and Behaviors

Risk Factor or Behavior	All (N=476)	Treatment (N=165)	Control (N=311)
Receives SNAP benefits[a]	40%	44%	38%
Doesn't get enough to eat	21%	18%	24%
Doesn't regularly sleep in the same home	22%	25%	22%
Slept in shelter in last 6 months[a]	14%	15%	14%
Has been in the foster care system	14%	14%	13%
Has a learning disability	24%	23%	24%
Has received a mental health diagnosis	21%	22%	21%
Has self-injured and required medical attention	15%	14%	15%
Arrested, ever[a]	23%	23%	24%
Been stopped or picked up by the police but just gotten a warning, past 12 months[a]	20%	16%	21%
In a physical fight that led to injury or medical attention, past 12 months[a]	16%	15%	17%
Carried a weapon, past 4 weeks[a]	14%	14%	14%
Sold marijuana, past 12 months[a**]	6%	10%	4%
Sold hard drugs, past 12 months[a]	3%	4%	2%
Sprayed graffiti/damaged property[a]	4%	5%	4%
Stole/attempted to steal item >$50[a]	8%	7%	8%
Broke into building (or attempted to)[a]	3%	3%	3%
Member of a crew or gang[a]	6%	6%	5%
Binge drank, past 4 weeks[a]	24%	29%	22%
Used marijuana, past 4 weeks[a]	25%	30%	23%
Used other drugs, past 4 weeks[a]	4%	4%	5%

Source: All others from LAYC risk assessment.

[a]These risk factors and behaviors are from the LAYC baseline survey.

We also examined the characteristics of the neighborhoods where study youth lived. Table 3 presents select neighborhood characteristics. At baseline, study youth lived in neighborhoods that were largely (80 percent) made up of people of color. Study youth lived in neighborhoods where the average child poverty rate was 25 percent and where 37 percent of individuals earned less than 200 percent of the federal poverty level. In the neighborhoods of study youth, 12 percent of all 16- to 19-year-olds were neither in school nor employed, and 9 percent of them were not in school and had not graduated.

TABLE 3

Neighborhood Composition Characteristics

Characteristic	All (N=452)	Treatment (N=154)	Control (N=298)
Percent nonwhite in total population	80%	78%	81%
Child poverty rate	25%	23%	26%
Percent total people 200% below poverty level	37%	35%	37%
Percent people age 16–19 not in school and not graduated	9%	9%	9%
Percent people age 16–19 not in school and not employed	12%	10%	13%

Source: 2008-2012 American Community Survey and LAYC baseline survey.
Notes: Neighborhoods were defined based on census tract boundaries. All averages are weighted based on the number of youth living in a particular census tract. Twenty-three study participants did not have complete addresses entered in their baseline survey data and could not be matched to a census tract; 1 participant had an address at baseline that was not within the service area, and was not included in this table.

Assessing Randomization

Randomization was successful as we saw few significant differences between the treatment and control groups at baseline. There were no significant differences in gender, age, food stamp receipt, whether or not youth had slept in a shelter in the past six months, employment, and measures of relationships and self-efficacy. A slightly higher percentage of the treatment group, about 5 percent versus 2 percent, identified as mixed race and a slightly higher share of the treatment group was in 11th grade, 25 versus 18 percent.

Also, the only one significant difference in risk factors between treatment and control group at baseline was related to whether or not a youth had sold marijuana in the last 12 months. A higher percentage of the treatment group, about 10 percent versus 4 percent, reported that they had sold marijuana in the past 12 months. As when examining the baseline demographic, education, and employment characteristics, the lack of significant difference in risk factors and behaviors between the two groups indicates that the randomization process was successful.

The characteristics of the neighborhoods youth resided at baseline were relatively consistent across treatment and control youth, and no significant differences were found. In full, the lack of significant difference in baseline characteristics demonstrates the success of the randomization process.

Outcome Surveys and Attrition

Three follow-up surveys were conducted after the baseline survey—at 6 months, 12 months, and 18 months. The survey instruments for treatment and control group youth were identical, with the exception that treatment group youth were asked additional questions about their promotor. Youth in the treatment group who remained enrolled in the program completed these surveys at their promotores' offices. During this process, interactions with the promotor were kept to a minimum; youth would complete the survey independently and place it in a sealed envelope to be sent on to E&W. Respondents who were part of the treatment group but no longer enrolled in the program and still affiliated with LAYC, as well as control youth who remained affiliated with LAYC, completed the surveys with the help of LAYC's Learning and Evaluation

staff. In the cases where respondents in either the treatment or control groups were no longer affiliated with LAYC, staff from E&W conducted the surveys by phone using contact information obtained from LAYC.

Topics covered in the surveys include housing and food security, education, employment, attitudes toward education and employment, relationships with peers and adults, risky behaviors, and access to community and public services. Information on scales created from multiple survey questions can be found in appendix C, and the full survey can be found in appendix D. Only a small handful of responses were missing in the surveys, so we did not use imputation methods for missing data. Rather, the few observations with missing data for a particular analysis were omitted from that analysis.

Table 4 shows the retention rates for each survey wave for the sample as a whole and separately for treatment and control groups. Youth were only included in this impact evaluation if they completed a survey at baseline. We did not, however, exclude youth from the study who failed to take part in all subsequent survey waves.

TABLE 4

Retention Rates by Survey Wave

	All		Treatment		Control	
Wave	**N**	**%**	**N**	**%**	**N**	**%**
Baseline	476	100	165	100	311	100
6 month	388	82	144	87	244	78
12 month	371	78	137	83	234	75
18 month	363	76	132	80	231	74

Source: LAYC survey data.
Notes: Only applicants who completed the baseline survey were included in the analysis. Seven applicants were missing a baseline survey.

To ensure that the characteristics of youth participating in each survey wave were not significantly different from other survey waves, we examined attrition by comparing the baseline characteristics of those who completed baseline, 6-, 12-, and 18-month surveys. A full table of baseline characteristics for and any significant differences between waves is available in appendix A.

Overall, there was little differential attrition between survey waves. We found no significant differences between waves for race and ethnicity, age, language spoken at home, receipt of SNAP, and whether or not youth had slept in a shelter in the past six months. Though there were small differences in the gender of study youth, the breakdown between male and female remained nearly equally split. We also found small differences when looking at study youth who were parents at baseline. For female parents, the share increased by about 5 percentage points and for male parents the share decreased by about 8 percentage points. There were small differences with regard to some education and employment and delinquency measures, but these differences were not strongly significant. Furthermore, there was not a problem with differential attrition between the treatment and control groups. There were no significant differences between the two groups in later survey waves that were not already present as of the baseline survey.

Service Use

This section describes the share of treatment group youth who engaged with their promotor and the frequency and duration of that engagement. We also present information on the baseline correlates of engagement with promotores. Additionally, we describe the use of other (i.e., nonpromotor) supportive services by both the treatment and control groups from LAYC and non-LAYC sources.

Engagement with Promotores

For treatment group members, LAYC collected data on contacts that occurred between each youth and their promotor, defined as either when a promotor reached out to a youth or the youth reached out to the promotor. These data include details on contact method, who initiated the contact, the duration of each interaction, and topics addressed during the interaction.

Engagement with promotores was remarkably high, especially when considering that this is an optional service delivered to a high-need population of young people (table 5). Fully 94 percent of youth engaged at least once with his/her promotor, either by contacting or responding to contact from his/her promotor. Beyond the initial contact, youth engaged with their promotores to varying degrees. Using LAYC's contact data, we found that just under half of all youth had 46 or more total contacts with their promotores during the 18-month study period. About 18 percent of youth had over 76 total contacts with their promotores, and 13 percent had only 1 to 15 total contacts with their promotores.

TABLE 5

Youth Contact with Promotores

Number of contacts	% of youth (N=165)
No contacts	6%
1–15 contacts	13%
16–30 contacts	18%
31–45 contacts	17%
46–60 contacts	15%
61–75 contacts	13%
Over 76 contacts	18%
Total	**100%**

Source: LAYC administrative data.

Female and male participants engaged with their promotores at similar levels. Female participants had an average of 50 contacts with their promotores (43 median contacts), and males had an average of 48 contacts (median 47) over the 18-month study period. However, female youths who engaged, tended to engage a lot more; 42 percent of female had 60 contacts compared with 25 percent of males. Only very small differences were seen by race and ethnicity. Non-Latino youth had on average 46 contacts with their

promotores (median of 43), and Latino youth had an average of 51 contacts over the study period (median of 47).

On average, youth had 3.5 contacts per month with their promotores. Average contacts per month varied little by ethnicity and gender. Non-Latino youth averaged 3.7 contacts per month and Latino youth averaged 3.3, and males averaged 3.4 and females averaged 3.5. Most youth, 73 percent, averaged two or more contacts with promotores per month (table 6). Sixteen percent of youth averaged five or more contacts per month.

TABLE 6

Average Contacts with Promotores per Month

Average # of contacts per month	% of youth (N=165)
No contacts	6%
1 contact or less	3%
1 to <2 contacts	18%
2 to <3 contacts	22%
3 to <4 contacts	18%
4 to <5 contacts	17%
5 or more contacts	16%
Total	**100%**

Source: LAYC administrative data.
Notes: Average number of contacts per month is calculated by dividing the total number of contacts recorded for each youth by the number of months that each youth was engaged with a promotor. The 10 treatment youth who did not have any contacts with a promotor are included in the "No contacts" row.

We find that youth initiate a considerable number of contacts with their promotores. Youth have the option to initiate contact with their promotor or wait for their promotor to contact them. As mentioned previously, promotores are expected to contact their assigned youth at least twice a month.

Looking over the entire tenure of engagement within the study period, we see that, on average, youth initiated 23 contacts and promotores initiated 18 contacts. Youth initiated about 45 percent of their contacts with their promotores at the mean. Of course the proportions of youth versus promotores-initiated contacts varied by youth. As shown in table 7, 41 percent of youth initiated more contacts than did their promotores (i.e., youth-initiated contacts represented more than half of all contacts). For 52 percent of youth, their promotores initiated more contacts than did the youth.

As expected, promotores initiated a higher share of contacts for youth with fewer total contacts. There was a clear association between the share of contacts initiated by youth and the number of total contacts. The share of youth contacts was higher for those youth with higher total contacts. For example, as shown in table 8, a youth who had over 76 contacts with a promotor initiated 57percent of those contacts on average. However, a youth with 1 to 15 contacts initiated just 29 percent of those contacts on average. Put together,

these findings present a picture of a treatment group that is highly engaged with their promotores, though, of course, the depth of that engagement varied across individuals.

TABLE 7

Youth-Initiated Contact with Promotores

Share of total contacts youth initiated	% of youth (N=165)
No contacts	6
0%	4
1%–10%	5
11%–20%	12
21%–30%	5
31%–40%	10
41%–50%	16
51%–60%	12
61%–70%	10
71%–80%	13
81%–90%	4
91%–100%	2
Total	**100**

Source: LAYC administrative data.
Notes: Ten youth who were assigned to the treatment group (6 percent) did not have any contacts with a promotor. Seventeen youth (4 percent) did not initiate any of the contacts they had with a promotor.

TABLE 8

Average Percent of Contacts Youth Initiated, by Total Number of Contacts

Number of total contacts	Average of total contacts youth initiated in range
No contacts	n/a
1–15 contacts	29%
16–30 contacts	34%
31–45 contacts	51%
46–60 contacts	44%
61–75 contacts	57%
Over 76 contacts	57%
Total	**46%**

Source: LAYC administrative data.
Note: Ten participants did not have any contacts, so the average percent of contacts that are initiated by youth is not application for those participants.

A youth's engagement likely reflects how close he/she feels to his/her promotor, how helpful he/she finds the promotor to be, and the type of interactions he/she has with the promotor. Based on survey data, treatment youth were very positive about their relationships with their promotores and these feelings

remained consistent across all three survey waves. Approximately 60 percent of youth felt very close to their promotores and about 30 percent felt somewhat close. Across all waves, only about 9 to 15 percent said that they did not feel close to their promotores. Nearly 90 percent of treatment youth felt that they could talk to their promotores when they had a personal problem, said that their promotores helped them set and reach goals, noted that their promotores talked about how to solve problems, and felt that their promotores helped them grow and improve as a person. Treatment youth did not feel unfairly judged by their promotores. Most youth did not believe that their promotores tried to control their lives (85 percent) or did not approve of their actions (60 percent). This is important, because the research suggests that youth were less likely to abandon relationships that focused on the youth's, not the mentor's, goals (Morrow and Styles 1995).

Youth spent a majority of contacts with promotores discussing and working on ways to address behavioral issues. Each session could cover one or a range of topics (table 9). As classified by promotores, 82 percent of all contacts (N=7,559) involved some discussion of behavioral issues, and 93 percent of all treatment youth (N=165) discussed the topic at least once. On average, promotores worked with youth on this topic 38 times (this average includes those participants who had no contacts). Education was discussed during 32 percent of contacts, or an average of 15 contacts per youth. This topic was addressed at least once with 84 percent of youth.

Housing and workforce issues were discussed less frequently, an average of 5 and 7 times per youth, respectively (representing 12 and 15 percent of contacts); but large majorities of youth discussed both of these topics at least once. Community resources, which refer to any type of service youth receive outside of LAYC, were also discussed at least once by a large majority of youth. Youth discussed issues relating to community resources during about 21 percent of their contacts, or during 10 sessions on average.

TABLE 9

Topics Covered during Contacts with Promotores

Topic	Percent of youth working on topic at least once (N=165)	Percent of all contacts working on topic (N=7,559)	Average number of contacts youth worked on topic
Education	84%	32%	15
Behavior	93%	82%	38
Housing	70%	12%	5
Workforce	77%	15%	7
Community resources	77%	21%	10

Source: LAYC administrative data.

Notes: Youth could work on more than one topic during each contact. Overall, youth had 7,559 contacts with their promotores during the 18-month study. The percentage of youth working on each topic and the average number of contacts youth worked on a topic include all treatment youth, including those 10 participants who did not have any contacts with promotores.

Overall, treatment group youth remained engaged in services for a fairly lengthy amount of time. On average, the time between a youth's first and last contacts with his/her promotor was 15 months at the conclusion of the 18-month study period. For nearly two-thirds of treatment youth (64 percent), the time

between first and last contact with the promotores was between 16 to 18 months (table 10). When looking at the youth by ethnic and gender subgroups, over half of the youth in each subgroup remained engaged for 16 months or longer. (This evaluation stopped observing youth after 18 months, but youth could continue to engage with their promotores beyond that point.) As shown in other research, long-lasting relationships are more likely to yield positive social outcomes for the youth (Grossman and Rhodes 2002; US Department of Justice 2011).

Few youth disengaged from their promotores. As described above, 6 percent of youth had no contact with their promotor. Another 1 percent had only one contact. In addition, approximately 11 percent of treatment group youth had two or more contacts with their promotores for only one to six months.

TABLE 10

Duration of Promotor Contacts from First to Last Contact

Duration from first to last contact	% youth in category
No contacts	6%
Only 1 contact	1%
1–6 months	11%
7–12 months	10%
13–15 months	8%
16–18+ months	64%
Total	**100%**

Source: LAYC administrative data.
Notes: Ten participants (6 percent) had no contacts and one participant (1 percent) had only one contact with a promotor. The duration data are time censored; the study observation period lasted 18 months, though youth could continue to receive services beyond the research study.

As displayed in table 11, 63 percent of contacts between youth and their promotores were in-person. In-person contacts include a meeting at LAYC, a youth's home, school, or other location, such as a restaurant. Most in-person contacts, (52 percent of all contacts) occurred at LAYC. Four percent of contacts occurred at the youth's school and 2 percent occurred at a youth's home. Five percent of contacts were at another location, for example, a meeting at a local restaurant or coffee shop. The 37 percent of contacts that were not in-person ranged from a simple text message or social media message to an email or phone call. Phone contacts made up 23 percent of all contacts, with text message or email contacts comprising 11 and 2 percent of all contacts, respectively.

The contact data include attempts, successful or not, to reach the youth. For example, a phone contact can refer to just leaving a voicemail with no indication that a return contact was made. The same is true for text, email, and social media contacts. Conversely, if a promotor exchanges multiple text messages with a youth, one contact might be listed covering the entire exchange. As a result, a contact does not necessarily convey the full sense of youth-promotor interaction.

Data on method of contact is only available until January 2014, when LAYC decided to no longer track this information. Looking at data through that time, we see that in-person contacts lasted about three times longer than remote contacts. Contacts at home or in some other location lasted the longest with a median of

60 minutes while contacts at LAYC or at school lasted 30 and 20 minutes, respectively. Understandably, text message contacts took the least amount of time, with a median of 5 minutes. Contact made over social media lasted a median of 10 minutes and email contacts took about 8 minutes. Telephone contacts, which made up the largest percentage of not-in-person contacts, lasted a median length of 10 minutes.

TABLE 11

Promotor Contacts: Minutes Spent by Method

Method	% of Contacts	Minutes (median)
In person	63%	30
At LAYC	52%	30
At school	4%	20
At home	2%	60
Other location	5%	60
Not in person	37%	10
Phone	23%	10
Text	11%	5
Email	2%	8
Social media	1%	10
All	100%	20
Total contacts	**5,108**	

Source: LAYC administrative data.

Correlates of Engagement

Understanding patterns of service use based on the characteristics of youth at baseline can help inform where to best target scarce resources and what programmatic changes might be necessary to successfully engage those populations with lower levels of service use. This information can be useful for practice, policy, and research purposes. Looking at this study, did young men or young women engage in services at higher rates? Were parents more likely to engage than nonparents? Several subgroups warrant investigation.

In examining the Promotor Pathway program, however, we find very few baseline characteristics predict the amount of contact a youth had with his/her promotor. We explored multiple specifications of regressions to examine which baseline factors were more highly correlated with service use, including both continuous and dichotomous measures of service use. In all cases, there were not clear or robust predictors of service receipt.

Table 12 shows our preferred specification of selected baseline characteristics and whether or not they are correlated with a youth's level of engagement with his/her promotor. We define this engagement as a dichotomous measure—youth who had 45 or more contacts, relative to those who had fewer than 45 contacts. The median number of contacts youth had with promotores was about 45.

TABLE 12

Correlates of Contact with Promotores

	Odds ratio
Baseline measure	45+ contacts (vs. <45)
Female	0.61
Latino	1.56
Age 19 or older	1.70
Has a child	4.57***
Pregnant[a]	0.43
Perceived control/mastery score (max=24)	1.02
Adult support score (max=24)	0.98
Ever expelled from school	1.81
Slept outside or in shelter (past 2 weeks)	0.95
Has a learning disability	0.77
Constant	0.47
Observations	**116**

Source: LAYC survey and administrative data.

Notes: Female, Latino, age, has a child, pregnant, perceived control/mastery score, adult support score, and ever expelled are measures in the baseline survey of youth; slept outside or in shelter and has a learning disability are measures in the LAYC risk assessment used to determine youths' eligibility for the program. Eighty-two percent of the treatment group had at least 15 contacts, and 65 percent had at least 30 contacts.

[a] Pregnant is not a question on the survey, but rather is inferred based on whether youth reported having a child in the 6-month survey.

*** $p < 0.01$

As shown in table 12, the only baseline characteristic that showed statistically significant correlations with receiving 45 or more engagements was having a child. Youth with a child were over four times more likely to have over 45 contacts with their promotores. The result could indicate that youth with children required additional support and advocacy as they were caring for themselves and at least one other life.

Other LAYC Services Received

LAYC offers numerous services for youth. Treatment youth may be referred to these services by their promotor or they may be referred by individuals or programs outside the organization. Notably, control group youth can also access all LAYC services, raising the question of whether promotores induce youth to engage in more LAYC programs than they otherwise would. Using administrative data on the use of other LAYC services, we compare the treatment and control groups' participation in LAYC programs separately for major program categories: advocacy, case management (excluding promotores), education, healthy behaviors, housing, recreation, and workforce. We examine participation in LAYC programs before and after enrollment into the study (i.e., before and after the date of random assignment) to illustrate how participation differed between those who were assigned a promotor and those who were not.

As shown in table 13, over four in five youth (83 percent) enrolled in our study were involved in some LAYC program (excluding promotores) before randomization. As expected, given that the selection into the treatment was random, there was little difference in program participation between the treatment and control groups: 85 percent of treatment and 82 percent of control were involved in some LAYC program

previously. The most frequently used category of LAYC service for both the treatment and the control groups was education. Approximately 59 percent of youth previously participated in an LAYC education program. Thirty-three percent of youth were involved with a healthy behaviors program addressing reproductive health, substance abuse, or some other health and behavior issue at baseline. Eleven percent of youth at baseline were involved in a reproductive health program. LAYC also offers programs focusing on workforce development, and about 32 percent of study youth were involved in these programs at baseline.

After randomization, treatment youth were significantly more likely to enroll in certain categories of LAYC programs (apart from the Promotor Pathway program). Overall, 71 percent of treatment youth enrolled in another LAYC program during the 18-month study period (apart from their promotor), and 49 percent of control youth enrolled in another LAYC program. Similarly, treatment youth were enrolled in a larger variety of programs than control youth. Of the seven program categories (advocacy, case management [excluding promotores], education, healthy behaviors, housing, recreation, and workforce), treatment youth participated in 1.1 categories of other LAYC programs as compared with an average of 0.8 types of other LAYC programs for controls. It is worth reemphasizing at this point that the assignment of a promotor is associated with higher use of LAYC services. However, the control group also had fairly high engagement with LAYC services. This counterfactual is important to keep in mind when exploring effects of the promotor intervention. In this way the promotor acted as a "top up" service, added to the existing suite of LAYC programs, which roughly half of the control group engaged in.

Treatment group youth were not more likely to engage in all types of LAYC services including advocacy, health behaviors, reproductive health, GED, housing, recreation, or other services. Looking at specific types of programs, we see that there were significant differences in uptake of education services (33 percent for treatment versus 25 percent for control), workforce services (22 percent for treatment versus 14 percent for control), and other (nonpromotor) case management services (13 percent for treatment versus 6 percent for control).

TABLE 13

Participation in Other LAYC Programs

	Participated in Program Before Random Assignment			Started Program after Random Assignment		
	All	**Treatment**	**Control**	**All**	**Treatment**	**Control**
Advocacy	3%	1%	4%	0%	1%	0%
Case management[a]	23%	23%	23%	8%	13%	6%***
Education	59%	61%	57%	28%	33%	25%*
GED	28%	30%	26%	22%	24%	20%
Other education	34%	32%	34%	20%	22%	19%
Healthy behaviors	33%	32%	33%	26%	30%	24%
Reproductive health	11%	10%	12%	18%	20%	17%
Other healthy behaviors	15%	15%	15%	10%	12%	9%
Housing	11%	8%	12%	6%	7%	6%
Recreation	17%	15%	18%	6%	7%	5%
Workforce	32%	35%	30%	17%	22%	14%**
Any LAYC program[a]	83%	85%	82%	57%	71%	49%***
Number (types of programs)	1.8	1.8	1.8	0.9	1.1	0.8***
Observations	471	165	311	471	165	311

Sources: LAYC survey and administrative data.

Note: There are no significant differences in these measures between the treatment and control groups before random assignment.

[a] Excluding the Promotor Pathway program.

* p < 0.1, ** p < 0.05, *** p < 0.01

Use of Services and Program Participation

One of the main goals of the Promotor Pathway program is to encourage youth to take advantage of not only other LAYC services, but also those offered through other providers. Each follow-up survey asked youth if they had received services they needed—regardless of whether the service was provided by LAYC or not—such as medical care, reproductive health services, mental health counseling, help finding housing, or legal advice. The survey also asked youth about all programs they participated in, such as workforce or education programs, and whether the service was provided by LAYC or not. This information complemented the LAYC service use data presented above, in that it captures services received from other providers as well.

Table 14 shows this overall picture of service usage for study youth at the end of the 18-month study period. The first columns in table 14 explore mean rates of service receipt for the treatment and control groups, the differences in these means, and regression-adjusted differences in means. The columns on the far right show service receipt separately for those with zero or very few contacts (15 or less) and for those with more than 15 contacts (for the treatment group).

Overall, treatment youth were more likely than control group youth to use services. If services were needed, treatment youth were 15 to nearly 30 percentage points more likely, in the regression-adjusted models, to receive services from any provider related to mental health counseling, substance use, public assistance, housing, and legal problems. Though not significant for the whole treatment group, treatment youth with more than 15 contacts were about 9 percentage points more likely to receive reproductive health services if they were needed. Youth with 15 or more contacts were also more likely to receive substance use counseling, get help with public assistance, and receive help finding housing. As these results were also significant when the full treatment group was compared with the control group, these differences demonstrate that it was the more highly engaged treatment youth who were more likely to use these programs. Additionally, the results may indicate that youth who were more engaged were more likely to use different services than those youth who were less engaged.

Looking at services that only LAYC offered, treatment youth were 18 percentage points more likely to participate in any type of service or program in the regression-adjusted model (table 14). Treatment youth also participated in a larger variety of LAYC programs, about 1.2 versus 0.9 types. Additionally, youth who were more engaged (i.e., those with 15 or more contacts) were 25 percentage points more likely than those with fewer contacts to participate in any program. Significant differences in LAYC service usage were seen for workforce related programs, with treatment youth about 9 percentage points more likely to receive them in the regression-adjusted model. Similarly, treatment youth were over 7 percentage points more likely to receive case management programs.

We also examined use of services offered by any provider including LAYC. Similar to the service usage results for LAYC-only programs, treatment youth, especially those who were more engaged, were more likely to participate in any type of program and participated in a larger variety of programs. In addition to higher levels of participation in workforce programs, treatment youth were also about 20 percentage points more likely to participate in programs related to healthy behaviors, which includes reproductive health, substance use, and mental health counseling programs, and education.

TABLE 14

Services Received in 18 Months

	Differences in Means			Regression-adjusted differences	Regression-adjusted differences, by number of promotor contacts initiated by youth	
	Control	Treatment	Difference	Difference	15+ contacts	<15 contacts
Received services, if needed						
Medical check-up	84.6%	85.2%	0.6%	1.0%	-3.1%	8.7%
Medical care for illness	78.1%	79.5%	1.3%	1.9%	5.5%	-5.7%
Reproductive health services	80.0%	86.2%	6.2%	6.9%	8.7%*	3.2%
Dental care	75.8%	73.9%	-1.9%	-3.5%	-2.4%	-5.5%
Mental health counseling	46.7%	68.4%	21.8%***	22.7%***	25.2%***	17.4%*
Help getting health insurance	71.0%	78.0%	6.9%	6.1%	2.9%	13.0%
Substance use counseling	48.8%	74.4%	25.6%***	24.4%**	28.2%**	17.1%
Help getting public assistance	64.1%	79.6%	15.5%**	15.1%**	15.2%**	14.8%
Got driver's license or other ID	62.8%	63.3%	0.5%	0.8%	0.5%	1.5%
Help finding housing	38.5%	56.8%	18.2%***	17.9%**	17.9%**	17.8%
Help with legal problem	38.0%	70.4%	32.4%***	29.1%***	24.9%**	37.0%***
Other program participation (any provider)[a]						
Healthy behaviors	55.8%	75.8%	19.9%***	19.9%***	23.4%***	13.2%*
Education	48.9%	68.2%	19.3%***	19.3%***	20.7%***	16.5%**
Workforce	58.0%	70.5%	12.4%**	13.3%**	12.8%**	14.4%*
Recreation	71.9%	68.9%	-2.9%	-1.4%	2.5%	-8.8%
Any	89.2%	94.7%	5.5%*	7.7%**	9.2%**	4.9%
Number of program types	2.3	2.8	0.5***	0.5***	0.6***	0.4*
Other program participation (at LAYC)[b]						
Healthy behaviors	24.7%	32.6%	7.9%	9.5%*	19.0%***	-8.9%
Education	27.7%	34.9%	7.1%	5.9%	12.1%**	-6.0%
Workforce	14.3%	25.8%	11.5%***	9.0%**	13.4%***	0.4%
Recreation	6.5%	6.1%	-0.4%	0.2%	0.4%	-0.2%
Case management[c]	5.6%	12.9%	7.3%**	7.4%**	3.0%	15.7%***
Any[c]	52.4%	72.0%	19.6%***	18.4%***	25.1%***	5.6%
Number of program types	0.9	1.2	0.4***	0.4***	0.5***	0.0
Observations	231	132	363	363	363	

Source: LAYC survey and administrative data.

Notes: Intent-to-treat compares outcomes of a treatment group of youth who were admitted to the Promotor Pathway program and may or may not have been treated (i.e., had contact with a promotor), with a control group of youth who were not admitted to the program. The following youth characteristics were controlled for in the regression-adjusted intent-to-treat models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control.

[a] Any participation during 18-month study period (based on survey data).

[b] Participation that began after random assignment (based on LAYC administrative data).

[c] Excluding the Promotor Pathway program.

* p < 0.1, ** p < 0.05, *** p < 0.01

Program Impacts

As described above, the Promotor Pathway program is targeted to the most high-risk and disconnected youth that LAYC serves, with the broad goal of helping youth make successful transitions to adulthood and reconnect with their families and communities. LAYC intends that youth participating in the program make gains in several areas. This section presents findings of the impacts of the Promotor Pathway program for youth, organized into the following domains: education, employment, births, housing stability, substance use, delinquency, and relationships and self-efficacy.

Our analytical strategy employs an intent-to-treat (ITT) framework. That is, we compare outcomes for the youth in each group, treatment and control, regardless of whether or how much the youth participated. This provides the overall impact of the program, as implemented, on the youth the program intended to treat.

Because randomization does not always succeed in generating groups that are balanced on every baseline measure, we also estimate regression-adjusted ITT estimates of the difference between the treatment and control groups for each outcome measure. These regressions take into account any variation between the groups and improve the precision of the ITT estimates. The best control measure for a given outcome is the baseline measure of that same variable. Where available (i.e., where an outcome measure was captured consistently in the baseline survey) we included the baseline measure as a control. We included a set of other baseline controls, which were gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item worth more than $50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever.

It is plausible that the intervention had different effects for different subgroups—that the program worked differently for different populations. We explore this possibility by conducting separate analyses to examine differences by ethnicity (Latino/non-Latino), gender, and level of youth engagement with their promotores (45 or more contacts versus fewer than 45 contacts, including those with zero contacts). The first two subgroups—ethnicity and gender—are conventional subgroups, in that these characteristics are defined by the point of the baseline survey and are not changed by the treatment. The third, engagement, is different. Engagement is endogenous in that it is affected by the efforts of the promotores, and, as such, these results should not be viewed in the same manner as the other ITT results. Nevertheless, we find these estimates instructive, informing what impacts are associated with different engagement levels. Tables showing all three subgroup estimates can be found in appendix B.

Our next analytical strategy, because not all youth choose to participate in programs offered to them, is to investigate the impact on those who were actually treated. To account for this, we include an adjustment suggested by Bloom (1984), known as the treatment-on-the-treated.

Table 15 below presents mean values for over two-dozen outcomes from the 18-month survey for both the control and treatment group. Following an ITT framework, the table shows the simple differences in

means between these two groups for each outcome as well as the regression-adjusted differences. In all cases, the regression-adjusted estimate is within 2 percentage points of the difference in means, which reflects successful randomization for youth in the study. In the discussion text below, we report the regression-adjusted estimate unless otherwise noted. In addition to mean differences and regression-adjusted differences, we show standardized effect sizes to provide a unit-free measure of impact. Also included in table 15 is the treatment-on-the-treated estimate of the treatment effect for each outcome measure (on treated youth). As most of the treatment group was in fact treated (only 6 percent of treatment youth were not in contact with their promotores), the treatment-on-the-treated estimates are similar to the ITT estimates.

We conducted adjustments for multiple tests using a procedure developed by Benjamini and Hochberg (1995), which reduces the chance of finding false positives. We do not adjust the significance levels in the table, but we note in the text where and how the results differ from the unadjusted results. We do not make adjustments for multiple tests in our subgroup analyses, as these are exploratory in nature and thus do not require such adjustments (Schochet 2008).

Education

Educational attainment was a primary goal of the Promotor Pathway program. To see the effects of the program on education, we reviewed the following indicators: high school degree attainment, college attendance, and persistence in school (i.e., enrolled in school at 18-month follow-up).

At the 18-month follow-up, in-school rates for treatment youth were 14 percentage points higher than their peers in the control group. Looking at unadjusted means, 52 percent of the treatment group was in school at 18 months, compared with 39 percent of the control group. (At baseline, 48 percent of the treatment group and 46 percent of the control group were enrolled in school.) This means that the magnitude of this impact was such that the treatment group was in school at rates roughly one-third higher at 18 months than the control group, a sizable difference. The higher levels of treatment youth in school at the end of the study period may indicate that the treatment youth were more aware of services and programs that provide resources to help the youth stay in school and were more likely to understand the importance of their education.

Interestingly, this result was largely driven by Latinos and males. Looking first by race/ethnicity, we see that Latino treatment group youth were 24 percentage points more likely to be in school than were Latino youth in the control group. Similarly, treatment males were 19 percentage points more likely to be in school than males in the control group, an effect that was not evident for treatment group females. Highly engaged treatment youth (initiated 45 or more contacts) were 16 percentage points more likely to be in school at the end of the study period than those in the control group. Those youth who initiated fewer than 45 contacts were not statistically different from the control group.

Overall, treatment youth were no more likely than control youth to have attended any college at the end of the study period. However, males in the treatment group were about 11 percentage points more likely be have attended any college than males in the control group. This may indicate that the males in the treatment group were more likely to be connected to institutions providing higher education than the

control males. There were no differences in college attendance for females, and there were no differences when examining treatment youth separately by race and ethnicity or engagement levels.

Treatment youth were no more likely to have a high school degree or higher at the end of the 18-month study period. It is possible that these outcomes could have been limited by the 18-month follow-up period. There were also no differences when outcomes were examined by ethnicity, gender, or engagement level.

In sum, the education advancement picture is mixed. The program succeeded in helping males remain in school and enroll in college; however females did not benefit similarly. Latinos benefited, showing higher rates of remaining in school, but non-Latinos did not. There is nothing in the design or implementation of the study, or average baseline characteristics of each gender or race and ethnicity, that provides sound evidence as to why this would be the case.

Employment

We examined four employment outcomes for youth: employment status at 18 months, whether or not youth had been employed at any point during the past six months (recent employment), hours worked per week in the past six months, and weekly wages in the last six months.

As described above, 24 percent of treatment and 21 percent of control group youth were employed as of the baseline survey. Employment levels more than doubled for both groups, and, as of the 18-month follow-up survey, their employment rates were still quite similar (54 percent for the treatment group, 52 percent for the control group). Similarly, we saw no impact of the program on recent employment, hours worked per week, or weekly wages.

We again saw differences in how males and females fared under the program in terms of employment outcomes. Females in the treatment group fared no better than females in the control group along any of the employment dimensions. However, males in the treatment group were less likely to have worked recently, and they reported fewer hours worked per week, and lower weekly wages. Given that males were more likely to persist in school than females, the worse employment outcomes may be interpreted as a trade-off between school and work. (We also directly test the combination measure of 'in school or working' by gender and find that neither gender was more likely to be better or worse off on this indicator than the control group.)

We again saw differences in some employment indicators when examining different racial and ethnic subgroups and also by engagement level. Latino treatment youth did not differ from Latino control youth on any employment outcomes. However, non-Latino treatment youth were about 14 percentage points less likely to have recently worked compared with non-Latino control youth; they also worked fewer hours per week.

More-engaged youth worked six fewer hours per week than the control group youth while less-engaged youth worked neither more nor fewer hours than the control group. This finding may reflect a trade-off between work and school.

Births

Thirty-one percent of study participants at baseline were already parents; this figure was comparable for both the treatment and control groups. However, parenting rates were quite different for female and male applicants: 42 percent of female youth were parents at baseline compared with 20 percent of males. Our analysis finds that the program had an effect on births during the 18-month study period for the treatment group. Treatment youth were 7 percentage points less likely to have a child during the last year of the study period than control youth. The magnitude of this effect is sizable. The treatment group was roughly one-third less likely to have a child than the control group (21 percent of the control group did versus 14 percent of the treatment group).

The lower levels of treatment youth having a child may indicate that the contacts with the promotores helped youth understand how to avoid unwanted pregnancies. As cited above, we do not see that treatment group youth had higher uptake of reproductive health services within or outside LAYC, which may indicate it was something about the promotores—possibly the direct services they provided or that their relationship with the youth instilled a belief in greater future opportunities—that resulted in reduced births.

This outcome was evident among some subgroups and not others. Latino treatment youth were 16 percentage points less likely to have had a child in the last year of the study period than Latino control youth. Treatment males (of any race) were 15 percentage points less likely to have a child than control males.

When examining treatment youth by engagement level, we found that the more-engaged youth were 11 percentage points less likely to have a child than the control group, but that youth with limited engagement were no less likely to have a child than the control group. This may indicate that the youth who were more engaged were more likely to discuss reproductive health with their promotores. Also, as shown in table 14, youth who were at least moderately engaged (45 or more contacts with their promotores) reported higher levels of receiving reproductive health services than youth in the treatment group who were less engaged.

Housing Stability

We examined two measures of housing stability: whether youth had slept in a shelter in the past six months and whether youth had moved more than three times during the past six months.

At the end of the 18-month study period, treatment group youth were about 6 percentage points less likely to have slept in a shelter during the past six months than control group youth. Roughly 14 percent of program applicants reported sleeping in a shelter at some point during the six months before the baseline survey. At the 18-month follow-up survey, the share of control group youth reporting this stood at 10 percent, but, for treatment group youth, only 4 percent reported sleeping in a shelter during the previous six months. This means that in terms of effect size, treatment group youth were roughly 60 percent less likely than control group youth to have slept in a shelter at some point during the six months before the 18-month survey.[9] Adjusting for multiple comparisons reduces the significance level for this outcome. When comparing means, the difference was still significant at the 0.10 level, but the regression-adjusted difference did not achieve this level of significance. However, in this domain, the Benjamini and Hochberg

(1995) adjustment may be too strong as there were only two variables; the chances of finding a false positive were small.

Female treatment group members were 12 percentage points less likely than control group females to have slept in a shelter in the past six months, and non-Latino treatment group youth were 11 percentage points less likely to have slept in a shelter than non-Latino control group youth. There was no difference between more-engaged youth and those youth who were less engaged.

Looking at whether or not youth had moved more than three times in the past six months, youth in the treatment group did not move less often than control youth. This was also true when examining other thresholds for defining "churning movers," those exhibiting residential instability (Coulton, Theodos, and Turner 2012). There were no differences in frequent moving for subgroups defined by ethnicity, gender, or engagement level.

Substance Use

To see the effects of the Promotor Pathway program on a youth's substance use habits, we examined three outcomes: whether a youth had a binge drinking episode, used marijuana, or other drugs in the past four weeks. Interpretation of these results is somewhat perplexing.

Overall, we found no positive impacts associated with the program on substance use measures. The treatment group was no less or more likely to use marijuana or to use other drugs. However, when compared with control youth, treatment youth were about 12 percentage points more likely to report they engaged in binge drinking in the past four weeks. This result remains, even after correcting for multiple comparisons, though the significance level drops from 0.01 to 0.05. Socially undesirable items are generally underreported in surveys. This finding could have emerged for a number of reasons. It may simply be a statistical anomaly. Or, it may reflect the fact that treatment group members felt more liberty or accountability to be honest in their reporting of drinking; this could be a by-product of their relationship with their promotores or because the treatment youth were more likely to have received substance abuse counseling during the 18-month study period than control youth and had already disclosed that they had a substance abuse problem. Another possibility is that, since fewer treatment youth were having children, they may have perceived more freedom to drink.

Both males and females in the treatment group were more likely to report binge drinking than their control group counterparts, but females in the treatment group were also more likely to report using marijuana. There were also differences across racial and ethnic groups. Latino treatment youth reported binge drinking at a rate 17 percentage points above Latino control youth. Non-Latino treatment youth reported using marijuana at a rate 14 percentage points higher and drugs at a rate 5 percentage points higher, than non-Latino control youth. When examining engagement level, treatment youth were more likely to have binge drank if they were more engaged but no more or less likely to have had a binge-drinking episode if they were less engaged.

Delinquency and Violence

As with substance use, the program evidence a positive impact in any of the nine delinquency and violence outcomes we investigated. The nine outcomes were as follows: carried a weapon in the past four weeks, got in a fight requiring medical attention, stole or attempted to steal something with more than $50, broke into or attempted to break into a building, sold marijuana, sold hard drugs, member of a crew or gang, and incarcerated in the past six months. For the youth who reported getting in a fight, the data does not distinguish between perpetrators and victims.

Though none of the nine outcomes showed improvements for the treatment group relative to the control group, for three measures, the treatment group actually did worse relative to the control group. As shown in table 15, treatment group youth were about 6 percentage points more likely to have reported that they got in a fight (perpetrator or victim) that required them to seek medical attention, nearly 5 percentage points more likely to have sold marijuana, and 2 percentage points more likely to have sold other hard drugs (all controlling for higher rates at baseline). As with substance use, the explanation for these findings is not known. When adjustments were made for multiple comparisons, the negative impacts on the treatment group disappeared from both the ITT and the regression-adjusted ITT. Thus, the findings may be spurious. To the extent they may be real, a potential explanation is that, as a by-product of working with their promotores, treatment youth became more willing to divulge their experiences with delinquency. Other possible explanations may be that the treatment youth, who were more likely to stay in school, had more contact with others to sell marijuana or to get in a fight with, or the control youth, who were more likely to become parents, may have perceived less freedom to partake in activities that led them to these delinquent behaviors. Of these three indicators, it was those with 45 or more contacts who reported higher rates of getting in fights that required medical attention and also higher rates of selling drugs than the control group, while treatment youth with fewer than 45 contacts were not different from the control group. For carrying a weapon, spraying graffiti, and selling marijuana, however, the reverse scenario was evident, with low-contact youth reporting higher rates.

We observed additional differences across both ethnicity and gender (see tables B.2 and B.3). Compared with the non-Latinos in the control group, non-Latino treatment youth were about 10 percentage points more likely to have gotten into a fight and required medical attention, 6 percentage points more likely to steal something, 8 percentage points more likely to have sold marijuana, and 4 percentage points more likely to have sold hard drugs. Conversely, Latinos in the treatment group did not report higher delinquency rates for any of the measures than Latinos in the control group. This may indicate that the program has different outcomes for Latino and non-Latino youth or that reporting is different for these groups. The patterns are less stark when looking by gender. Treatment females reported higher rates of getting in fights (8 percentage points) compared with females in the control group. Treatment males reported higher rates of having sold marijuana (8 percentage points) and having sold hard drugs (5 percentage points) compared with males in the control group.

Relationships and Self-Efficacy

To examine a youth's relationships and perceptions of self-efficacy, we looked at four outcomes: whether a youth had a special adult in their life, if their friends were a positive influence, if their friends were a negative influence, and score on a scale that measures perceived mastery/control.

Treatment youth were 9 percentage points more likely to say that they had a special adult in their life. This special adult could be a family member, friend, counselor, promotor, or other person. However, after adjusting for multiple comparisons, the difference between treatment and control group youth was no longer significant in the ITT or in the regression-adjusted ITT.

Reflecting, likely, the influence of the promotores, youth with higher levels of engagement were over 15 percentage points more likely to have a special adult in their life than the control group—but there was no difference between those with fewer than 45 contacts and the control group. No differences were observed by ethnicity. When looking by gender, however, we do see that the share of females reporting having a special adult in their lives was 13 percentage points higher for those in the treatment group compared against those the control group whereas males did not show a difference between groups.

To capture the positive or negative influences of a youth's friends, we created two scales. The positive peers scale includes six items with a maximum score of 18 and the negative peers scale includes eight items with a maximum score of 24. Treatment youth were not more or less likely than control youth to have friends who were either a positive or negative influence. Additionally, there were no differences by ethnicity and engagement level.

Pearlin's Mastery Scale (Pearlin et al. 1981) measures the degree to which youth feel in control of their lives and able to solve problems. Treatment youth were neither more nor less likely to have a higher or lower score on the scale, and there were no differences observed by ethnicity or engagement level. Although not shown, we also examined mastery by age and observed no significant differences.

TABLE 15

Program Impacts at 18 Months

	Intent-to-Treat (ITT)				Treatment-on-the-Treated	Regression-Adjusted ITT	
	Control	Treatment	Difference[a]	Effect size[a]	Difference[a]	Difference[a]	Effect size[a]
Education							
HS diploma/GED or higher	60.2%	54.6%	-5.6	-11.4	-6.0	-5.0	-10.1
Attended college (past 6 months)	20.4%	21.2%	0.9	2.1	0.9	3.0	7.4
In school (at 18 months)	38.6%	52.0%	13.4**	27.0	14.3	14.0**	28.2
Employment							
Currently employed	52.4%	53.5%	1.1	2.1	1.1	1.1	2.1
Employed (past 6 months)	75.4%	72.1%	-3.4	-7.6	-3.6	-4.9	-11.1
Hours worked per week[b]	23.0	19.8	-3.1	-0.2	-3.3	-2.8	-0.2
Weekly wages (log)[c]	4.0	3.8	-0.2	-0.1	-0.2	-0.1	0.0
Births (past 12 months)							
Had a child	20.8%	13.6%	-7.1*	-18.5	-7.6	-7.2*	-18.6
Had a child - females	19.7%	18.1%	-1.6	-4.1	-1.7	-0.7	-1.8
Had a child - males	21.9%	8.3%	-13.6**	-35.9	-14.5	-16.8**	-44.4
Housing stability (past 6 months)							
Slept in a shelter	9.7%	3.8%	-5.8**	-22.1	-6.2	-5.7*	-21.7
3+ moves	3.5%	3.8%	0.3	1.6	0.3	0.3	1.5
Substance use (past 4 weeks)							
Binge drank	16.4%	28.2%	11.8***	29.0	12.6	13.4***	33.0
Used marijuana	16.4%	20.0%	3.6	9.3	3.8	4.2	10.9
Used other drugs	1.8%	3.8%	2.0	12.7	2.1	2.3	14.8
Delinquency[d]							
Carried a weapon	8.0%	10.8%	2.8	9.7	2.9	4.8	16.7
Sprayed graffiti/damaged property		2.3%	1.0	7.4	1.0	1.2	9.2
Got in fight, required medical attention	4.9%	11.4%	6.5**	24.9	6.9	6.3**	24.3
Stole/attempted to steal item >$50	3.6%	4.6%	1.0	5.1	1.1	1.9	9.6
Broke into building (or attempted to)	1.3%	0.9%	0.0%	-0.9	-11.9	-1.0	-0.9	-11.8

TABLE 15 CONTINUED

	Intent-to-Treat (ITT)				Treatment-on-the-Treated	Regression-Adjusted ITT	
	Control	Treatment	Difference[a]	Effect size[a]	Difference[a]	Difference[a]	Effect size[a]
Sold marijuana	3.1%	7.2%	4.1*	19.5	4.3	4.7*	22.4
Sold hard drugs	0.4%	2.3%	1.9	17.5	2.0	2.1*	19.7
Member of a crew or gang	3.1%	3.1%	-0.1	-0.3	-0.1	0.3	1.6
Incarcerated	11.4%	13.9%	2.5	7.6	2.7	1.4	4.3
Relationships and self-efficacy							
Special adult in life	79.7%	88.4%	8.6**	22.9	9.2	9.4**	24.8
Negative friends score (max=24)	11.1	11.1	0.0	0.0	0.0	0.2	0.1
Positive friends score (max=18)	13.0	12.8	-0.3	-0.1	-0.3	-0.1	-0.1
Perceived mastery score (max=24)	17.5	17.7	0.2	0.1	0.3	0.2	0.1
Observations	**231**	**132**	**363**		**363**	**363**	

Source: LAYC survey and administrative data.

Notes: Significance levels are not adjusted for multiple tests, but differences in significance resulting from such adjustments are reported in the text. Intent-to-treat compares outcomes of a treatment group of youth who were admitted to the Promotor Pathway program and may or may not have been treated (i.e., had contact with a promotor), with a control group of youth who were not admitted to the program. Treatment-on-the-treated compares outcomes of treatment group youth who were treated with a control group. The following youth characteristics were controlled for in the regression-adjusted ITT models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control. This table is included in appendix B, table B.1.

[a] All differences and effect sizes are displayed in percentage points except for the hours worked per week, weekly wages, negative friends score, positive friends score, and perceived mastery score.

[b] Includes 0 hours for youth who were not employed.

[c] Includes $0 for youth who were not employed.

[d] All items are for the past six months except for carried a weapon, which covers the past four weeks.

* p < 0.1, ** p < 0.05, *** p < 0.01

Implications for Practice and Policy

LAYC's Promotor Pathway program plays an important role by filling a void in the lives of high-needs at-risk youth. These youth are at risk of long-term disconnection from school and work and may lack the life skills to set goals, make plans, and navigate systems. To be effective, we expect promotores must, among other things, be knowledgeable of youth development, skilled in working with and counseling youth, and informed about age-appropriate services with which to connect youth. In this sense, the promotor offers a combination of specialized case management, mentoring, and coaching.

Youth referred to the Promotor Pathway program had multiple risk factors, making them vulnerable. Like any social service program, with the exception of court-mandated participation, participation is voluntary. About half of treatment youth had 45 or more contacts with their promotores over the 18 months studied. The only baseline factor that helped predict who was likely to highly engage with their promotores was having children. It is possible that through engaging youth who have children, the program was able to have a double impact, to the extent that supporting these young parents also benefits their children.

Promotores are a paid full-time position, which has implications for how these individuals interact with youth over time. Unlike other case managers these youth might have in their lives, promotores are expected to be available to youth at all times. This provides a mentoring role for youth, in addition to the role of intensive case manager and resource specialist. Furthermore, promotores are expected to work with their youth for several years, an important principle for developing the rapport and trust required for such a position to have long-term impact.

Most control group youth in the evaluation noted they had a special adult in their lives that they looked up to as a role model, could spend time with, or talk to about personal problems. This raises the question of whether the promotor really adds an important person to the youth's life. However, as noted earlier (table 12), having a caring adult in their lives did not predict take-up of the promotor's services, and we can infer that promotores are not fully overlapping with other caring adults already involved with the youth but serve an additional role.

One important risk is that promotores may leave these positions, to seek other employment or for other reasons. This jeopardizes the relationship that may have been developed with individual youth, adding a new separation for youth who have likely dealt with much adult abandonment in their lives. To date, promotor attrition has been small. Based on caseload data, only three promotores have left the program since its inception in 2008.

Treatment youth remained engaged with the promotores over the long term. On average, treatment youth engage with the promotores for 15 months and nearly two-thirds of treatment youth remain engaged for 16 to 18 months by the conclusion of the study's 18-month observation period. Prior research indicates that such long-term relationships are more likely to yield positive, social outcomes for the youth than shorter relationships.

The evaluation found that youth did not see increases in their perception of self-efficacy as measured through mastery, the belief that you have control over what happens in your life. One possibility is that it may take more time to change this sort of intrinsic attitude. But one caution to consider is the extent to which promotores guide and counsel youth versus make things happen for the youth. Even if promotores are not enabling youth to sit back and be "served," the youth may still feel that they could not have accomplished things on their own.

The evaluation revealed positive impacts in several key domains, but it also revealed negative or no impacts in other areas. Many of the impacts were found only for specific subgroups, either by gender or race and ethnicity. Further understanding of how the program is operating could provide some insight into why certain subgroups benefit more than others for specific outcomes. Some impacts in particular are worth learning more about. For example, how did the program reduce the likelihood that young men became parents and why did it not have this effect on young women? This requires greater understanding of what promotores are saying to youth about reproductive health and with which services they are connecting these youth, as well as the broader resources available in youths' communities. In other words, getting inside the black box of the youth-promotor relationship would be helpful in fleshing out how to replicate the success for males and improve upon the impact for females.

The evaluation also found the treatment group to have engaged in certain negative behaviors, such as binge drinking, selling drugs, and getting into a fight, at greater rates than youth in the control group, even when controlling for differences that may already have been present at entry into the program. Although it may be a reporting phenomenon, that is, treatment youth develop a trust that makes them more willing to report more socially undesirable behaviors, further investigation is warranted so as not to raise doubt about the validity of the positive impacts found for the program.

Most importantly, given the level of needs for the youth eligible for the program, the 18-month period observed in the evaluation may not be sufficient to achieve certain types of impacts. The finding that treatment youth were more likely than control group youth to be enrolled in school at 18 months yet not have attained any higher degrees implies that it took some time for the promotores to get the youth to return to school or to fully engage. Improved educational attainment may occur beyond 18 months. Literature suggests that mentoring—whether as a stand-alone service or in conjunction with case management and other support services—must last for a while, at least one year, to allow the youth and mentor to develop a rapport and gain trust. This literature supports the notion that program impacts may mostly occur beyond the 18 months observed. Outcomes like reduced male parenthood and reduced sleeping in a shelter may be obtainable sooner because these may be more concrete to youth than what it takes to further their education or gain employment. Reducing male parenthood may be as simple as making condoms easily available. Reduced shelter usage may not require a long-term trust; youth may easily respond to a housing support over staying in a shelter.

Although the findings appear limited, we do find positive impacts on a few important outcomes. We recommend consideration of another follow-up interview to observe a longer time period. The sizable reduction in parenthood for males and the significant reduction in homelessness may justify the cost of the program, but seeing long-term improvements in a wider array of outcomes would provide more support for choosing the Promotor Pathway program strategy over other options. To support further learning, LAYC

will continue to monitor college enrollment through the National Student Clearinghouse, which will be useful in assessing longer-term education outcomes.

LAYC is a service-rich organization, offering numerous programs to at-risk youth. Youth referred to the Promotor Pathway program are mostly already involved in LAYC programs. In the evaluation, control youth were seen to engage in numerous LAYC programs. The Promotor Pathway program thus is an add-on to the slate of LAYC programs and its potential impact is only the marginal impact it can have above participation in these other programs. It is difficult to assess the value the program would have in another organization that might not have as large and diverse set of services. If an organization had only a limited set of services, it is possible that the promotor could have larger impacts (i.e., where the treatment group getting a promotor is tested against the control group getting little or no services). On the other hand, having a large array of services on site may be critical for the success of the model (if youth do not follow through well on referrals to external service). Thus, it is difficult to address the replicability of the program in a different environment as we cannot assess the importance of having the other services on site, or at least easily accessible.

Additionally, LAYC has developed internal evaluation capacity. Its full-time director of learning and evaluation leads the organization's tracking of program demographics and outcomes in education, employment, and service use. Ongoing evaluation is important for an organization to support continuous quality improvement. Willingness to devote resources to evaluation capacity, if used effectively, will pay off in program improvements, which will lead to further program growth in the future.

Vulnerable youth are at greater risk of experiencing negative outcomes as they transition to adulthood and may lack social networks that provide or connect them to support and community resources. Though many initiatives are attempting to serve these youth, the evidence base about what works remains relatively small. This study contributes to what is known about the effects of a high-touch caring adult model for a range of outcomes relating to education, employment, and healthy behaviors.

Appendix A
Survey Attrition

TABLE A.1

Attrition across Survey Waves

	Baseline (N=476)		6 month (N=392)		12 month (N=371)		18 month (N=364)		
Baseline characteristics	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**Significance**
Demographics									
Male	243	51%	192	49%	182	49%	174	48%	0.07
Race									
Latino	266	56%	218	56%	212	57%	208	57%	0.64
Black	182	38%	147	38%	137	37%	134	37%	0.64
Mixed race	14	3%	13	3%	12	3%	11	3%	0.70
Other	12	2%	10	2%	11	2%	11	2%	0.70
White	4	1%	4	1%	3	1%	2	1%	0.40
Age									
Under 18	115	24%	93	24%	88	24%	92	25%	0.56
18 to 21	267	56%	217	56%	204	55%	200	55%	0.79
22 and older	94	20%	78	20%	79	21%	71	20%	0.35
Spanish spoken at home	225	47%	188	48%	177	48%	176	48%	0.50
Parent	145	31%	123	32%	119	32%	112	31%	0.39
Education									
Enrolled in "regular" school	203	47%	169	48%	160	47%	159	47%	0.99
Enrolled in GED classes	160	37%	130	37%	121	36%	119	35%	0.71
HS diploma or GED	98	22%	85	23%	80	23%	80	24%	0.20
Two-year college degree or certification	9	2%	7	2%	8	2%	9	3%	0.34

TABLE A.1 CONTINUED

Baseline characteristics	Baseline (N=476) #	Baseline (N=476) %	6 month (N=392) #	6 month (N=392) %	12 month (N=371) #	12 month (N=371) %	18 month (N=364) #	18 month (N=364) %	Significance
Employment									
Currently employed	96	22%	84	24%	81	24%	72	22%	0.14
Previously employed	331	70%	273	71%	260	71%	256	72%	0.72
Average weekly wage (if employed)	261	$266.87	217	$296.04	206	$267.54	207	$422.38	0.9223
Risk factors									
Food stamps	188	40%	154	40%	148	40%	146	41%	0.92
Slept in shelter in last 6 months?	68	14%	51	13%	53	14%	49	14%	0.36
Arrested, ever	109	23%	87	23%	85	23%	74	21%	0.09
Been stopped or picked up by the police but just gotten a warning, past 12 months	93	20%	75	19%	72	19%	70	19%	0.99
In a physical fight --> injury or medical attention, past 12 months	77	16%	64	17%	61	16%	59	16%	0.98
Carried a weapon, past 12 month	65	14%	49	13%	48	13%	45	13%	0.33
Sold marijuana, past 12 months	28	6%	20	5%	20	5%	21	6%	0.51

Source: LAYC survey data.
Note: HS = high school.

TABLE A.2

Treatment and Control Groups' Baseline Characteristics at 18 months

Baseline characteristics	Total (N=363)		Treatment (N=132)		Control (N=231)		Significance
	#	%	#	%	#	%	
Demographics							
Male	174	48%	60	45%	114	49%	0.48
Race							
Latino	208	57%	78	59%	130	56%	0.60
Black	134	37%	43	33%	91	39%	0.20
Mixed race	11	3%	6	5%	5	2%	0.20
Other	5	1%	2	2%	3	1%	0.87
White	2	1%	2	2%	0	0%	0.06
Age							
Under 18	92	25%	35	27%	57	25%	0.70
18 to 21	200	55%	73	55%	127	55%	0.95
22 and older	71	20%	24	18%	47	20%	0.62
Spanish spoken at home	176	48%	65	49%	111	48%	0.74
Parent	112	31%	39	30%	73	32%	0.66
Education							
Enrolled in school	159	47%	63	43%	96	41%	0.83
Enrolled in GED class	119	35%	44	36%	75	35%	0.85
HS diploma or GED	80	24%	28	23%	52	24%	0.79
Two year college degree or certification	9	3%	4	3%	5	2%	0.61
Employment							
Currently employed	72	22%	29	24%	43	20%	0.45
Previously employed	256	72%	97	73%	159	70%	0.53
Average weekly wage (if employed)	207	$422.38	82	$617.81	125	$316.14	0.33

TABLE A.2 CONTINUED

Baseline characteristics	Total (N=363)		Treatment (N=132)		Control (N=231)		Significance
	#	%	#	%	#	%	
Risk factors							
Food stamps	146	41%	59	45%	87	39%	0.23
Slept in shelter in last 6 months?	49	14%	20	15%	29	13%	0.46
Arrested, ever	74	21%	24	18%	50	22%	0.44
Been stopped or picked up by the police but just gotten a warning, past 12 months	70	19%	20	15%	50	22%	0.14
In a physical fight --> injury or medical attention, past 12 months	59	16%	19	15%	40	17%	0.48
Carried a weapon, past 12 months	45	13%	16	12%	29	13%	0.93
Sold marijuana (pot), past 12 months	21	6%	11	9%	10	4%	0.11

Source: LAYC survey data.

Appendix B
Program Impacts Supporting Tables

TABLE B.1

Program Impacts at 18 months

	Intent-to-Treat (ITT)				Treatment-on-the-Treated	Regression-adjusted ITT	
	Control	Treatment	Difference[a]	Effect size[a]	Difference[a]	Difference[a] (SE)	Effect size[a]
Education							
HS diploma/GED or higher	60.2%	54.6%	-5.6	-11.4	-6.0	-5.0 (5.0)	-10.1
Attended college in past 6 months	20.4%	21.2%	0.9	2.1	0.9	3.0 (4.0)	7.4
In school at 18 months	38.6%	52.0%	13.4**	27.0	14.3	14.0** (6.0)	28.2
Employment							
Currently employed	52.4%	53.5%	1.1	2.1	1.1	1.1 (6.0)	2.1
Employed in past 6 months	75.4%	72.1%	-3.4	-7.6	-3.6	-4.9 (5.0)	-11.1
Hours worked per week[b]	23.0	19.8	-3.1	-0.2	-3.3	-2.8 (2.1)	-0.2
Weekly wages (log)[c]	4.0	3.8	-0.2	-0.1	-0.2	-0.1 (0.3)	0.0
Births (past 12 months)							
Had a child	20.8%	13.6%	-7.1*	-18.5	-7.6	-7.2* (4.0)	-18.6
Had a child, females	19.7%	18.1%	-1.6	-4.1	-1.7	-0.7 (6.0)	-1.8
Had a child, males	21.9%	8.3%	-13.6**	-35.9	-14.5	-16.8** (6.0)	-44.4
Housing stability (past 6 months)							
Slept in a shelter	9.7%	3.8%	-5.8**	-22.1	-6.2	-5.7* (3.0)	-21.7
3+ moves	3.5%	3.8%	0.3	1.6	0.3	0.3 (2.0)	1.5

TABLE B.1 CONTINUED

	Intent-to-Treat (ITT)				Treatment-on-the-Treated	Regression-adjusted ITT	
	Control	Treatment	Difference[a]	Effect size[a]	Difference[a]	Difference[a] (SE)	Effect size[a]
Substance use (past 4 weeks)							
Binge drank	16.4%	28.2%	11.8***	29.0	12.6	13.4*** (4.0)	33.0
Used marijuana	16.4%	20.0%	3.6	9.3	3.8	4.2 (4.0)	10.9
Used other drugs	1.8%	3.8%	2.0	12.7	2.1	2.3 (2.0)	14.8
Delinquency[d]							
Carried a weapon	8.0%	10.8%	2.8	9.7	2.9	4.8 (3.0)	16.7
Sprayed graffiti/damaged property	1.3%	2.3%	1.0	7.4	1.0	1.2 (1.0)	9.2
Got in fight, required medical attention	4.9%	11.4%	6.5**	24.9	6.9	6.3** (3.0)	24.3
Stole/attempted to steal item >$50	3.6%	4.6%	1.0	5.1	1.1	1.9 (2.0)	9.6
Broke into building (or attempted to)	0.9%	0.0%	-0.9	-11.9	-1.0	-0.9 (1.0)	-11.8
Sold marijuana	3.1%	7.2%	4.1*	19.5	4.3	4.7* (2.0)	22.4
Sold hard drugs	0.4%	2.3%	1.9	17.5	2.0	2.1* (1.0)	19.7
Member of a crew or gang	3.1%	3.1%	-0.1	-0.3	-0.1	0.3 (2.0)	1.6
Incarcerated	11.4%	13.9%	2.5	7.6	2.7	1.4 (3.0)	4.3

TABLE B.1 CONTINUED

	Intent-to-Treat (ITT)				Treatment-on-the-Treated	Regression-adjusted ITT	
	Control	Treatment	Difference[a]	Effect size[a]	Difference[a]	Difference[a] (SE)	Effect size[a]
Relationships and self-efficacy							
Special adult in life	79.7%	88.4%	8.6**	22.9	9.2	9.4** (4.0)	24.8
Negative friends score (max = 24)	11.1	11.1	0.0	0.0	0.0	0.2 (3.5)	0.1
Positive friends score (max = 18)	13.0	12.8	-0.3	-0.1	-0.3	-0.1 (2.5)	-0.1
Perceived mastery score (max = 24)	17.5	17.7	0.2	0.1	0.3	0.2 (3.4)	0.1
Observations	231	132	363		363	363	

Source: LAYC administrative data and survey data.

Notes: Intent-to-treat compares outcomes of a treatment group of youth who were admitted to the Promotor Pathway program and may or may not have been treated (i.e., had contact with a promotor), with a control group of youth who were not admitted to the program. Treatment-on-the-treated compares outcomes of treatment group youth who were treated with a control group. The following youth characteristics were controlled for in the regression-adjusted ITT models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control.

[a] All differences and effect sizes are displayed in percentage points except for the hours worked per week, weekly wages, negative friends score, positive friends score, and perceived mastery score.

[b] Includes 0 hours for youth who were not employed.

[c] Includes $0 for youth who were not employed.

[d] All items are for the past six months except for carried a weapon, which covers the past four weeks.

* p < 0.1, ** p < 0.05, *** p < 0.01

TABLE B.2

Impacts at 18 Months by Ethnicity

	Non-Latino treatment relative to non-Latino control[a]	SE	Latino treatment relative to Latino control[a]	SE
Education				
HS diploma/GED or higher	-5.3	8.5	-4.8	7.3
Attended college (past 6 months)	-4.1	6.6	8.1	5.6
In school (at 18 months)	0.6	8.9	23.8***	7.6
In school (at 18 months) - females	1.2	12.2	14.1	10.9
In school (at 18 months) - males	-4.1	13.5	29.8***	10.9
Employment				
Currently employed	-1.4	9.1	2.7	7.4
Recently employed (past 6 months)	-14.3*	7.6	2.0	6.5
Hours worked per week[b]	-5.7*	3.4	-1.0	2.7
Weekly wages (log)[c]	-0.5	0.5	0.1	0.4
Births (past 12 months)				
Had a child	5.1	6.6	-16.2***	5.7
Had a child (females)	9.3	8.9	-8.7	8.0
Had a child (males)	-3.6	10.4	-25.0***	8.2
Housing stability (past 6 months)				
Slept in a shelter	-10.9**	4.5	-2.0	3.9
Slept in a shelter (females)	-18.6***	5.8	-5.9	5.2
Slept in a shelter (males)	-0.1	7.4	3.3	5.8
3+ moves	-1.7	3.3	1.7	2.8
Substance use (past 4 weeks)				
Drank	9.5	6.9	16.1***	5.9
Used marijuana	14.1**	6.5	-3.1	5.6
Used drugs	4.7*	2.8	0.6	2.4
Delinquency[d]				
Carried a weapon	7.0	4.8	3.2	4.1
Sprayed graffiti/damaged property	3.1	2.3	-0.2	1.9
Got in fight, required medical attention	10.2**	4.4	3.4	3.8
Stole/attempted to steal item >$50	6.1*	3.3	-1.3	2.8
Broke into building (or attempted to)	-1.1	1.3	-0.8	1.1
Sold marijuana	7.9**	3.7	2.2	3.2
Sold hard drugs	4.4**	1.9	0.4	1.6
Member of a crew or gang	1.4	3.0	-0.6	2.6
Incarcerated	4.4	5.4	-0.7	4.5

TABLE B.2 CONTINUED

	Non-Latino treatment relative to non-Latino control[a]	SE	Latino treatment relative to Latino control[a]	SE
Relationships and self-efficacy				
Special adult in life	10.5	6.5	8.5	5.6
Negative friends score (max = 24)	0.8	0.5	-0.3	0.5
Positive friends score (max = 18)	-0.4	0.4	0.1	0.3
Perceived mastery score (max = 24)	0.1	0.5	0.2	0.4
Observations		363		

Source: LAYC administrative data and survey data.

Notes: This table demonstrates the program's impact on Non-Latino and Latino youth, by comparing: the outcomes of Non-Latino youth in the treatment group to the outcomes of Non-Latino youth in the control group; and the outcomes of Latino youth in the treatment group to the outcomes of Latino youth in the control group. . Outcomes were not presented for male and female sub-samples, as the sample groups were too small. The following youth characteristics were controlled for in the regression-adjusted ITT models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control.

[a] All differences are displayed in percentage points except for the hours worked per week, weekly wages, negative friends score, positive friends score, and perceived mastery score.

[b] Includes 0 hours for youth who were not employed.

[c] Includes $0 for youth who were not employed.

[d] All items are for the past six months except for carried a weapon, which covers the past four weeks.

* p < 0.1, ** p < 0.05, *** p < 0.01,

TABLE B.3

Impacts at 18 Months by Gender

	Female treatment relative to female control[a]	SE	Male treatment relative to male control[a]	SE
Education				
HS diploma/GED or higher	-3.3	7.4	-7.1	8.2
Attended college (past 6 months)	-3.0	5.7	10.5*	6.4
In school (at 18 months)	9.6	8.0	19.1**	8.5
Employment				
Currently employed	10.2	7.6	-10.8	8.7
Recently employed (past 6 months)	3.9	6.7	-15.6**	7.4
Hours worked per week[b]	0.7	2.7	-7.8**	3.3
Weekly wages (log)[c]	0.4	0.4	-0.9*	0.5
Births (past 12 months)				
Had a child	-0.6	5.8	-15.3**	6.5
Housing stability (past 6 months)				
Slept in a shelter	-12.2***	3.9	2.2	4.4
3+ moves	-1.8	2.9	2.8	3.2
Substance use (past 4 weeks)				
Drank	14.7**	6.0	11.6*	6.8
Used marijuana	10.8*	5.7	-4.3	6.4
Used drugs	3.5	2.4	0.9	2.7
Delinquency[d]				
Carried a weapon	5.5	4.1	3.9	4.7
Sprayed graffiti/damaged property	1.0	2.0	1.5	2.2
Got in fight, required medical attention	8.3**	3.9	3.9	4.3
Stole/attempted to steal item >$50	0.9	2.9	3.0	3.2
Broke into building (or attempted to)	-0.3	1.1	-1.6	1.3
Sold marijuana	2.2	3.3	7.8**	3.6
Sold hard drugs	-0.3	1.6	5.1***	1.8
Member of a crew or gang	-0.7	2.6	1.5	3.0
Incarcerated	0.1	4.7	3.1	5.2

TABLE B.3 CONTINUED

	Female treatment relative to female control[a]	SE	Male treatment relative to male control[a]	SE
Relationships and self-efficacy				
Special adult in life	13.1**	5.7	4.7	6.3
Negative friends score (max = 24)	0.0	0.5	0.4	0.5
Positive friends score (max = 18)	-0.4	0.3	0.3	0.4
Perceived mastery score (max = 24)	0.4	0.5	-0.1	0.5
Observations		363		

Source: LAYC administrative data and survey data.

Notes: SE = standard error. This table demonstrates the program's impact on female and male youth, by comparing: the outcomes of female youth in the treatment group to the outcomes of female youth in the control group; and the outcomes of male youth in the treatment group to the outcomes of male youth in the control group. The following youth characteristics were controlled for in the regression-adjusted ITT models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control.

[a] All differences are displayed in percentage points except for the hours worked per week, weekly wages, negative friends score, positive friends score, and perceived mastery score.

[b] Includes 0 hours for youth who were not employed.

[c] Includes $0 for youth who were not employed.

[d] All items are for the past six months except for carried a weapon, which covers the past four weeks.

* p < 0.1, ** p < 0.05, *** p < 0.01,

TABLE B.4

Impacts at 18 months by Level of Engagement

Regression-adjusted ITT, by number of promotor contacts initiated by youth

	45+ contacts[a]	SE	<45 contacts[a]	SE
Education				
HS diploma/GED or higher	-11.4	7.0	1.7	7.2
Attended college (past 6 months)	5.0	5.5	1.0	5.5
In school (at 18 months)	16.2**	7.4	11.7	7.7
Employment				
Currently employed	-1.9	7.4	4.0	7.4
Recently employed (past 6 months)	-7.3	6.4	-2.4	6.5
Hours worked per week[b]	-6.1**	2.7	0.4	2.7
Weekly wages (log)[c]	-0.5	0.4	0.2	0.4
Births (past 12 months)				
Had a child	-11.0**	5.6	-3.2	5.7
Housing stability (past 6 months)				
Slept in a shelter	-4.5	3.8	-7.0*	3.8
3+ moves	1.0	2.8	-0.4	2.8
Substance use (past 4 weeks)				
Drank	19.2***	5.7	7.3	5.8
Used marijuana	6.0	5.5	2.2	5.6
Used drugs	1.5	2.3	3.2	2.4
Delinquency and violence[d]				
Carried a weapon	3.11	4.0	6.6	4.1
Sprayed graffiti/damaged property	-0.8	1.9	3.4*	1.9
Got in fight, required medical attention	11.9***	3.7	0.6	3.7
Stole/attempted to steal item >$50	2.2	2.8	1.5	2.8
Broke into building (or attempted to)	-1.0	1.1	-0.8	1.1
Sold marijuana	4.0	3.1	5.6*	3.3
Sold hard drugs	4.4***	1.5	-0.4	1.6
Member of a crew or gang	1.0	2.5	-0.5	2.6
Incarcerated	3.6	4.5	-0.8	4.5

TABLE B.4 CONTINUED

	45+ contacts[a]	SE	<45 contacts[a]	SE
Relationships and self-efficacy				
Special adult in life	15.1***	5.5	3.7	5.4
Negative friends score (max = 24)	0.4	0.5	0.0	0.5
Positive friends score (max = 18)	-0.2	0.3	0.0	0.3
Perceived mastery score (max = 24)	0.4	0.4	0.0	0.4
Observations		363		

Source: LAYC administrative data and survey data.

Notes: This table compares the program impacts of both youth who initiated 15 or more contacts with a promotor and youth who initiated less than 15 contacts with a promotor to all youth in the control group. Outcomes are not presented for male and female subsamples, as the sample groups were too small. The following youth characteristics were controlled for in the regression-adjusted ITT models: gender, age, whether Latino, whether a parent, perceived control/mastery score, adult support score, score on a delinquency scale based on eight behaviors in the past 12 months (carried a weapon [past four weeks only], sprayed graffiti/damaged property, got in a fight and required medical attention, stole/attempted to steal item >$50, broke or tried to break into building, sold marijuana, sold hard drugs, and member of a crew or gang), whether used marijuana ever, and whether drank ever. In most cases, the youth's baseline level of the outcome of interest was also used as a control.

[a] All point estimates are displayed in percentage points except for the hours worked per week, weekly wages, negative friends score, positive friends score, and perceived mastery score.

[b] Includes 0 hours for youth who were not employed.

[c] Includes $0 for youth who were not employed.

[d] All items are for the past six months except for carried a weapon, which covers the past four weeks.

* p < 0.1, ** p < 0.05, *** p < 0.01,

Appendix C
Information on Scales

The survey questionnaire for this evaluation was created using questions and items from a variety of measures created by credible sources, including the following:

- The CDC's Youth Behavior Risk Surveillance System (YRBSS) questionnaire (2007 version)
- Ansell-Casey Life Skills Assessments (in English and Spanish), as well as the following supplements: pregnancy, homeless, youth values, and education
- The National Survey on Drug Use and Health (2004 version)
- The Problem Behavior Inventory (Elliott, Ageton, Huizinga, Knowles, and Canter 1983)
- Individual Protective Factors Index (Phillips and Springer 1992)

For most of the scales used in the questionnaire, Cronbach alpha values reported from previous studies are equal to or greater than 0.8, which constitutes strong evidence of the internal consistency of the scales used.

This appendix lists the scales used, their origin, and the correlation between the elements in each scale.

Mastery

Pearlin's Mastery Scale (Pearlin et al. 1981) measures the degree to which youth feel in control of their lives and able to solve problems. It demonstrated alpha reliability of 0.64 in the original study; higher reliability has been reported in other studies (e.g., Scheier, Carver, and Bridges 1994). In this study the alpha was 0.76. It has been used extensively in research studies, including in every wave of the National Longitudinal Study of Youth from 1994 through 2004.

22. Think about how you feel day to day. How strongly do you agree or disagree with each of the following statements?

	Check one box for each statement			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
a. There is really no way I can solve some of the problems I have.	☐$_1$	☐$_2$	☐$_3$	☐$_4$

b. Sometimes I feel that I'm being pushed around in life.	☐1	☐2	☐3	☐4
c. I have little control over the things that happen to me.	☐1	☐2	☐3	☐4
d. I can do just about anything I really set my mind to.	☐1	☐2	☐3	☐4
e. I often feel helpless in dealing with the problems of life.	☐1	☐2	☐3	☐4
f. What happens to me in the future mostly depends on me.	☐1	☐2	☐3	☐4

Peers Scales

The positive peers and negative peers scales were developed by Connell, Grossman, and Resch (1995). Items highlighted in green reflect the "positive peers scale" The original scale was modified for this study, by removing items irrelevant for this age group/population and adding relevant items (e.g., jobs, sports). Items created for this study are italicized. Alpha for the original scale in Connell, Grossman, and Resch was 0.83. Alpha for other prior studies completed by Public/Private ventures has ranged from 0.70 to 0.80. In this study the alpha was 0.58.

Items highlighted in blue reflect the "negative peers scale." Again, the original scale was modified for this study, and new items are italicized. Alpha for original scale in Connell, Grossman, and Resch was 0.90. Alpha for other prior studies completed by Public/Private ventures has ranged from 0.74 to 0.82. In this study the alpha was 0.86.

26. Think about your close friends who you spend the <u>most time</u> with.

	Check one box for each question		
About how many of the friends you spend <u>the most</u> time with…..	**All or most of my friends**	**Some of my friends**	**None of my friends**
a. Make you feel good about yourself?	☐1	☐2	☐3
b. Think that having expensive clothes and other things is very important?	☐1	☐2	☐3
c. Put pressure on you to drink alcohol?	☐1	☐2	☐3
d. Are involved in sports?	☐1	☐2	☐3
e. Plan to go to college?	☐1	☐2	☐3
f. Have broken into a car or building to steal something?	☐1	☐2	☐3

	Check one box for each question		
About how many of the friends you spend <u>the most</u> time with…..	**All or most of my friends**	**Some of my friends**	**None of my friends**
g. Have a regular job?	☐1	☐2	☐3
h. Put pressure on you to use drugs?	☐1	☐2	☐3
i. Are crew or gang members?	☐1	☐2	☐3
j. Go to church or religious services regularly?	☐1	☐2	☐3
k. Have stolen something worth more than $50?	☐1	☐2	☐3
l. Have destroyed property?	☐1	☐2	☐3
m. Have sold drugs or stolen property to make money?	☐1	☐2	☐3
n. Have participated in LAYC/MMYC programs or services?	☐1	☐2	☐3
o. Often don't have a place to sleep?	☐1	☐2	☐3
p. Think that staying in school is important?	☐1	☐2	☐3

Delinquency

The highlighted items below were used to form a scale of misconduct/delinquency, which was used as a control variable in the impact analyses. We indicate the sources for individual items that have been adapted from other sources: 2009 Youth Risk Behavior Survey (YRBS), National Longitudinal Survey of Adolescent Health Delinquency Scale (ADHEALTH), National Longitudinal Survey of Youth (NLSY – Cohort 97), and Public/Private Ventures (P/PV). Alpha for the scale in this study alpha was 0.61.

27. **During the <u>past 4 weeks</u>,** about how many times have you…

	Check one box for each question					
During the <u>past 4 weeks</u>, about how many times have you…	I've **never** done this	**0 times** in the past 4 weeks	**1–2 times** in the past 4 weeks	**about once a week** in the past 4 weeks	**2–3 times every week** in the past 4 weeks	**every day or almost every day** in the past 4 weeks
a. Carried a weapon, such as a gun, knife, or club?	☐0	☐1	☐2	☐3	☐4	☐5

	Check one box for each question					
During the <u>past 4 weeks</u>, about how many times have you…	I've **never** done this	**0 times** in the past 4 weeks	**1–2 times** in the past 4 weeks	**about once a week** in the past 4 weeks	**2–3 times every week** in the past 4 weeks	**every day or almost every day** in the past 4 weeks
b. Had <u>5 or more drinks</u> of alcohol in a row, within a couple of hours?	☐0	☐1	☐2	☐3	☐4	☐5
c. Used <u>marijuana (pot)?</u>	☐0	☐1	☐2	☐3	☐4	☐5
d. Used any <u>other drugs</u> (other than alcohol or marijuana) without a prescription?	☐0	☐1	☐2	☐3	☐4	☐5

28. **During the <u>past 12 months</u>**, about how many times have you…

	Check one box for each question					
	I've **never** done this	**0 times** in the last 12 months	**1–2 times** in the last 12 months	**3–4 times** in the last 12 months	**5–10 times** in the last 12 months	**More than 10 times** in the last 12 months
a. Been in a physical fight in which you were injured and had to be treated by a doctor or nurse? *YRBS*	☐0	☐1	☐2	☐3	☐4	☐5
b. Stolen or tried to steal something worth more than $50? *NLSY*	☐0	☐1	☐2	☐3	☐4	☐5

	Check one box for each question					
	I've **never** done this	**0 times** in the last 12 months	**1–2 times** in the last 12 months	**3–4 times** in the last 12 months	**5–10 times** in the last 12 months	**More than 10 times** in the last 12 months
c. Broken or tried to break into a building? *NLSY (MODIFIED)*	☐0	☐1	☐2	☐3	☐4	☐5
d. Sold marijuana (pot)? *ADHEALTH*	☐0	☐1	☐2	☐3	☐4	☐5
e. Sold hard drugs (such as heroin, cocaine, crack)? *ADHEALTH (MODIFIED)*	☐0	☐1	☐2	☐3	☐4	☐5
f. Been stopped or picked up by the police but just gotten a warning? *P/PV*	☐0	☐1	☐2	☐3	☐4	☐5
g. Sprayed graffiti or purposely damaged public or private property? *ADHEALTH*	☐0	☐1	☐2	☐3	☐4	☐5
h. Been a member of a crew or a gang? *NLSY*	☐0	☐1	☐2	☐3	☐4	☐5

Appendix D
18-Month Survey Instrument

Designed by Public/Private Ventures

EDUCATION INFORMATION

The first set questions ask about your schooling.

1. What kind of school or classes are you currently enrolled in? **(Check only one)**

☐$_0$ I am not currently in school

☐$_1$ A "regular" school or a charter school

☐$_2$ A school that you were sent to by a judge, probation officer or school principal

☐$_3$ A night or twilight school

☐$_4$ A vocational or technical school

☐$_5$ College

☐$_6$ A GED class

☐$_7$ A job training class

☐$_8$ Other_____

2. What grade or year are you currently in at school? (*If you are on summer break, check the last grade or year that you were in at school*).

(Check only one)

☐$_0$ I am not currently in school

☐$_1$ I am in a GED class

☐$_2$ I am in a job training class

☐$_3$ 8th grade or under

☐$_4$ 9th grade

☐$_5$ 10th grade

☐$_6$ 11th grade

☐$_7$ 12th grade

☐$_8$ 1st year of college

☐$_9$ 2nd year of college

☐$_{10}$ 3rd or 4th year of college

3. What is the highest grade in school that you passed (finished successfully)? **(Check only one)**

☐$_1$ 8th grade or under

☐$_2$ 9th grade

☐$_3$ 10th grade

☐$_4$ 11th grade

☐$_5$ 12th grade

☐$_6$ 1st year of college

☐$_7$ 2nd year of college

☐$_8$ 3rd or 4th year of college

4. Are you a student at YouthBuild or The Next Step? ☐$_0$ No ☐$_1$ Yes

5. In the **last six months**, how many sections of the GED exam did you take (not just for practice)?

☐$_0$ 0 (zero)

☐$_1$ 1

☐$_2$ 2

☐$_3$ 3

☐$_4$ 4

☐$_5$ 5 (all)

6. In the **last six months**, how many sections of the GED exam did you pass (not just for practice)?

☐$_0$ 0 (zero)

☐$_1$ 1

☐$_2$ 2

☐$_3$ 3

☐$_4$ 4

☐$_5$ 5 (all)

7. In the **last six months**, were you expelled from school?☐$_0$ No ☐$_1$ Yes

8. In **the last six months**, were you ordered to attend an alternative school by a judge, probation officer or school principal? ☐$_0$ No ☐$_1$ Yes

9. **In the last six months**, did you attend a 2-year or 4-year college? ☐$_0$ No ☐$_1$ Yes

9a**. If yes**, in the last six months, how many college courses did you enroll in?_____

9b**. If yes**, in the last six months, how many college courses did you complete successfully (that is, received a grade or earned credits)?____

10. What is the highest degree or diploma you earned? **(Check only one)**

☐$_0$ I have not completed a degree

☐$_1$ GED

☐$_2$ High school diploma

☐$_3$ Technical/Vocational College Degree or certification (specify_____)

☐$_4$ Two year college degree

☐$_5$ Four year college degree or higher

11. How strongly do you agree or disagree with the following statements?

	Check one box for each statement			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
a. School is useful in helping me to make good decisions in my life.	☐1	☐2	☐3	☐4
b. Getting a good education is important to me.	☐1	☐2	☐3	☐4
c. My education will be valuable in getting the job I want.	☐1	☐2	☐3	☐4
d. What I learn in school is useful for the job I want to have as an adult.	☐1	☐2	☐3	☐4
e. I am interested in the things I've learned in school.	☐1	☐2	☐3	☐4
f. I would be upset if I got a low grade on school work.	☐1	☐2	☐3	☐4

12. How strongly do you agree or disagree with the following statements?

	Check one box for each statement			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
a. I get mostly bad breaks when it comes to education	☐1	☐2	☐3	☐4
b. To get the education I need, I have to be lucky.	☐1	☐2	☐3	☐4
c. I can work really hard when it comes to getting the education I need.	☐1	☐2	☐3	☐4
d. I am smart enough to finish my education.	☐1	☐2	☐3	☐4
e. If I don't finish my education, it's because I didn't have the chances others had.	☐1	☐2	☐3	☐4
f. When I have trouble with schoolwork, it's because teachers or education staff don't like me.	☐1	☐2	☐3	☐4
g. I can't figure out what it takes to finish my education.	☐1	☐2	☐3	☐4
h. I will be able to get the kind of education I need.	☐1	☐2	☐3	☐4

i. To get the education I need, all I have to do is try hard.	☐$_1$	☐$_2$	☐$_3$	☐$_4$

EMPLOYMENT INFORMATION

In these next questions, think about your current job and your past job experience.

13. In the last six months, how many jobs for pay have you had? (**Check only one**)

☐$_0$ none **IF NONE, PLEASE SKIP TO QUESTION 18**

☐$_1$ one

☐$_2$ two

☐$_3$ three

☐$_4$ more than three

14. Are you working at a job for pay now?

☐$_0$ No ☐$_1$ Yes

Think about your most recent job. If you are working now, think about the job you have now.

15. What month and year did you **start** this job? (Please fill in, for example, March 2010)
_____month _____year

16. How many hours per week do (did) you usually work at this job? _____ hours per week

16a. How much do (did) you earn per hour at this job? $_____per hour

17. What month did you end this job?

☐$_1$ I am still working at this job

☐$_2$ I left this job _____month _____year (Please fill in, for example, May 2010).

Please answer these questions whether or not you have ever had a job or worked for pay

18. Thinking of work in general, how much do you agree or disagree with each of the following statements?

	Check one box for each question			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
a. A job is just a way of earning money.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
b. I would enjoy having a paying job even if I did not need that money.	☐$_1$	☐$_2$	☐$_3$	☐$_4$

CHANGES IN YOUR LIVING SITUATION

The next few questions ask about changes in your living situation over the last six months.

19. In the **last six months**, did you or your partner give birth to a child?

☐$_0$ No ☐$_1$ Yes

20. In the **last six months**, how many times have you moved?

☐$_1$ 0 times

☐$_2$ 1 time

☐$_3$ 2 times

☐$_4$ 3 times

☐$_5$ 4 or more times

21. In the **last six months**, did you sleep outside or in a shelter on any night because you did not have a place to live?

☐$_0$ No ☐$_1$ Yes

22. Think about how you feel day to day. How strongly do you agree or disagree with each of the following statements?

	Check one box for each statement			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
g. There is really no way I can solve some of the problems I have.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
h. Sometimes I feel that I'm being pushed around in life.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
i. I have little control over the things that happen to me.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
j. I can do just about anything I really set my mind to.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
k. I often feel helpless in dealing with the problems of life.	☐$_1$	☐$_2$	☐$_3$	☐$_4$
l. What happens to me in the future mostly depends on me.	☐$_1$	☐$_2$	☐$_3$	☐$_4$

ADULTS AND FRIENDS

These questions ask about people who you know including LAYC/MMYC staff, family and friends.

23. Here is a list of things people can do. Think about the **staff at LAYC/MMYC**.

	(Check One Response Per Question)

About how many of the adult staff at LAYC/MMYC…	None	One Adult	Two Adults	Three Adults	Four or More Adults
a. Pay attention to what's going on in your life?	☐0	☐1	☐2	☐3	☐4
b. Get on your case if you screw up?	☐0	☐1	☐2	☐3	☐4
c. Say something nice to you when you do something good?	☐0	☐1	☐2	☐3	☐4
d. Would help you in an emergency?	☐0	☐1	☐2	☐3	☐4
e. Would give you advice about personal problems?	☐0	☐1	☐2	☐3	☐4
f. Would listen to you if you were really upset or mad about something?	☐0	☐1	☐2	☐3	☐4

24. Now think about the adults you know **outside of LAYC/MMYC**, such as your family (parents, grandparents, aunts, uncles, or cousins), partner, teachers, neighbors, ministers, or counselors.

About how many adults outside of LAYC/MMYC…	(Check One Response Per Question)				
	None	One Adult	Two Adults	Three Adults	Four or More Adults
a. Pay attention to what's going on in your life?	☐0	☐1	☐2	☐3	☐4
b. Get on your case if you screw up?	☐0	☐1	☐2	☐3	☐4
c. Say something nice to you when you do something good?	☐0	☐1	☐2	☐3	☐4
d. Would help you in an emergency?	☐0	☐1	☐2	☐3	☐4
e. Would give you advice about personal problems?	☐0	☐1	☐2	☐3	☐4
f. Would listen to you if you were really upset or mad about something?	☐0	☐1	☐2	☐3	☐4

25. Is there a **special adult** in your life who you spend time with or talk to? A special adult is someone…

- who really cares about what happens to you and encourages you to do your best,
- who you look up to as a role model, and
- who you can talk to about personal problems?

❑$_0$ No, I don't have a special adult in my life right now.

❑$_1$ Yes, I do have a special adult in my life. My special adult is *(Please check a box for <u>every</u> adult you would consider a "special adult" in your life right now.)*

❑$_1$ A relative (for example, your grandparent, aunt or uncle)

❑$_2$ A teacher

❑$_3$ A Promotor who I meet with at LAYC

❑$_4$ A Pastor or Imam

❑$_5$ A neighbor

❑$_6$ Someone at LAYC, but not my Promotor

❑$_7$ A counselor

❑$_8$ A coach

❑$_9$ A person from another organization, not LAYC

❑$_{10}$ Other_____

26. Think about your close friends who you spend the <u>most time</u> with.

	Check one box for each question		
About how many of the friends you spend <u>the most</u> time with…..	**All or most of my friends**	**Some of my friends**	**None of my friends**
q. Make you feel good about yourself?	☐$_1$	☐$_2$	☐$_3$
r. Think that having expensive clothes and other things	☐$_1$	☐$_2$	☐$_3$

	Check one box for each question		
About how many of the friends you spend <u>the most</u> time with…..	**All or most of my friends**	**Some of my friends**	**None of my friends**
is very important?			
s. Put pressure on you to drink alcohol?	☐1	☐2	☐3
t. Are involved in sports?	☐1	☐2	☐3
u. Plan to go to college?	☐1	☐2	☐3
v. Have broken into a car or building to steal something?	☐1	☐2	☐3
w. Have a regular job?	☐1	☐2	☐3
x. Put pressure on you to use drugs?	☐1	☐2	☐3
y. Are crew or gang members?	☐1	☐2	☐3
z. Go to church or religious services regularly?	☐1	☐2	☐3
aa. Have stolen something worth more than $50?	☐1	☐2	☐3
bb. Have destroyed property?	☐1	☐2	☐3
cc. Have sold drugs or stolen property to make money?	☐1	☐2	☐3
dd. Have participated in LAYC/MMYC programs or services?	☐1	☐2	☐3
ee. Often don't have a place to sleep?	☐1	☐2	☐3
ff. Think that staying in school is important?	☐1	☐2	☐3

<u>ILLEGAL OR HARMFUL ACTIVITIES</u>

In answering these questions, think about your experience with illegal or harmful activities. Please remember this survey is confidential, your answers to the following questions will be kept completely <u>private</u>.

28. **During the <u>past 4 weeks</u>,** about how many times have you…

	Check one box for each question

During the past 4 weeks, about how many times have you…	I've **never** done this	**0 times** in the past 4 weeks	**1-2 times** in the past 4 weeks	**about once a week** in the past 4 weeks	**2-3 times every week** in the past 4 weeks	**every day or almost every day** in the past 4 weeks
e. Carried a weapon, such as a gun, knife, or club?	☐0	☐1	☐2	☐3	☐4	☐5
f. Had 5 or more drinks of alcohol in a row, within a couple of hours?	☐0	☐1	☐2	☐3	☐4	☐5
g. Used marijuana (pot)?	☐0	☐1	☐2	☐3	☐4	☐5
h. Used any other drugs (other than alcohol or marijuana) without a prescription?	☐0	☐1	☐2	☐3	☐4	☐5

29. **During the last 6 months**, about how many times have you…

	Check one box for each question					
During the last 6 months, about how many times have you…	I've **never** done this	**0 times** in the last 6 months	**1-2 times** in the last 6 months	**3-4 times** in the last 6 months	**5-10 times** in the last 6 months	**More than 10 times** in the last 6 months
a. Been in a physical fight in which you were injured and had to be treated by a doctor or nurse?	☐0	☐1	☐2	☐3	☐4	☐5
b. Stolen or tried to steal something worth more than $50?	☐0	☐1	☐2	☐3	☐4	☐5
c. Broken or tried to break into a building?	☐0	☐1	☐2	☐3	☐4	☐5
d. Sold marijuana (pot)?	☐0	☐1	☐2	☐3	☐4	☐5
e. Sold hard drugs (such as	☐0	☐1	☐2	☐3	☐4	☐5

	Check one box for each question					
During the last 6 months, about how many times have you…	I've **never** done this	**0 times** in the last 6 months	**1-2 times** in the last 6 months	**3-4 times** in the last 6 months	**5-10 times** in the last 6 months	**More than 10 times** in the last 6 months
heroin, cocaine, crack)?						
f. Been stopped or picked up by the police but just gotten a warning?	☐0	☐1	☐2	☐3	☐4	☐5
g. Sprayed graffiti or purposely damaged public or private property?	☐0	☐1	☐2	☐3	☐4	☐5
h. Been a member of a crew or a gang?	☐0	☐1	☐2	☐3	☐4	☐5
i. Been arrested?	☐0	☐1	☐2	☐3	☐4	☐5

30. In the last **six months**, did you serve time in a detention center, juvenile home, jail or prison?

☐0 No ☐1 Yes

USE OF SERVICES AND PARTICIPATION IN ACTIVITIES

Think about if you visited a health clinic, doctor's office, agency or some other place to get help in the last 6 months.

31. Please check the box that describes if you got the following services or help.

	Check one box for each question		
In the last 6 months, did you go to a clinic, a doctor's office, or an agency to get…	No, I didn't need this service	I needed this service, but I did **not** get it	Yes, I got this service
a. A regular medical check-up?	☐0	☐1	☐2
b. Medical care because you were sick?	☐0	☐1	☐2
c. Help with reproductive health or family planning issues like	☐0	☐1	☐2

	Check one box for each question		
In the last 6 months, did you go to a clinic, a doctor's office, or an agency to get…	No, I didn't need this service	I needed this service, but I did **not** get it	Yes, I got this service
birth control, condoms or pregnancy tests or STD tests?			
d. Dental care?	☐0	☐1	☐2
e. Counseling to help with problems like stress, depression or family problems?	☐0	☐1	☐2
f. Help getting health insurance, such as Medicaid?	☐0	☐1	☐2
g. Counseling or treatment for an alcohol or drug problem?	☐0	☐1	☐2
h. Help getting public assistance benefits, such as food stamps, WIC or welfare?	☐0	☐1	☐2
i. A driver's license, social security card or other identification?	☐0	☐1	☐2
j. Help finding housing or a place to live?	☐0	☐1	☐2
k. Help with a legal problem?	☐0	☐1	☐2

32. **During the last 6 months**, about how many times have you done any of the following…

Check one box for each question							
During the last 6 months, about how many times have you…	I've **never** done this	**0 times** in the last 6 months	**1-2 times** in the last 6 months	**3-4 times** in the last 6 months	**5-10 times** in the last 6 months	**11-20 times** in the last 6 months	More than **20 times** in the last 6 months
a. Gone to a health education class OR a class about preventing pregnancy, HIV and STDs	☐0	☐1	☐2	☐3	☐4	☐5	☐6
b. Gone to a class in music, art, dance or drama	☐0	☐1	☐2	☐3	☐4	☐5	☐6
c. Gone to a computer class	☐0	☐1	☐2	☐3	☐4	☐5	☐6

Check one box for each question							
During the last 6 months, about how many times have you…	I've **never** done this	**0 times** in the last 6 months	**1-2 times** in the last 6 months	**3-4 times** in the last 6 months	**5-10 times** in the last 6 months	**11-20 times** in the last 6 months	More than **20 times** in the last 6 months
d. Played sports on a team or league (like basketball, or soccer)	☐0	☐1	☐2	☐3	☐4	☐5	☐6
e. Gone to a job readiness or job training program	☐0	☐1	☐2	☐3	☐4	☐5	☐6
f. Gone to a class about substance abuse prevention	☐0	☐1	☐2	☐3	☐4	☐5	☐6
g. Gone to a place like a Teen Center, recreation center, YMCA, Boys & Girls Club, or community center	☐0	☐1	☐2	☐3	☐4	☐5	☐6
h. Gone to parent education class	☐0	☐1	☐2	☐3	☐4	☐5	☐6
i. Gone to an adult education class	☐0	☐1	☐2	☐3	☐4	☐5	☐6
j. Gone to a GED class	☐0	☐1	☐2	☐3	☐4	☐5	☐6

YOUR PROMOTOR

A Promotor is an adult from the LAYC program who works to support young adults. About six months ago, **you were given a Promotor** through LAYC's Promotor Pathway Model program.

33. How close do you feel to your Promotor? *[Please check only one box.]*

❑1 Not close at all

❑2 Not very close

❑3 Somewhat close

❑4 Very close

34. Thinking about your Promotor, how much you agree or disagree with each of the following statements?

	Check one box for each question			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
a. My Promotor is there for me when I need someone to talk to about a personal problem.	☐1	☐2	☐3	☐4
b. My Promotor helps me to set and reach goals.	☐1	☐2	☐3	☐4
c. My Promotor does not often approve of the things I do.	☐1	☐2	☐3	☐4
d. My Promotor and I talk together about how to solve problems.	☐1	☐2	☐3	☐4
e. My Promotor sometimes criticizes me or puts me down.	☐1	☐2	☐3	☐4
f. My Promotor tries to control my life and tell me what to do.	☐1	☐2	☐3	☐4
g. My Promotor and I spend time working on how I can grow and improve as a person.	☐1	☐2	☐3	☐4
h. My Promotor treats me with respect.				

YOU HAVE FINISHED THE SURVEY. THANK YOU

Notes

1. LAYC subsequently extended the age range to 14 to 24. One youth under age 16 was admitted by LAYC to the study (age 14 at entry).
2. Public/Private Ventures was the original evaluator; its involvement ended with that organization's closure in May 2012.
3. For simplicity we refer to all of these individuals as "youth," rather than "youth and young adults" (Castillo, McLendon, and Del Pinal 2007).
4. Conditional support is defined as mentoring relationships with structure, activity, and expectations (Langhout, Rhodes, and Osborne, 2004).
5. Public/Private Ventures was the original evaluator; its involvement ended with that organization's closure in May 2012.
6. Looking at the intersection of gender and race and ethnicity, we see that 56 percent of Latinos were female but just 40 percent of blacks were female.
7. See note 3.
8. Percentages are calculated using information from the US Census Bureau and Ortman and Shin (2011).
9. One should be cautious, though, when comparing percentage change for items with low prevalence.

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STATEMENT OF INDEPENDENCE

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