ASPIRE

Achieving Success by Promoting Readiness
for Education and Employment
A PROMISE Initiative

Chapter 1:
ASPIRE Summary

January 6, 2020

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This chapter of the ASPIRE final report is a summary of ASPIRE as a PROMISE consortium It is the first of six documents. Chapter 2 describes the unique characteristics and challenges of a consortium of states implementing a federal model demonstration project. Chapter 3 describes ASPIRE's implementation of the ABLE deposit opportunity. Chapter 4 describes the ASPIRE's comprehensive training program to ensure fidelity of the PROMISE research study. Chapter 5 summarizes the findings of ASPIRE's Formative Evaluation Team. Utilizing the lessons learned and development of best practices, ASPIRE's recommendations are in Chapter 6.

This Chapter 1, the ASPIRE Summary Report describes ASPIRE's formation, implementation, evaluation and conclusion.

The PROMISE Initiative

The PROMISE Initiative (Promoting Readiness of Minors in Supplemental Security Income) is a joint federal initiative to design and implement interventions for youth ages 14 to 16 who receive Social Security SSI (Supplemental Security Income) and their families. Through an experimental design, this five year, multi-million dollar initiative identified and implemented interventions to positively impact the youths' education and employment, and the families' overall household income, thereby reducing a household's dependence upon public benefits. The four federal agencies are: Department of Education, Departments of Labor, Health and Human Services and Social Security Administration. PROMISE was funded under the Consolidated Appropriations Act, 2012 (P.L. 112-74).

Six PROMISE projects were funded across the nation. Participants were randomly assigned either to a treatment or control group. Interventions were provided to the treatment group, which were in addition to the typical services and supports available to the control group. Required interventions included: case management, a paid work experience prior to leaving high school, benefits planning and financial capability, and parent information and training.

One PROMISE project, ASPIRE (Achieving Success by Promoting Readiness for Education and Employment) is a consortium of six states: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. The ASPIRE initiative offered an opportunity for the Western states, with diverse demographic and geographic composition, to inform federal policymakers. The demonstration ensured that the unique characteristics and needs of urban, rural, frontier and tribal populations were represented within this national initiative. The consortium also achieved the U.S. Department of Education's minimum required sample size of 2,000 enrollees between the ages of 14-16. Over 2000 youth were enrolled with half of the youth randomly assigned to the treatment and control groups.

PROMISE required commitment by each state's Governor and participation by specific agencies within each state, including: Education, Medicaid, Vocational Rehabilitation,

Workforce, Mental Health and Developmental Disabilities. As the grant applicant and lead agency The Utah State Office of Rehabilitation contracted with an agency in each of the six states to implement the study.

On October 1, 2013, the US Department of Education awarded the Utah State Office of Rehabilitation (# H418P130009) a five-year, $32.5 million Model Demonstration Project (MDP) targeting youth with disabilities, ages 14 to 16, who receive SSI (Supplemental Security Income) and their families. As the grant applicant and lead agency, the Utah State Office of Rehabilitation contracted with an agency in each of the five remaining states to implement the study. A subsequent supplemental award (H418P140002) in October 2015 increased the award total to $36,087,500. ASPIRE pursued a no cost extension period, 10/2018 – 1/2020, to provide additional intervention services to enrolled youth, and to ensure final reporting captured the unique aspects of a consortium of states implementing a federal research study.

The Social Security Administration was charged with the evaluation of the PROMISE initiative. They contracted with Mathematica Policy Research, Inc. to complete 18-month and 60-month surveys, process analysis (2018) and interim services and impact (2019) reports, and the final PROMISE initiative report (anticipated 2022). The U.S. Department of Education awarded the Association of University Centers on Disability (AUCD) a cooperative agreement to provide technical assistance to the six grantees.

The U.S. Departments of Health and Human Services and Labor provided ongoing technical assistance and support to all PROMISE projects, attended annual meetings and responded to questions from the PROMISE projects. The Social Security Administration provided each PROMISE MDP with a liaison, a list of eligible youth from which to recruit and enroll, provided technical training to all PROMISE staff and technical assistance and as needed. The U.S. Department of Education and the Social Security Administration contracted with Mathematic Policy Research to conduct process and outcomes evaluation for PROMISE. Each PROMISE project implemented formative evaluation. The U.S. Department of Education assigned a Project Officer to oversee each MDP during PROMISE. David Emenheiser was the Project Officer assigned to ASPIRE. He provided support and technical assistance as well as monitoring of ASPIRE to ensure continuity and fidelity.

Forming the ASPIRE Consortium

Introduction

The six states of ASPIRE− Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah − make up nearly 20% of the geographical country, but contain only slightly over 5% of the U.S. population. Consortium states have in common vast geographical expanses across which services must be provided. These states include urban, rural, frontier and tribal areas with diverse race, ethnicity and culture. Each consortium state includes areas classified as urban (over 50,000 population) and counties classified as rural and frontier (<6 people per

square mile). Sovereign American Indian lands are also located in all six states, representing 48 Tribes. Finally, each state provided a table of existing services or supports aligned to the planned interventions. These matrices demonstrated the variability across the states, and informed the planning of the proposal to ensure the viability of the consortium.

At the time of application, ASPIRE secured support from each of the six state Governors as well as the support of the agencies identified in the U.S. Department of Education PROMISE announcement. These agencies supported ASPIRE through contracts, memoranda of understanding, and participation in state advisory committees. The required agencies included:

- State Vocational Rehabilitation services under Title I of the Rehabilitation Act,
- Special Education and related services under Part B of the IDEA,
- Workforce Development services,
- Medicaid services under Title XIX of the Social Security Act,
- Temporary Assistance for Needy Families,
- Developmental/intellectual disabilities services, and
- Mental health services.

In addition to the required partners, ASPIRE partnered with community partners including sovereign American Indian Nations, the Parent Training and Information Centers, the Developmental Disability Councils, independent living centers, local schools and non-governmental organizations in each state. More detail is included in *Chapter 2: ASPIRE Consortium: Formation, Operation and Implications*.

Institutional Review Boards – Human Subject Research

The University of Utah Institutional Review Board (IRB) provided oversight on the protection of youth and families as human research subjects. Given the vulnerable populations being targeted for enrollment – minors with disabilities, who live in poverty – it was critical to protect their rights. Each agency, organization and university conducting research agreed to rely on the University of Utah IRB at the beginning of the study. Later, in 2018, the University of Utah IRB required FWA, or Federal Wide Assurance, from each of the organizations employing ASPIRE staff.

ASPIRE was acutely aware that recruitment on sovereign American Indians lands would require review and approval from Tribal Councils or Research Review Boards (RRB). As required, the Site Coordinators and the Principal Investigator met face-to-face with tribal councils and RRB to pursue consent and comply with requirements. After discussion and collaboration, ASPIRE obtained approval from 11 American Indian tribes. The tribes providing approval were:

- Blackfeet Nation (MT)
- Crow Creek Sioux (SD)
- Hualapai Tribe (AZ)
- Navajo Nation (AZ)
- Northern Cheyenne (MT)

- Oglala Sioux Nation (SD)
- Rosebud Sioux Tribe (SD)
- Confederated Tribes of the Salish and Kootenai (MT)
- Sisseton Wahpeton Oyate Tribe (SD)
- Standing Rock (SD and ND)
- Turtle Mountain of the Chippewa(ND)

Key organizational structure

Structural Development. The six states had worked for nearly nine months before USOR submitted the ASPIRE Proposal in July 2013. In early 2013, as the ASPIRE proposal was written each state provided a matrix of available services or supports aligned to each of the planned interventions. This matrix demonstrated the variability across the states, and effected the planning of the proposal to ensure the viability of the consortium. Following submission, planning continued while awaiting the award announcements. USOR completed contract drafts for the five states. Leadership positions were determined in conjunction with the Utah Department of Human Resource Management. USOR also drafted the contracts or RFPs for anticipated service provision in Utah. Unlike the single state PROMISE awards, ASPIRE's first task would be to complete contracting which can be a time-consuming process in each state. When awarded on September 27, 2013, all this effort would prove beneficial.

The consortium included six governors, 13 hiring authorities, each with unique fiscal and personnel policies, 42 required partners, six Site Coordinators, 38 Case Managers, 6 office support staff, two trainers, one technical support specialist, and innumerable community and non-governmental partners. A total of 58 subcontracts were needed to fully implement ASPIRE.

Key organizational structure. Given the complex nature of the PROMISE grants, ASPIRE project established an organizational structure to further develop the project design. The structure included the ASPIRE leadership team, a management team, the formative evaluation unit, and site leadership and staff. By January 2014 the ASPIRE Project Leadership Team (APL) was established and each site had identified a Site Coordinator. The University of Utah established contracts with the Universities of Montana and Kansas to create the Formative Evaluation Team.

A Management Team, including the Project Director, Trainers, Executive Secretary, Technology Specialist, Site Coordinators and Evaluation Team members, guided the further development of ASPIRE. The Project Director and Principal Investigator, as well as members of the Evaluation Team, worked closely with the University of Utah Institutional Review Board to develop enrollment protocols to protect ASPIRE enrollees. ASPIRE Trainers developed recruitment and enrollment procedures and materials in keeping with the approved protocol.

Fundamental to the design was that ASPIRE was one project, not six separate pieces. Therefore, it was decided to call the states "Sites." All messaging, outreach, promotion, enrollment and implementation needed to be consistent across all six sites, regardless of policy

differences or geography. Adjustments were made to enrollment consent/assent documents at the requests of specific American Indian Tribes, to comply with their RRB/approval process. ASPIRE Trainers worked diligently to create training modules and materials. A contracted graphic artist and the APL Technology Specialist designed all materials and products tailoring only the phone numbers and addresses for each site. All ASPIRE materials, from beginning to end followed this same practice.

As staff were hired, ASPIRE also formed work groups to refine the core interventions and create a framework for implementation. Work groups were composed of the Management Team, Case Managers, and appropriate state and NGO partners. Each work group discussed the intervention design and recommended procedures. After the procedures were approved, they became sections of the ASPIRE Procedure Manual. The procedures were also used to develop standard scopes of work for each intervention. Using the standard scopes, sites entered into contracts for intervention delivery. An ASPIRE Procedure Manual was finalized, and ASPIRE's proposed Project Goals were further supported with annual Performance Measures.

Structural maintenance of ASPIRE. ASPIRE was a very complex, multifaceted endeavor, and the potential for errors and failure were many. It was imperative that the sites and each of the staff were trained to the "ASPIRE Way" and implemented each aspect of procedures to fidelity. To do this many steps were taken to maintain consistency across the six states. These included:

- Formation of an ASPIRE Management Team;
- Maintenance of effective partnerships, including state advisory committees;
- Creation of a staff website containing all procedures and related tools;
- Development and delivery of training and technical assistance to staff;
- Creation of an accessible Information Management System; and
- Design of a robust Formative Evaluation process.

Each step will be described below:

ASPIRE management team. The ASPIRE Management Team, described above, met twice a month, once with the federal partner representatives from the ED (Department of Education), SSA (Social Security Administration), MPR (Mathematica Policy Research, Inc.) and AUCD (Association of University Centers on Disabilities), the PROMISE Technical Assistance Center. The Project Director met with the Site Coordinators and Principal Investigator monthly and more frequently if necessary.

Partnerships. ASPIRE was built upon the strong partnerships established among the six states and within each state. Many of the allied agencies and community partners were involved in the development of the ASPIRE proposal, dedicating many hours to the framework of ASPIRE, and how it would be implemented in each site. After the award, these same partners further developed the procedures and designed service delivery. Partners actively participated in site Advisory Committees. Some partners also engaged

in contracts with ASPIRE to deliver interventions. ASPIRE was fully built upon and maintained by these many partnerships.

Staff website. The ASPIRE website was built for two audiences. First, the public side contained contact information and state information and updates. The second was a password protected site for ASPIRE Staff which contained trainings, materials and tools for all aspects of implementation.

Training and technical assistance. Building a strong Training and Technical Assistance program was critical to ensure fidelity to the ASPIRE research design. This was particularly critical with 60 staff working across vast geographical areas, in different time zones. Trainings focused on ASPIRE procedures as well as allied information such as working while receiving SSI or redetermination of SSI eligibility at age 18. Further detail of the training and technical assistance can be found below.

AIMS – the ASPIRE Information Management System. ASPIRE contracted with the University of Utah Biomedical Informatics Service Core to develop and maintain a Management Information System in REDCap for the project. AIMS (ASPIRE Information Management System) houses project data in a secure environment and also supports data entry and analysis. AIMS is designed to support the separate elements of the project, including promotion, participant recruitment, enrollment, case management, tracking of service provision, staff information, monitoring, and reporting.

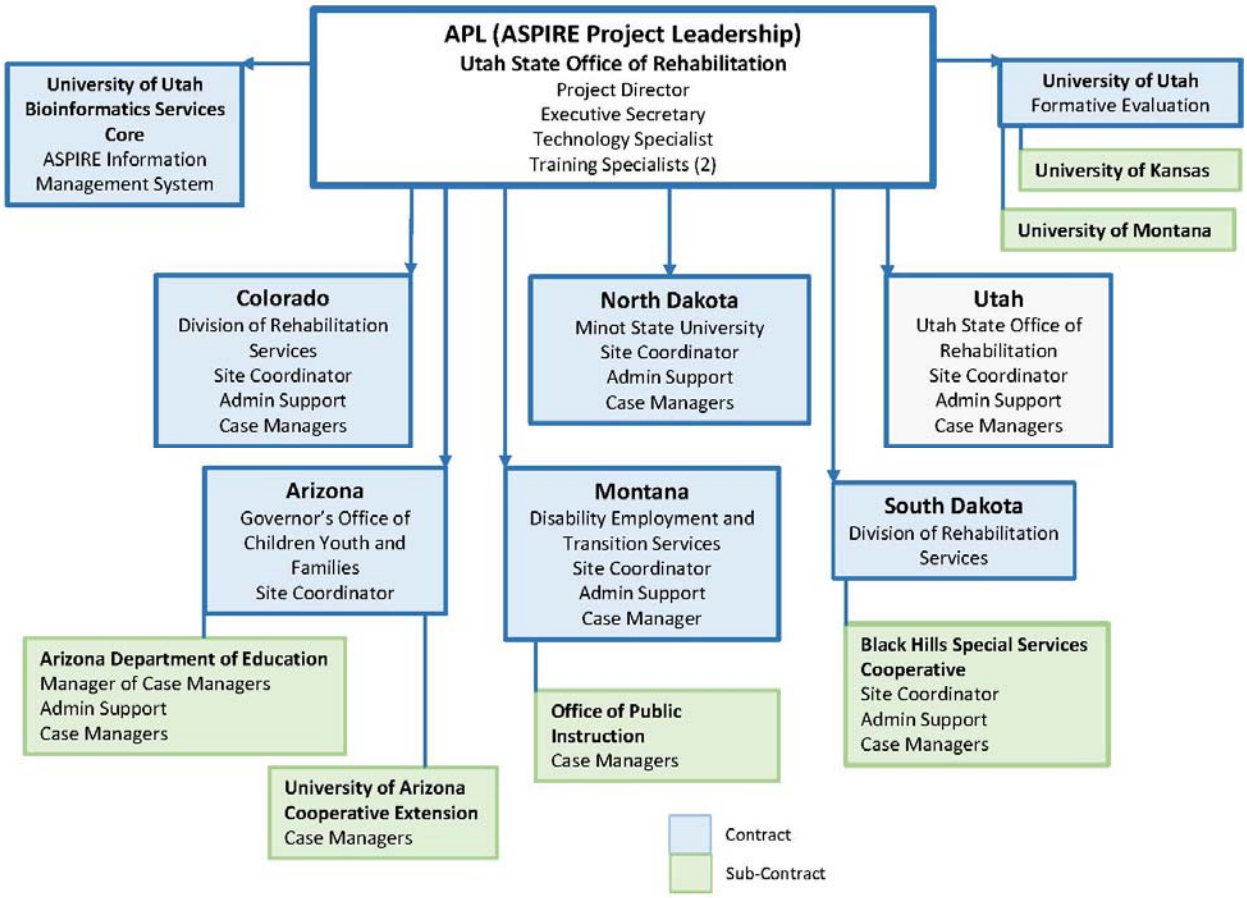
Formative evaluation. The members of Formative Evaluation Team have broad expertise in disability, healthcare, employment and poverty. They assisted in the writing of the ASPIRE proposal, and once awarded, designed a formative evaluation plan for ASPIRE.

Advisory Committees. Advisory Committees played an important role in the operation of ASPIRE. Each site formed an Advisory Committee. Members included the agencies required by PROMISE, contractors and providers of interventions, and others with an interest in youth with disabilities living in poverty. The quarterly meetings included ASPIRE implementation updates, data analysis for the project, specific challenges experienced by youth and/or families, provider updates on intervention attendance and strategies, agency updates, emerging challenges (budget impacts, waiting lists, etc.), youth or families stories shared by Case Managers, and discussion of the impact ASPIRE was having on policies and procedures. Members valued coming together to focus on transition aged youth and to partner cross agency/organization to improve opportunities for their success.

Personnel and Training

ASPIRE included up to 60 staff members hired by thirteen different entities spread across the six sites. As detailed in the chart below, there were six Site Coordinators, 38 Case Managers, six office support staff, two trainers, and one technical support specialist. In addition to the staff, ASPIRE was supported by 42 required partners, and many community and non-governmental partners. In total, 57 subcontracts were needed to fully implement ASPIRE.

Figure 1: ASPIRE Organizational Chart



ASPIRE Project Leadership Team

The ASPIRE Project Leadership Team (APL) provided leadership and guidance throughout the project. As the diagram above shows, this small team of five USOR employees were the backbone of ASPIRE and both led and supported ASPIRE.

The ASPIRE Project Director was located in the Utah State Office of Rehabilitation. The Project Director was responsible for all aspects of ASPIRE including but not limited to:

- Contract creation and monitoring;
- Budget creation and management, including payment of invoices;
- Oversight of all staff, with direct supervision of the USOR employees;
- Supervision and approval of formative evaluation plan;
- Maintaining contact with the six states' mangers and agency directors;
- Monitoring the work of all staff; and
- Coordination with and reporting to U.S. Department of Education.

The Executive Secretary was responsible for all office and administrative support to all ASPIRE staff, in particular the Executive Director, Information Technology Specialist and Trainers. Duties included purchasing for ASPIRE services and products, contract and budget tracking, correspondence on behalf of the Leadership Team, Evaluation Team and Arizona (recruitment packets, prize drawings, ASPIRE announcements, survey reminder letters, etc.), and the overall organization of ASPIRE digital information.

The Information Technology Specialist provided all technical support for ASPIRE and ensured access to ASPIRE staff products trainings and materials, regardless of location and firewalls. Duties included creation and maintenance of the ASPIRE website, both public and staff sides, creation or modification of all ASPIRE branded products, managed hardware and software needs for the production of all ASPIRE video and audio products and provide on-call help-desk assistance to all staff across ASPRIE. Additionally, the Specialist provided onsite tech support for phone, computer and mobile connectivity to all ASPIRE staff employed by USOR.

The ASPIRE Trainers created, developed, coordinated, administered, and tracked the completion of all ASPIRE trainings. Trainers designed the in-person biannual ASPIRE trainings, selected expert presenters for topics, and delivered multiple presentations. They developed tools for case reviews and audits of cases as well as used the tools to provide feedback to improve implementation of ASPIRE. They also made recommendations to increase the efficiency of AIMS.

Site Staff

The staff of each site included a Site Coordinator, administrative support, Case Managers, and Enrollment Specialists. The Site staff were the face of ASPIRE in the communities and were the "boots on the ground" working with enrollees.

A Site Coordinator in each of the six sites was responsible for the day to day operation of ASPIRE in his or her state. This included management of all contracts and budget, development and evaluation of staff performance plans and monitoring of all ASPIRE work in the site.

Administrative Support positions assisted the Case Managers in making appointments, completing monthly newsletters and other correspondence, and assembling information packets for youth and families. Depending on their skills, they would generate AIMS reports for both the Site Coordinator and the Case Managers.

Case Managers were the front line, direct service provider to ASPIRE youth and families. They delivered the case management intervention and informed, encouraged and followed up on all intervention participation. They were also experts on available community supports and services which were available to youth and families. They were responsible for listening to youth and families and connecting them to supports that might be beneficial. With first-hand

knowledge and contacts with the youth and families, Case Managers data entry was the primary documentation of all facets of ASPIRE participation.

Enrollment Specialists assisted with the recruitment and enrollment portion of ASPIRE in Utah and North Dakota. This Specialist was responsible only to recruit and enroll. Once enrolled the youth and families were assigned to a Case Manager for intake and services.

Staff Onboarding

Thirteen hiring authorities operated within ASPIRE, each with its own fiscal and personnel process. A common job descriptions was constructed to be used for each position. While this was generally followed, each entity included their own criteria, some prioritizing it above ASPIRE's. Supervision and accountability of work occurred primarily within the 13 entities as well. The length of time to onboard staff varied by the 13 hiring authorities. Some were quick, with staff being hired within weeks of posting a position. Others struggled with internal procedures with hiring taking many months. Performance plans were developed for each staff member based on the expectations of the hiring authority. The Project Director encouraged the inclusion of ASPIRE expectations, but some personnel offices would not allow ASPIRE additions to their set protocols.

The ASPIRE Project Director supervised only the immediate ASPIRE Project Leadership team (APL). The Site Coordinators, with the exception of Utah, were contracted through the state agencies and the Project Director was not included in the hiring process. The Site Coordinators then hired the case management and support staff. In Arizona Case Managers were subcontracted to two agencies, further lengthening the supervisory and management chain. Two agencies also provided case management in Montana.

One unanticipated delay in the personnel process was the obtaining of Social Security Suitability Clearances. Clearances took from 10 to 119 days to be secured, with a median of 48 days. As soon as position offers were accepted, and before someone's first date of employment, every effort was made to begin the Suitability Clearance process. In doing so, it was hoped that up to two weeks could be shaved off the wait time.

All six PROMISE projects struggled in these same areas of hiring qualified staff, and obtaining Suitability Clearances. The US Department of Education allowed all PROMISE projects to continue enrollment past the original end date to ensure the full 13,000 youth were enrolled. Enrollment was extended until April 29, 2016.

Training and Technical Assistance

Fundamental to ASPIRE was the need for consistent work by each staff member to preserve the integrity and fidelity of the ASPIRE project. Training and technical assistance was a crucial component of developing a consistent level of knowledge and skill among ASPIRE staff.

To begin, ASPIRE formed workgroups to further develop the study proposal through the design of the core interventions. Each workgroup recommended procedures which were written into sections of the ASPIRE Procedure Manual. This manual contained the procedures for all ASPIRE implementation.

In additional to procedural training, all staff completed the Human Subjects Research and certification for the CITI (Collaborative Institutional Training Initiative) as required by the University of Utah Institutional Review Board prior to access to personally identifiable information of youth or families.

With the goal of having all staff perform ASPIRE procedures in a consistent and uniform manner, ASPIRE had two dedicated Trainers. These two, along with the Information Technology Specialist built an online portal for information and training for the staff. The ASPIRE staff website was the storage site for all trainings, materials and tools for all aspects of ASPIRE implementation.

Training occurred in-person, via live webinar or recorded online trainings. The online trainings are comprehensive, self-paced video productions for all ASPIRE procedures. These products along with accompanying handouts contained the standard of practice and workflow required of all staff. Staff also completed training related to the Protection of Personally Identifiable Information and Acceptable Use annually.

Each staff member was expected to complete the trainings and imbedded quizzes prior to beginning that portion of their ASPIRE work. The ASPIRE Trainers tracked completion of trainings and provided a tracking spreadsheet of each staff's trainings to the Site Coordinators every two weeks. On-site visits were made to each site prior to beginning recruitment and enrollment, as well as before case management began, to verify staff readiness for this portion of the process. When staff turnover occurred, one of the APL Trainers traveled to the location to provide individual training, and conduct a readiness fidelity check.

ASPIRE staff met semi-annually for All ASPIRE Trainings in addition to the procedural trainings. Each event focused on a particular theme. These included: Bridges Out of Poverty, Plain Language Communication, Customized Employment, Cultural Competency, Motivational Interviewing, Therapeutic Relationships and Employment Preparation.

Agencies in each site provided training on local programs. The local/state based trainings were benefits counseling and work incentives, ethics of the hiring agency, abuse and neglect and reporting procedures, and safety and prevention. Site Coordinators also provided additional training to staff as they felt appropriate. For example, monthly trainings provided by a local agency or community partners on eligibility, application and procedures.

Staff are also required to participate in monthly "Training Tuesday" via GoToWebinars. Each month a specific area was identified, often emerging, time-sensitive content. They

included AIMS data entry and building reports, Age 18 Redetermination, ongoing case management implementation, use of a Release of Information, etc. During these live trainings, there was an opportunity to ask questions and strategize with each other.

Implemented in 2017, the Wednesday's Word to the Wise was a regular letter/bulletin to all ASPIRE staff, outlining information on a specific topic. Written by the Project Director, with feedback and input from the APL team, these weekly communiqués provided a link from management to "frontline" staff, giving them up-to-date and pertinent information in a timely and accessible manner. The Wednesday's Word to the Wise was emailed directly to each ASPIRE staff member and linked on the ASPIRE staff website. New employees were provided a complete list[1], updated after each new edition, and directed to read past versions to get the most updated information. Topics for the Word to the Wise varied, but were typically chosen based upon the following:

- Recent events (e.g., data breach)
- Upcoming occasions (e.g., deadlines)
- New procedures or processes (e.g., ABLE accounts)
- Common issues/concerns (e.g., AIMS procedures)
- And general reminders and best practices

In summary, 61 live and recorded trainings were created. Nine semi-annual Trainings were held, with 8 make-up training weeks needed. Twenty-two in-person site visits were made. 50 non-APL Presenters or facilitators presented or participated in the trainings. 235 (26%) Case Reviews were completed. Seventy-one Wednesday's Word to the Wise were published to staff.

Further details of the Training portion of ASPIRE can be found in "The ASPIRE Training Program: A Summary Review."

Security and Personally Identifiable Information

ASPIRE took very seriously the information entrusted to our care. All procedures were based on HIPAA, FISMA and NIST regulations in order to secure and safeguard personally identifiable information (PII). All ASPIRE staff completed background checks with their hiring organizations prior to beginning employment. As stated previously, all staff also completed Social Security Suitability Clearances. They also completed the Human Subjects Research training and received certification for the CITI (Collaborative Institutional Training Initiative) as required by the University of Utah Institutional Review Board prior to access to personally identifiable information of youth or families. Staff also completed training related to the Protection of Personally Identifiable Information and Acceptable Use annually.

[1] See Appendix B

In total, ASPIRE created and delivered 61 live and recorded trainings, nine of which directly addressed security and protection of ASPIRE youth and families' personal information. ASPIRE procedures always included reminders of protecting youth and families' information. This included meeting in public places which allowed for private conversations, prevention of screen viewing from non-ASPIRE persons, using secure email when sending confidential information and the use of signed Releases of Information.

All references to youth were based on the Study ID, which was an ASPIRE identifier which in itself is not considered PII. ASPIRE created strict procedures for the handing of both electronic and paper documents. All PII was to be stored only in AIMS. Despite the many trainings and emphasis to safeguard PII, there were incidents when PII may have been compromised. For each potential loss of PII, the "Reporting Loss or Potential Loss of Personally Identifiable Information" Worksheet was filled out and forwarded to SSA. ASPIRE reported 15 potential losses:

- Five instances of ASPIRE staff sending unsecured emails containing PII
- Three instances of unsecured emails containing PII sent to ASPIRE employees by Non-ASPIRE Personnel
- Three instances of returned mail being opened by Non-ASPIRE Staff in agency mailrooms
- One fax containing PII sent by non-ASPIRE personnel to incorrect office instead of the intended ASPIRE office
- One email sent to multiple ASPIRE recipients without using a blind copy feature by ASPIRE staff
- One stolen laptop
- One incident of ASPIRE documents containing PII entrusted to a Non-ASPIRE employee for delivery

With each of these instances, corrective measures were taken including educating the involved parties to correct procedure to prevent future occurrences. None of these potential losses required follow-up from Social Security Administration.

Technology

With staff located in 13 agencies and organizations, ASPIRE faced many unique challenges. One of the challenges for security, was using different network security standards. Fortunately, all of the individual networks met or surpassed our standards for network security. However, one of the first challenges was staff's ability to access ASPIRE technology through firewall restrictions. Secondly, different agencies and organizations also used different operating systems, and had different 'standard' software. When any of these posed challenges, the ASPIRE Technology Specialist worked with each agency or organization to sure ASPIRE staff were able to not only access AIMS (ASPIRE Information Management System) and the ASPIRE

website, but also had the software tools needed to complete their work. The ASPIRE Project Director provided approvals for the purchase of software such as Adobe Pro, Adobe Creative Suite, and Boot and Nuke.

ASPIRE contracted with the University of Utah, Biomedical Informatics Services (BMIC) to create and maintain AIMS, ASPIRE's Information Management System. BMIC is a member of REDCap, an international secure web application for building, managing online surveys and databases, report creation. The APL and Formative Evaluation Teams worked with BMIC to design the AIMS database. As a webbased system, ASPIRE staff were able to access the data from any location with internet access. Some updates caused incompatibility with specific browsers, but BMIC was able to provide alternative suggestions which were quickly communicated to ASPIRE staff. BMIC completed any necessary additions or edits across the time of ASPIRE. They will also archive the full AIMS until 2022, in compliance with federal records maintenance requirements.

The ASPIRE website was initially built by a contractor and then managed internally by ASPIRE and USOR technology staff. The ASPIRE Information Technology Specialist completed all edits and new content as well as managed the trainings, documents and forms located on the site. Pages were typically made through HTML coding, then the source code was pasted into a WordPress page or post. Different content (such as the submission forms, or training pages) would be handled in a variety of methods, either by using scripting (java and php) or by uploading directly to the server. Submission forms were created using javascript, and php. These forms would take the information entered (name, email, etc.) and send it in an email to an ASPIRE email address that was set up for sending and receiving general communications, that could be forwarded to individuals if a more localized approach was required.

The Utah State Office of Rehabilitation moved from under the Utah State Board of Education to the Department of Workforce Services (DWS). With this move, USOR changed from having an autonomous technology team to receiving support through the Utah Department of Technology Services (DTS). This added a layer of approvals as well as oversight. As a temporary project, it was decided to leave ASPIRE's networks untouched. This changed with the approval of ASPIRE's No Cost Extension.

In 2017, DTS took a more active role in ASPIRE's website maintenance, work previously completed by the ASPIRE Technology Specialist. A DTS assessment revealed vulnerabilities, due to the age of the hardware and necessary software upgrades. Updates rendered some plug-ins incompatible and resulted in limitations to access by both the public and the staff. The initial update was done in December of 2018, with the website testing in February of 2019. At that time, it was discovered an older copy of the website had been used. The website was recopied and changes were completed to bring the development site current. The work was completed, testing conducted and the server was migrated on May 13, 2019, two weeks prior to ASPIRE ending case management services.

Staff utilized cell phones and as needed mobile hot spots to access to the internet when working remotely. Staff in South Dakota utilized their personal phones rather than ASPIRE purchased phones. Procedures for use of phones were also in place, prohibiting the saving of names in the contacts list. ASPIRE SIDs were used instead.

In addition to the ASPIRE website, with both public and staff sections, ASPIRE maintained a social media presence as well. Facebook and Twitter were updated very regularly to provide resources and information to youth and families. Posts were scheduled in advance with spontaneous posts as well, using free scheduling software

YouTube was used to share videos created during the project, ranging from the 3 minute "About ASPIRE" video to interviews with ASPIRE youth and families, talking about their time working with ASPIRE, and what they have been able to accomplish. These videos were available to the public, so they were published publicly, making them searchable and easily available. YouTube was also used to share recordings of the semi-annual trainings for non-attendees to complete. These videos were not publicly available, and could only be viewed by a direct link.

ASPIRE purchased and used GoToMeeting and GoToWebinar platforms for live trainings and meetings. Both had the capability of recording and archiving the live sessions. GoToWebinar also included registration and attendance capability that provided details of when each person joined, their attention to the screen and had assessment capability.

ASIPIRE produced a monthly newsletter with highlights for the project and each site. Topical columns were timely such as VITA Tax Preparation Assistance in February. It evolved with time as reporting of enrollment shifted to youth or family stories. The newsletter was posted on the ASPIRE website and was emailed to approximately 300 individuals who registered to receive it.

Promotion, Recruitment, and Enrollment

Early activities focused on promoting ASPIRE included informing the community about ASPIRE, recruiting eligible youth and their families, and completing enrollment and random assignment of enrolled youth to either the treatment group (ASPIRE services) or the control group (Usual services). All of these activities occurred simultaneously.

Promotion

The general purpose of promotion was to educate professionals in allied agencies and organizations to understand ASPIRE as they served their clients or constituents. With this

knowledge they were able to field questions, and encourage youth and families to enroll in ASPIRE. ASPIRE staff also conducted promotion at community and transition fairs to raise awareness.

To promote enrollment in ASPIRE, various materials were developed for youth and families as well as partner agencies and community organizations. They included: brochures, flyers, door-hangers, banner stands, 30- and 60-second radio PSAs, 3-minute video and a monthly newsletter. ASPIRE also had a presence on Facebook and Twitter throughout the term of the award.

ASPIRE staff conducted promotional activities to allied agencies, community organizations and others to increase their understanding of ASPIRE. They subsequently promoted participation to their constituencies. A 10-minute video explaining the ASPIRE research study and accompanying professional flyer were developed for this purpose. Each site's advisory committee also assisted in the promotion of ASPIRE, as well as discussing implementation strategies, and solving of emerging challenges within each site.

Recruitment

Recruitment and enrollment were staggered, with each site meeting the following criteria first: hiring of sufficient case management staff, obtaining Suitability Clearances, and training in recruitment and enrollment procedures. The ASPIRE Project Director, Trainers and Principal Investigator conducted a final in-person training with each site prior to beginning recruitment and enrollment. Utah and South Dakota began September, 2014. Colorado and North Dakota began in November and December, 2014 respectively. Arizona began in February, 2015 and Montana began in March, 2015.

A formal recruitment plan for reaching youth and families was developed by each site. This plan identified the geographical area and number of youth to contact. A 'mailing wave' was then developed based on zip codes. A wave ranged from 50 to 500 youth, depending on the site's capacity to act quickly after the mailing. In consultation with each site, the wave was created by the APL Team, and the mailing was sent from Utah. Each recruitment packet contained a letter of invitation, a response form, letters of support from the U.S. Department of Education and Social Security Administration, a state specific brochure and a business reply envelope. A total of 9,135 recruitment packets were mailed.

Follow up phone calls to individuals began seven to ten days after each mailing, allowing time for mail delivery. Staff were encouraged to use a variety of contact methods including phone calls, texts, email and personal notecards. Arizona also conducted Open Houses in particularly dense areas, promoting to community organizations and requesting RSVPs.

Enrollment

Though the target end date of enrollment was September 30, 205, the U. S. Department of Education extended enrollment to April 29, 2016 to allow the PROMISE projects to enroll their target population. When enrollment closed on April 29, 2016, ASPIRE had enrolled 2051 youth, surpassing the target number of 2,000 enrollees. As noted in the table below, five of the six sites met the enrollment target. In fact, all but Arizona met its enrollment target in January of 2016 and stopped enrolling.

In February, as Arizona struggled to meet its target, the remaining five states resumed recruitment and enrollment. Final enrollment was 2,051 youth and families or 103% of ASPIRE's target. Following enrollment, Case Managers completed data entry into the Mathematica Policy Research Random Assignment System or RAS. Once data entered was cross referenced to the RAS, the youth was randomly assigned to either the treatment (ASPIRE Services) or the control group (Usual Services). Random Assignment resulted in 1033 in the ASPIRE services and 1018 in the Usual services.

Random Assignment

Following enrollment, Case Managers entered data into the Random Assignment System (RAS) created by Mathematica Policy Research (MPR). Site Coordinators then reviewed the entries for accuracy, cross referencing SSA provided data in AIMS. After confirming the accuracy of the data and the random assignment, Case Managers contacted the youth and family to inform them of their assignment. At that time, an intake meeting was scheduled.

Siblings were often eligible for ASPIRE as well. When this occurred, the youth with the earliest birthday was randomly assigned first. Once this was complete, the sibling's information was entered into RAS and the second youth was assigned to the same group as the first. This ensured that a family received the same services and supports.

1033 youth were assigned to ASPIRE Services Group (treatment) and 1018 were assigned to the Usual Services Group (control). Once assigned and contacted, the Intake Meeting was scheduled and services began.

Table 1: ASPIRE Enrollment

	Enrollment Target	Enrolled	ASPIRE Services	Usual Services
Arizona	1050	1002	506	496
Colorado	400	447	225	222
Montana	120	137	69	68
North Dakota	50	57	28	29
South Dakota	130	132	66	66
Utah	250	276	139	137
Totals	2000	2051	1033	1018

As seen in the table below, ASPIRE enrolled a broad representation of both race and ethnicity. Of the 2051 youth enrolled, 36% of all youth, self-identify as Hispanic, compared to 11.8% of the general population of the six states. 143 youth self-reported as enrolled members of 26 different tribes. These youth resided in both on and off-reservation locations. The following table summarizes the self-reported race of youth at enrollment, as compared to the general population of ASPIRE. Comparison cannot be made to the eligible youth, as this information is not provided by SSA.

Table 2: Race and Ethnicity

Self-Reported Race	# of enrolled youth	% of total enrollees
White	1127	54.9%
Black	264	12.9%
Multi-racial *	160	7.8%
American Indian	143	7.8%
Other	84	4.1%
Asian	21	1%
Pacific Islander	4	0.2%
Chose not to answer/missing **	248	9.6%
Total	2051	100%
*Multiple response race collapsed as one categorical variable called multi-racial.		
** Some youth did not self-identify race or ethnicity.		

ASPIRE's Formative Evaluation

The Formative Evaluation team consisted of five part-time researchers, including two from the University of Utah, two from the University of Kansas, and one from the University of Montana. The Formative Evaluation team developed instruments and protocols for conducting the evaluation. These included:

- Youth baseline survey, administered at enrollment and repeated at one-year intervals post-enrollment.
- Parent baseline survey for all enrollees at enrollment and repeated at 12-, 24- and 36-months with ASPIRE Services group only.
- FAQ/Best Practices document for survey administration.
- Written instructions for Case Managers on conducting the parent surveys.
- Project metrics and related fields in AIMS for analysis.
- Data fields used in calculating metrics/performance measures were flagged in AIMS to encourage staff to enter data.

The Formative Evaluation team presented at the "All ASPIRE" semi-annual trainings to increase the ASPIRE team's understanding of evaluation processes, and to reinforce the importance of collecting accurate data for the ASPIRE study. Topics included: the purpose of the ASPIRE study, Performance Measures, demographic data of participants and aggregate results of baseline and 12, 24 and 36-month surveys.

In summary, the Formative Evaluation team provided timely evaluation of all ASPIRE processes and procedures. Areas of concern were submitted to the Project Director, who then discussed them with the APL Team and Site Coordinators to determine future actions to take.

Formative Evaluation Process

Site Visits. Teams of two evaluators conducted visits at each site to evaluate fidelity to the ASPIRE model. The first site visit occurred three months following the start of enrollment, and focused on recruitment and enrollment activities. The second site visit occurred twelve months later and focused on case management activities. After the visits, the team prepared site visit reports, vetted the reports with Site Coordinators and responded to questions, and discussed recommendations for changes with the Project Director and Site Coordinators.

Case Reviews. The Formative Evaluation team conducted case reviews of ASPIRE cases in each site. Cases were only reviewed after receiving four months of services. Based on this criteria, two cases were randomly selected for each case manager. For the review, the team:

- Developed a protocol for Formative Evaluation case reviews and reporting format;
- Conducted case reviews on ASPIRE Services group.
- Developed summary reports to highlight strengths and weaknesses observed during case reviews and identify promising practices;
- Reviewed case review findings with ASPIRE Project Director, Site Coordinators, and APL trainers; and
- Assisted Site Coordinators with methods for performing in-depth case reviews.

Data Analysis. In addition to reports used for site visits and case reviews, the Formative Evaluation team conducted ad hoc data analyses. The team:

- Created initial reports for use by Site Coordinators, site staff, and APL Team;
- Monitored AIMS for consistent recording of data across sites;
- Provided technical assistance to Site Coordinators in creating reports and using AIMS to monitor performance
- Analyzed SSI population and enrollment data;
- Identified discrepancies between youth self-report of disability and SSA-reported disability;
- Recommended adding IDEA disability categories question to the parent survey which was added upon approval from Project Director and Site Coordinators;
- Developed reports to assist sites with analyzing caseloads; and

- Completed ongoing and more complex data analyses as requested.

Case Manager Focus Groups**.** The Evaluation Team held focus groups with case managers using Go-To-Meeting, an on-line meeting tool. Teams of two researchers led the discussions exploring various aspects of ASPIRE service delivery. Focus group questions centered on four topics: self-determination, case management, practices for families in crisis, and pre-employment and employment services. The Team conducted two focus groups per topic to allow more case managers to attend. Staff volunteered to participate but were encouraged to participate in at least two topic area groups.

Attendance ranged from 4-7 participants representing multiple ASPIRE sites on each call. The findings were incorporated into manuscripts describing services and project findings that should be considered in planning for future programming.

Service Delivery Changes Resulting From Formative Evaluation Findings

Based on the various evaluation activities described, the following concerns were identified and noted actions were taken to improve project delivery:

Inconsistent case recording. Case Managers were inconsistent in how they recorded data. AIMS underwent a major redesign to support improved case documentation by adding fields, re-ordering some sections, adding prompts, and clarifying language.

Difficulty engaging youth and families in monthly face-to-face meetings: To address engaging youth and families, staff discussions were held to discover strategies found to be effective and ineffective. Based on the information gathered, as well as other sources, effective strategies for engaging youth and parents in ASPIRE were developed and training provided. The training reiterated the importance of face-to-face contact. In addition, AIMS modifications allowed staff to more easily review frequency of face-to-face meetings.

Goal Setting in AIMS. A significant number of cases had no goals after multiple months of case management, although informal goal setting was reflected in case notes. Training videos were developed on the importance of goals to creating an ASPIRE service plan. All staff were required to complete the trainings.

Interventions. Case Managers were not informing youth/families of interventions or were not consistently documenting intervention activities appropriately in case notes indicated an intervention was discussed and/or received. To address these issues changes to AIMS fields were made to facilitate data entry and lead to more accurate documentation of intervention delivery. Immediately following changes, live webinar training was provided on how to correctly record information.

Withdrawals. If a family/youth wanted to “withdraw” from the project, they were required to provide written request. Enrollees typically did not do so. Project Director and

MPR agreed that there would be two types of withdrawals: a "full withdrawal" and a "no ASPIRE Services" withdrawal. The latter group agreed to still receive ASPIRE surveys but would no longer receive any services. The "full withdrawal" SIDs were not to be contacted by the ASPIRE project or Mathematic Policy Research (MPR), the outcomes evaluator on the PROMISE project.

The Operation of ASPIRE – Post Enrollment

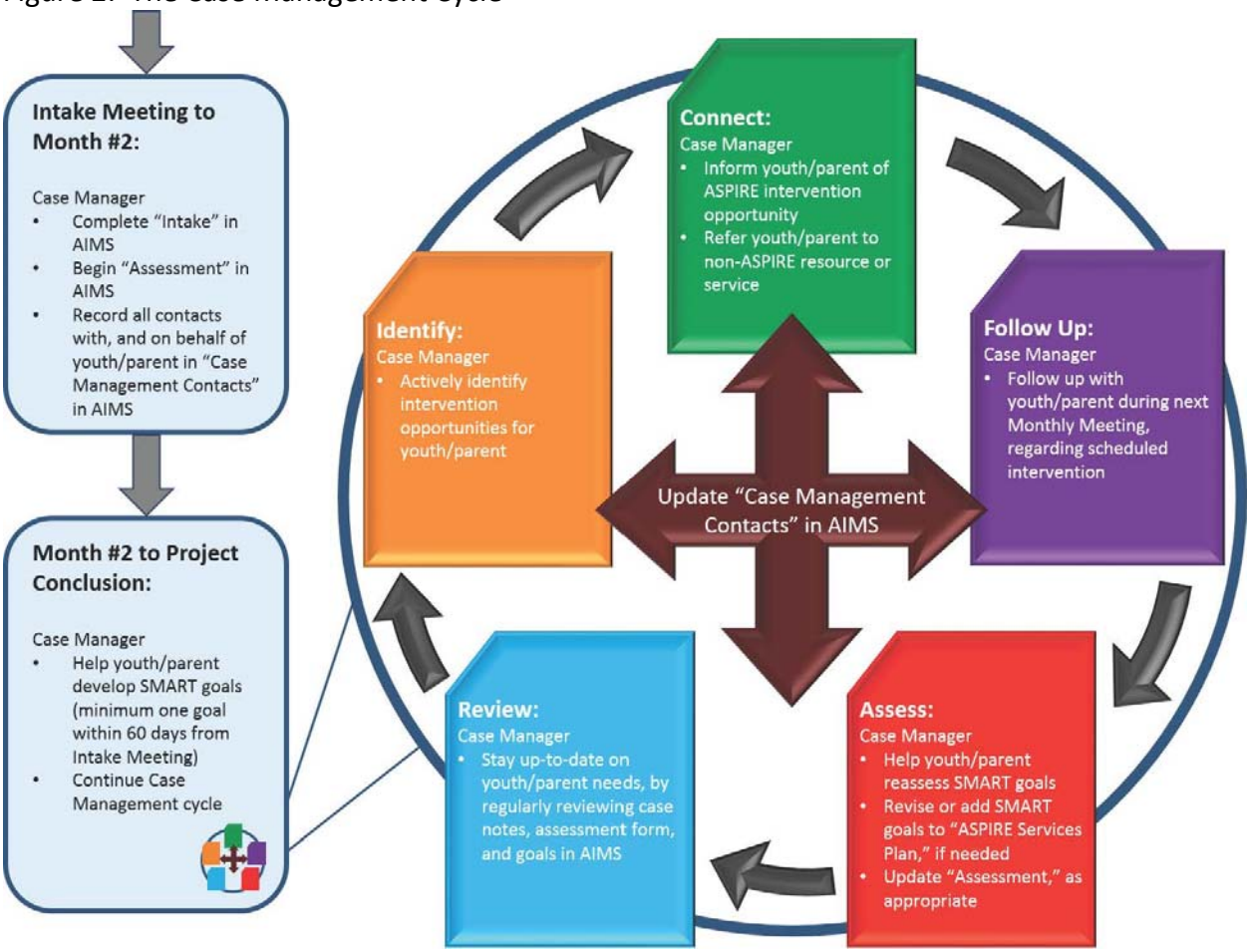
Introduction

After enrollment, Case Managers were to conduct an intake meeting within 30 days of random assignment. The meeting was an opportunity to begin establishing communication and building rapport. Discussion included the youth and families current education and employment, and thoughts for the future. During this meeting, the Case Manager also reviewed ASPIRE, the interventions and participation expectations, relating these to what the youth and family shared.

Provision of Services

ASPIRE was built on the foundation of trust relationships formed by in-person interactions. This primarily happened between the ASPIRE youth and family and the Case Manager, but also included the providers of the intervention services. The Case Manager informed youth and families of available services and interventions, then followed up on these activities and documented them in ASPIRE's AIMS. The case management cycle included five steps, all of which can occur simultaneously for a variety of interventions, community services, etc.

Figure 2: The Case Management Cycle



Case management intervention. The trusting relationships formed by in-person interactions between the ASPIRE youth, family, and the Case Manager were key to success. Increased engagement, allowed the Case Manager to apply ASPIRE principles and provide services to meet the enrollees' unique needs and goals.

The Case Manager used a variety of means to communicate with the youth and family. All means which protected the PII (Personally Identifiable Information) of the youth and family and adhere to the Social Security Administration guidance (8/19/14) were acceptable. Care was always exercised in public locations to prevent being overheard when discussing personal information. The Case Manager maintained regular contact with the ASPIRE youth and family. This included in-person, by phone, e-mail, mail or text message, to provide encouragement, reminders for upcoming interventions or appointments, and inform the family of community events or relevant opportunities, such as a community support, job fair or workshop.

Per ASPIRE procedures, Case Manager were to meet with the youth and/or family in-person monthly. This meeting was expected to be at least 30 minutes in length with the following agenda:

- Follow up on previous actions/discussion;

- Discussion of all interventions and participation;
- Discuss current life events occurring in the family;
- Review and develop goals in the areas of youth education, youth employment, independent living and other (including other family members);
- Verify current contact information; and
- Schedule the next monthly meeting.

Details of all contacts were documented in AIMS. Recorded contact information included:

- Name of person contacted
- Relationship to the youth
- Method of contact
- Length of the contact
- General case note of what occurred during this contact
- And as appropriate, informing or following up on interventions.

With written consent from the youth or parent, Case Managers were encouraged to participate in other meetings such as IEP meetings with the school, meetings with Vocational Rehabilitation and Developmental Disability agency staff, college tours, housing interviews, etc.

Case Managers were also experts in the communities in which the youth and families lived, and were able to build strong connections to benefit the youth. Case Managers educated youth and family on services and supports which they were eligible to receive, but may not have been receiving. Case Managers accompanied youth and families through application processes, and went so far as to stand with them in line at the food banks.

The case management intervention impacted the participation in all other interventions and community activities. Case Managers attended planning meetings for the youth, and advocated for the youth and family in crisis situations, such as when loss of housing was imminent. Case Managers knew the services and supports which a youth or family were eligible to receive, but had no knowledge of until the Case Manager stepped in.

Service Interventions

It is fundamental to PROMISE that youth and families assigned to the treatment group (ASPIRE Services) received consistent opportunity to fully participate in interventions and activities since they distinguished the treatment from the control group. In addition to case management, ASPIRE interventions included: support in obtaining a paid work experience prior to leaving high school, participation in benefits planning, and parent education and training, youth self-determination training, and financial education and capability training.

ASPIRE is complicated by the dynamic environments within each of the six states. To overcome these challenges, ASPIRE created a scope of work for each of the service

interventions. This scope of work included both required content and provider competencies. Each Site then sought contractors to provide the service intervention. A total of 58 contracts were executed in ASPIRE. Of these, 45 subcontracts were to deliver the service interventions across all geographical areas of ASPIRE. Contrary to original planning at the time of the proposal, some states experienced great difficulty in securing providers for some ASPIRE interventions. In two cases (North Dakota and South Dakota), ASPIRE found it necessary to build the Self-Determination intervention in-house. It did not exist in a way that could be consistently provided across the states. Arizona also struggled, but was able to secure a contractor for Self-Determination in September 2016.

The following describes an overview of each intervention.

Youth Employment in a competitive and integrated position while in high school was a goal for ASPIRE youth. The case manager was responsible for facilitating, along with the school and other consortium partners, the awareness, exploration, and preparation activities based on the youth's age, interests, prior experience, and functional level. The actual role of the case manager depended on the particular programs that exist in the community.

Parent Education and Training is an intervention with the purpose of empowering parents and guardians with knowledge and skills to support their youth in completing school, becoming employed and as self-sufficient as possible. This training includes rights and responsibilities, changing roles of parents, transition, self-determination for the whole family, facilitating family and youth empowerment, navigating service systems and independent living

Youth Self-Determination Training helps the youth develop the knowledge and skills to lead self-determined lives both now and in the future. The training focuses on developing skills in: choice-making decision-making; problem-solving; goal-setting and attainment; independence, risk-taking and safety; self-observation, evaluation and reinforcement; self-instruction; self-advocacy and leadership. Other topics included positive efficacy and expectations; self-knowledge and awareness; understanding and ability to talk about disability; and disclosure and requesting reasonable accommodations in various settings. Skills for obtaining & using effective Assistive Technology were provided, as appropriate.

Financial Education and Capability Training to assist families in understanding their values, financial situation and available resources to move from poverty to self-sufficiency and stability. Topics include examining values and beliefs around spending, saving and health related behaviors; marketing, and the influence of community on decision-making; exploring the relationships among finances, stress, health and income and the value we put on time; and saving, budgeting and the process of creating habits and making change, including asset development.

Benefits Counseling by a Work Incentives Planning and Assistance (WIPA) professional is a complete individualized written explanation of the public benefits the youth and family are receiving and how working and increased earnings will impact those benefits. This intervention includes meeting with a Benefits Specialist, the development of a written benefits summary and analysis, and a follow up discussion every six months following the review of the benefits summary and analysis.

Intervention Delivery and Process

All youth enrolled in the ASPIRE services group had the same content available for each of the interventions. Early participation in interventions was less than expected. Interventions were slow to roll out and Case Managers needed to learn more about the youth and families' commitment and availability to participate in the interventions. Several tasks were completed to assess youth and families and increase participation.

- Youth and families were questioned to find the best day and time for the trainings and adjustments to scheduling were made to offer them when youth and families were available.
- Initial offerings in-person were expanded to include live webinar trainings, Case Manager delivery of contractor developed materials and prerecorded contractor developed trainings, which still used ASPIRE's scopes of work.
- Provision of transportation through public transit passes and mileage reimbursement.
- Addition of snacks and meals to youth and families in attendance at in person trainings.
- Babysitting and care attendant services.
- Direct billing for accommodations when overnight stays were necessary.
- Implementation of a monthly prize drawing in January 2016 for participants in three of the interventions (a $25 gift card awarded to up to four participants in each intervention each month).
- The addition of a vetted online financial education training in October 2018.

It should be noted that care was taken to ensure these funds would not be counted as unearned income by Social Security and jeopardize SSI payments.

In October of 2018, ASPIRE implemented the Supported Online Financial Education (SOFT). This was a direct result of providing the ASPIRE ABLE Deposit Opportunity. The Family Financial Education and Capability training had always experienced the lowest participation by youth and families. Families in the most remote areas of the six states struggled to participate. Three Site Coordinators searched for a valid online training that had rigor, quizzes and activities to complete. The SOFT was assembled with the following components. The youth or family

- Completed an online financial assessment at https://www.mymoneycheckup.org/lsssd;
- Developed an ASPIRE financial goal;
- Completed an online training at http://anytime.cuna.org/22287; and

- Completed six worksheets: Money Values and Attitudes Inventory, Budget Pitfalls, Checking Account Options, Weekly Expense Sheet, a Budget Blueprint and Identity Theft.

Following completion of each component, the youth or parent provided copies of the worksheets to the Case Manager who then discussed what was learned, how it was relevant to their lives, plans for moving forward with a budget, expected challenges, planning for emergencies and other items. While only 17 youth or families participated in the Supported Online Financial Training, it was clear from their comments how much they appreciated the information and the opportunity to complete the intervention.

Monitoring of intervention contracts. In the fall of 2015, the ASPIRE Management Team developed and implemented a quarterly monitoring report for all intervention providers. This report was developed for each of the interventions, based on the scope of work for each. Contractors were expected to complete the report and submit it at the same time of invoicing. Should the provider not have a fiscal contract, it was still expected that the Quarterly Progress Report would be submitted each quarter. In addition to the content of the scope of work offered during the quarter, the report contains information on the number of trainings, number of participants, types of participants (youth, parent, sibling, etc.) and locations of the trainings.

Quarterly reports, as well as comments gathered from participants were reviewed by the Site Coordinator and as needed, adjustments are made. One example of a change resulting from the monitoring includes: A family reported wanting to attend the Parent Training. The Quarterly report revealed that trainings had not been offered in this area of a site. The Site Coordinator worked with the contractor to begin trainings in additional locations.

Intervention Participation

Participation in interventions varied across the sites. While participation did not meet annual Performance Measure targets, they did however impact the lives of youth and families as noted in their discussions entered in AIMS. Case Managers frequently attended the same trainings, and utilized this shared experience to assist families in using their new knowledge and skills. Following is the participation data of youth and families for the ASPIRE service interventions as of August 1, 2019.

Table 3: Intervention Participation by Site

Youth ever employed since enrollment

	Enrolled	# employed	Percent
AZ	505	115	22.77%
CO	226	100	44.25%
MT	69	46	66.67%
ND	29	18	62.07%
SD	65	46	70.77%
UT	139	62	44.60%
Total	1033	387	37.46%

Unique SIDs Ever Participating in Self Determination

	Enrolled	Unique SIDs	Percent
AZ	505	149	29.50%
CO	226	123	54.42%
MT	69	37	53.62%
ND	29	18	62.07%
SD	65	47	72.31%
UT	139	77	55.40%
Total	1033	451	43.66%

Unique SIDs Ever Participating in Family Financial

	Enrolled	Unique SIDs	Percent
AZ	505	208	41.19%
CO	226	113	50.00%
MT	69	42	60.87%
ND	29	20	68.97%
SD	65	43	66.15%
UT	139	73	52.52%
Total	1033	499	48.31%

Unique SIDs Ever Participating in Parent Training

	Enrolled	Unique SIDs	Percent
AZ	505	107	21.19%
CO	226	64	28.32%
MT	69	22	31.88%
ND	29	17	58.62%
SD	65	28	43.08%
UT	139	63	45.32%
Total	1033	301	29.14%

Benefits Summary and Analysis Uploaded into AIMS

	Enrolled	Unique SIDs	Percent
AZ	505	133	26.34%
CO	226	100	44.25%
MT	69	43	62.32%
ND	29	21	72.41%
SD	65	41	63.08%
UT	139	79	56.83%
Total	1033	417	40.37%

Participant Support

One strategy to support youth and families was meeting an immediate need in order to allow for greater participation. ASPIRE worked in collaboration with existing partners and others to secure funds for these and other expenses which were beyond the youth and families' means. Frequently there remained items which were out of reach when living in poverty. In all instances, ASPIRE always looked to long term solutions, rather than only meeting an immediate need. When other resources were exhausted, ASPIRE made purchases on behalf of individual families. In some cases, it was clear that without ASPIRE stepping in, lives would have been endangered. These purchases were made when they supported specific youth's or family's goal. Examples of Participant Support purchases included:

- Uniforms for work
- Birth Certificates
- State ID card
- Driver's License
- Guardianship fees
- Youth Leadership conference registration
- Graduation cap, gown and invitations
- Gas cards
- College application fees
- College/Job Corps care packages: toiletries, bed linens and towels
- GED course and test costs
- Public transit tokens and passes
- Automobile mechanical diagnostics
- Automobile block heater
- Automobile tires

- Backpacks with school supplies
- Holiday food baskets
- Emergency utility payment
- Medical Alert system
- Custom tricycle
- Blood pressure cuff
- Small sensory trampoline
- Camp tuition (partial)
- Community Center pass
- Mileage Reimbursement for ASPIRE activities

ASPIRE ABLE Deposit Opportunity

Throughout ASPIRE, it was apparent that many ASPIRE youth and families are frequently one crisis away from homelessness or at risk for managing funds to the detriment of the youth or family, such as not purchasing food, not paying for utilities, etc. As noted, ASPIRE had made Participant Support purchases for families who were in crisis or who had unexpected expenses. In most, if not all circumstances, these are expenses that are related to an individual's disability and may be an allowable expense of an ABLE account.

The *Stephen Beck Jr. Achieving a Better Life Experience (ABLE) Act* (Public Law 113-295) was signed into law on December 19, 2014. *The ABLE Act* amends the Internal Revenue Service Code of 1986 to create tax-free savings accounts for eligible individuals with disabilities. The bill aims to ease financial strains faced by individuals with disabilities by making tax-free savings accounts available to cover qualified expenses such as education, housing and transportation. The bill supplements, but does not supplant, benefits provided through private insurances, the Medicaid program, the supplemental security income program, the beneficiary's employment and other sources.

An ABLE account may fund a variety of essential expenses for individuals including medical and dental care, education, community based supports, employment training, assistive technology, housing and transportation. *The ABLE Act* provides individuals with disabilities the same types of flexible savings tools that all other Americans have through college savings accounts, health savings accounts and individual retirement accounts.

In early 2018, as ASPIRE planned for the no cost extension period of September 30, 2018 – September 30, 2019. It became apparent that ASPIRE had funds available to continue to make individual purchases. In discussion, it was suggested that contributions to ABLE accounts would be a more effective means to support ASPIRE youth and families, both at the time and after ASPIRE ended.

In dialogue with the OSEP Project Officer, ASPIRE created procedures by which eligible ASPIRE youth or a family member would receive an ASPIRE deposit to an ABLE account, up to two per SID. The procedures included:

1. The youth or parent who is of legal age, must complete the expected six hours of annual Financial Education and Capability Training, an ASPIRE Performance Measure;
2. The youth must meet with a Benefits Specialist to complete a Benefits Summary and Analysis, an ASPIRE Performance Measure;
3. The youth or family member is responsible to verify eligibility for, open and maintain the ABLE Account;
4. Up to two accounts per SID (study identification) may receive the ASPIRE ABLE Deposit Opportunity, with the second account being a family member; and
5. The ASPIRE contribution to each account will be $2,500.

It must be noted that the value of the deposit was intentionally set above the maximum resource limit for SSI recipients. ASPIRE has learned, as have many others, that families are very careful to remain under the $2,000 resource maximum in order to maintain the monthly SSI benefit and Medicaid benefits.

A short video was created to explain the process. Flowchart and tracking documents were created. USOR entered a contract with Easterseals-Goodwill Northern Rocky Mountain Inc to make the ASPIRE Deposits. As youth or family members completed the steps, documentation was uploaded into AIMS. After careful review for completeness, the Project Director completed an authorization for payment.

In total, 368 ASPIRE SIDs completed the two Performance Measures and opened 436 Accounts in 19 ABLE programs across the country. A total of $1,090,000 was deposited into ASPIRE youth and/or family ABLE Accounts. The 68 second accounts per SID were opened by siblings, parents, a grandfather, an uncle and a cousin, all of whom also attended the six hours of Financial Education and Capability Training and met with a Benefits Specialist, if appropriate.

Use of the ABLE funds is limited to those expenses which are related to the individual's disability. A great deal of effort was invested in the explanation of what is an allowable expense. Youth and families report the following planned uses for the ASPIRE funds:

- Medical and dental expenses
- Education, including school supplies and computers
- Uniforms and shoes for work
- Vehicle or transportation purchase (bus passes, etc.)
- Rent and Utilities
- Food

OSEP Site Visit

In January 2017, five of the six sites were operating as expected with contracts in place and interventions being provided. Challenges remained in the ASPIRE Arizona Site. The Financial Education and Capability Training and Benefits Counseling interventions were not yet fully implemented. Hiring of Case Managers was delayed in the Arizona Department of Education. Even with the addition of the hiring of three Case Managers by the University of Arizona, Cooperative Extension, ASPIRE Arizona was not yet fully staffed. OSEP's Project Officer and the Project Director agreed that the required Project Site Visit would be in Arizona in June 2017. The first Site Coordinator resigned and the second Site Coordinator were hired in May 2017.

The Project Director and Site Coordinator created an agenda for the ASPIRE Site Visit that included meeting with each contracted provider. During these separate meetings, the contracts were reviewed and reasons for delays were discussed. It was expected that once challenges were identified and discussed, implementation would be expedited. Contrary to this expectation and contract, Ability 360 did not hire the three CWICs which were funded by ASPIRE. Ability 360 had also changed the referral process several times prior to the Site Visit, confusing Case Managers and ASPIRE youth and families. Ability 360 did not change the procedures for the remainder of ASPIRE. Following the Site Visit, Ability 360 did begin providing Family Financial Education and Training more regularly in more locations across the state.

The Arizona Department of Education made a commitment to an accelerated hiring process during the Site Visit, however this did not come to fruition. ASPIRE Arizona continued to rely on the University of Arizona Cooperative Extension to more quickly hire Case Managers. Additionally, the roles of the Case Manager Lead and Special Projects Supervisor were discussed in relation to their supervision of UACE staff. ADE insisted that the Case Managers understood the various roles, but this was inconsistent with reports received by the Project Director. This was not resolved through the term of ASPIRE. Case Managers continued to report confusion. The Project Director referred them to ASPIRE procedures rather than internal discussions.

Following the Site Visit, the U.S. Department of Education determined that ASPIRE was in compliance, with the expectation that the Arizona Site would continue to improve as a result of the Site Visit.

Project Results

Goals and Annual Performance Measures

PROMISE outcomes of increased education, employment, and self-sufficiency were interpreted into project goals outlined in the ASPIRE Proposal and translated into seven *annual* Performance Measures (PM) with a total of 16 objectives. These measures range from

achieving the enrollment of 2000 youth to more complicated understanding of parent and youth perceptions around independence and self-sufficiency. The sources of data include AIMS data entered by ASPIRE Case Managers as of August 2, 2019 and 12-, 24- and 36-month survey data. Data excludes youth who withdrew from ASPIRE or PROMISE or did not complete an initial intake.

Project Goal 1: Enroll 2000 participants in the ASPIRE Project.
ASPIRE enrolled 2051 before April 29, 2016.

Project Goal 2: Increased educational attainment of youth receiving SSI.

PM 2a: ASPIRE youth will remain in school or achieve graduation. This data does not include youth who chose to withdraw from ASPIRE or PROMISE or those who did not complete an initial intake. (n=878)

Using AIMS data, on August 1, 2019, 864 of the 878 active SIDs or 98% reported as having graduated, or are currently enrolled in middle or high school, including youth who are continuing in 18-22 year old transition programs. This is a rate higher than their peers, with and without disabilities.

116 youth were not enrolled or dropped out for one month or more during ASPIRE. Of these, 22 returned to enrollment in school. Only 94 youth, or 10% of ASPIRE did not continue enrollment in school.

289 youth are reported as Graduated from High School or earning a GED. 576 youth were still enrolled in school at the time ASPIRE ended.

Given the young age of ASPIRE youth, and the outcomes of the older youth, it's expected that ASPIRE youth will have a graduation rate higher than their nondisabled and disabled peers.

PM 2b: Youth in ASPIRE services will have a written plan about life after high school. This data does not include youth who chose to withdraw from ASPIRE or PROMISE or those who did not complete an initial intake. (n=878)

ASPIRE youth were expected to develop an ASPIRE Services Plan which could include PROMISE outcomes of education, employment, independent living or other goals. Youth may also receive supports via service plans from schools, such as an Individualized Education Program or Section 504 Plan; an Individual Plan for Employment through Vocational Rehabilitation; or a Person Centered Plan through a Developmental Disabilities Agency. Additionally, youth may have other plans such as those through workforce agencies, mental health providers, colleges, etc. Based on AIMS data, ASPIRE Youth had the following plans in place:

As of May 31, 2019, ASPIRE Youth had the following plans in place:

- Individual Education Plans (IDEA) – 487
- Individual Plans for Employment (VR) – 206
- Section 504 Service Plan (school) – 31
- Person Centered Plan (DD) – 138
- Other Plan (mental health, WIOA, etc.) 72

It should be noted that some youth may not have had any plans. Many youth have more than one plan in place. Others who previously had a plan, may not have had that plan in place at the time ASPIRE ended.

12-24- and 36-month surveys also inquired if youth had a services plan. Across the time enrolled in ASPIRE (all surveys) 71% of youth reported they had a plan in place.

PM 2c: Youth in ASPIRE services will participate in post-secondary education exploration.

36-month survey results indicate that 801 youth, or 77.5% who completed the surveys, participated in activities to explore post-secondary education.

PM 2d: Youth in ASPIRE services will attend some type of post-secondary education (> age 18).

Using AIMS data, 77 of the 878 active SIDs or 9% reported at attending at least one month of post-secondary education. Post-secondary education is defined as any school or training after graduating from high school or receiving a GED. ASPIRE youth have attended 2 and 4 year colleges or universities, technical or trade schools, private schools, including those which result in a certification or license, such as CDL, Barber, etc.

Project Goal 3: Increase rates of employment in integrated settings, with competitive wage/earnings, and job retention of youth receiving SSI benefits.

PM 3a: Youth in ASPIRE services will participate in career exploration activities each year. (n=878)

Using AIMS data, 579 of 878 youth or 66%, participated in career exploration activities during ASPIRE. The number of activities ranged from 1 to 7, across the youth's time in ASPIRE.

PM 3b: Youth in ASPIRE services (age 16 and over) will have paid employment at minimum wage or better in integrated settings by 2 years post enrollment.

Using AIMS data, 287 youth or 28% were employed within two years of enrolling in ASPIRE.

387 youth, or 37% were employed in competitive, integrated employment during their time in ASPIRE. This employment rate is comparable to non-disabled peers, 30% of whom are employed, and higher than non-disabled peers who are less likely employed (19%).

Project Goal 4: Increase youth self-determination, defined as understanding their own capacities and abilities, and having self-confidence in their potential for success.

PM 4a: Youth in ASPIRE services will complete a minimum of 6 hours annually of self-determination training.

Using AIMS data, 170 youth or 16.5% participated in 6.0 hours of annual training during the period March 1, 2018 to February 28, 2019. Although not meeting the ASPIRE annual target, 451 ASPIRE youth or 44% did participate in some self-determination while enrolled in ASPIRE. Attendance ranged from 1 to 30 hours.

PM 4b: Youth enrolled in ASPIRE services will improve self-determination score at 36- month follow up survey.

729 youth responded to the 36-month survey. Of these 407 or 56% of the ASPIRE youth reported an improved self-determination score on the AIR questions.

Project Goal 5: Increase family employment expectations.

PM 5a: Parents/guardians of the youth enrolled in ASPIRE services will complete a minimum of 6 hours annually of youth transition training.

Using AIMS data, 89 parents or guardians or 9% participated in 6.0 hours of annual training during the period March 1, 2018 to February 28, 2019

During their time in ASPIRE, 301 ASPIRE parents or guardians or 29% did participate in any number hours of parent education and training while enrolled in ASPIRE. The time ranged from 1 to 20 hours.

PM 5b: Parents attending youth transition training will show increased knowledge on annual parent surveys collected by the ASPIRE Staff.

During their time enrolled in ASPIRE 217 of 297 or 73% of parents or guardians responding to either the 12-, 24- or 36-month surveys reported an increase in knowledge over their baseline survey responses.

PM 5c: Parents and family members will demonstrate increased expectations for youth in obtaining post school life transition goals (such as postsecondary education, paid employment, etc.). The results are for parents who completed at least one survey.

During their time enrolled in ASPIRE 580 of 700 or 83% of parents or guardians responding to either the 12-, 24- or 36-month surveys reported an increase in knowledge over their baseline survey responses.

PM 5d: Youth enrolled in the ASPIRE Services will perceive encouragement from parents/guardians to achieve employment. The results are for youth completed at least one survey.

During their time enrolled in ASPIRE, 729 youth or 90%, report perceiving encouragement from parents or guardians to achieve employment. Results are for youth who reported encouragement on either 12-, 24- or 36-month surveys.

Project Goal 6: Increase ASPIRE youth's family financial literacy and stability.

PM 6a: Parents/families of youth enrolled in ASPIRE services will complete a minimum of 6 hours annually of financial education and capability training.

Using AIMS data, 419 parents or guardians, or 41%, participated in 6.0 hours of annual training during the period March 1, 2018 to February 28, 2019

During their time in ASPIRE, 499 ASPIRE youth, parents or guardians or 48% participated in any number hours of family financial and capability training while enrolled in ASPIRE. The time ranged from 1 to 20 hours.

PM 6b: Parents attending financial education and capability training will show increased knowledge on annual parent surveys collected by the ASPIRE Staff. The results are for parents or guardians who completed at least one survey.

During their time in ASPIRE 336 of 498 parents or guardians or 68% responding to either the 12-, 24- or 36-month surveys reported an increase in knowledge over their baseline survey responses.

Project Goal 7: Youth enrolled in ASPIRE services and their families will participate in benefits counseling (WIPA model).

PM 7a: 95% of youth enrolled in ASPIRE services, in conjunction with parents/guardians, will begin benefits counseling prior to age 18 or when employment is imminent, whichever comes first.

944 ASPIRE youth were over the age of 17.5 on 4/1/2019. Of these, 389 had completed a benefits summary and analysis with a Certified Work Incentive Counselor (CWIC).

Looking at all youth, outside of an age consideration, a total of 417 youth or 40% completed a benefits summary and analysis with a CWIC during their time with ASPIRE.

The data for Performance Measures includes the enrollment and case management data entered by staff, and the surveys completed by the youth and parent at 12-, 24- and 36-months post enrollment. All data is stored in AIMS.

ASPIRE's anticipated annual Performance Measures may have been idealistic when created in 2014, as evidenced by the low numbers of youth and/or parents who participated in the interventions. For example, the annual Performance Measure to participate in six hours for Parent, Financial or Self-determination training were not achieved. Even though youth and families participated at a lower rate, analyses indicate that participation in any number of hours was beneficial.

ASPIRE's overall Project goals as outlined in the proposal have been achieved.

- Over 2000 youth and families enrolled in ASPIRE;
- Youth are continuing and completing their education, and pursuing post-secondary education;
- Youth are participating in trainings, including self-determination;
- Youth are reporting they understand their own capabilities and have self-confidence in their potential;
- Youth feel encouraged by their parents to pursue goals in the future;
- Parents are participating in transition and financial trainings;
- Parents have increased expectations of post-secondary education and employment for their children, and increased understanding of their own financial stability; and
- Both youth and parents have a greater understanding of their public benefits.

Manuscripts of ASPIRE Findings

The six PROMISE demonstrations worked to provide the services and coordination necessary to help youth SSI recipients and their families achieve the career and educational outcomes. The projects were designed to test services for reducing long-term reliance on SSI. Strategies for reaching financial independence target short-term and intermediate outcomes associated with employment and educational success, such as youth self-determination skills, high parent expectations, and pre-employment and employment readiness skills.

The following summarizes six manuscripts and other products that were published and/or distributed by ASPIRE. The documents are listed in chronological order. Later articles reflect findings based on more complete ASPIRE data. In the reference list, citations to the articles are provided so full manuscripts can be reviewed

Under-representation of certain disability groups by the American Community Survey (ACS), Letter to the editor. (Hall, et al., 2017)

Letter to the editor response to an article by Altman, Madans and Weeks titled "An evaluation of the American Community Survey (ACS) indicators of disability" https://doi.org/10.1016/j.dhjo.2017.03.002.

ACS questions are used in federal surveys to provide a uniform measure of disability. Altman et al. concluded that adults missed by the ACS questions do not have different functional limitations than those who are captured. The authors of the letter challenged this conclusion.

The authors note other research indicating that people with Social Security determined mental illnesses or developmental disabilities are more likely to have false negatives on limitation questions such as the ACS questions. Recent analyses conducted by the authors found that in a sample of more than 2000 youth receiving SSI, those with mental illnesses and developmental disabilities were statistically less likely to respond affirmatively to the ACS questions. Therefore, people experiencing these conditions will continue to be under-represented in federal surveys, and the result will be under-allocation of resources to meet their needs.

More research is needed to confirm under-identified groups, possible impacts of under-identification, and questions that might be used to more accurately identify these groups.

Underrepresentation of adolescents with respiratory, mental health, and developmental disabilities using American Community Survey (ACS) questions (Ipsen et al., 2018). https://doi.org/10.1016/j.dhjo.2017.06.001

Disability prevalence estimates are used to identify populations, establish priorities and allocate funding for a broad range of federal, state, and local initiatives. Increasingly, these estimates use a set of six questions developed and tested for use in the American Community Survey (ACS).

The objective of the study was to explore potential underrepresentation of certain disability groups identified by the ACS disability questions.

We compared disability prevalence rates from two data sources for adolescents with disabilities, aged 14 to 16, who receive Supplemental Security Income (SSI, n = 2051). Approximately 17% of the sample did not endorse any ACS questions. The top five conditions not captured by ACS questions included respiratory conditions (38%), mood

disorders (28%), other mental disorders (27%), schizophrenia and other psychotic disorders (27%) and developmental disorders (20%).

Our findings suggest that people with mental health, developmental disabilities, and respiratory conditions are among those groups under-represented by the ACS disability questions. While the emphasis on functional limitations in the ACS questions aligns with the social model of disability, a need remains to identify underlying conditions that result in disability to fully understand not only prevalence, but also the types of conditions captured or missed by the functional questions.

To the extent that certain disability groups are significantly under-represented, changes to existing ACS questions or adding additional questions to the core set should be considered to assure that needs are addressed and tracked in public health planning.

Exploring the PROMISE of Transition Services for Youth with Disabilities Receiving SSI (Ipsen et al., 2019) https://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr180991?resultNumber=0&totalResults=800&start=0&q=Exploring+the+PROMISE+of+transition+services+for+youth+without+disabilities+receiving+SSI.+&resultsPageSize=10&rows=10

Transition-aged youth with disabilities lag behind same-aged peers without disabilities in education and employment outcomes, contributing to economic disparities across the lifespan. ASPIRE targeted these disparities by providing intervention services to youth enrolled in the intervention group. The intervention included ongoing case management and training opportunities in self-determination, financial literacy, transition planning, and benefits counseling.

Study participant data from enrollment, 12-months, and 24-months post-enrollment showed significantly better outcomes for intervention youth compared to control youth in terms of parent encouragement about having a job ($p = .008$), youth expectations of working ($p = .001$), and participation in employment activities ($p = .009$). These factors are associated with improved long-term economic outcomes.

Findings suggest that providing case management and self-determination services to youth on SSI may result in improved long-term outcomes.

The results provide compelling evidence about how intervention case management and self-determination training contribute to youth employment outcomes. In particular, this analysis finds more in-person meetings with case managers and self-determination training early in the intervention delivery were both significant predictors of employment for youth. These findings suggest that providing such services to youth on SSI might result in improved long-term outcomes.

Tribal Participation and Outcomes: American Indian Factsheet

ASPIRE staff worked with eleven tribal governments to gain tribal council or Research Review Board (RRB) approvals to include American Indian (AI) youth in the study. Of the total 2,051 youth recruited, 129 youth self-reported as enrolled members of 26 different tribes. These youth came from both on and off-reservation locations. Of those completing at least one follow-up survey (n=84), 45 were in the Usual services group, and 39 were in the ASPIRE services (or intervention) group.

The ultimate goal of ASPIRE was to improve future education and employment outcomes of transition-age youth receiving SSI. Intermediary predictors of these outcomes include more self-determined behaviors, increased expectations about future outcomes, and more exposure to employment and pre-employment activities to prepare for work.
All youth enrolled in the project were asked to complete follow-up surveys at 12-months, 24-months, and 36-months after enrollment.

Study participants became more self-determined over time as expected given natural maturation. For the smaller subset of AI youth who completed baseline, 12-month, and 24-month data (n = 38), there was a trend showing more consistent increases in self-determination scores for ASPIRE youth relative to Usual services youth.

Compared to AI youth in Usual Services, AI youth in ASPIRE Services were more self-determined, experienced higher rates of discussions with case managers regarding future education and employment outcomes, and more employment experiences. While some of these outcomes were not statistically significant, trends were similar to statistically significant results for the larger study sample (Ipsen et al., 2018). Overall, youth benefitted from ASPIRE services and case management efforts to engage them with high expectations and employment experiences should be included in future transition services

Note: American Indian factsheet was provided only to the research review boards of the Native American Tribes that were associated with the ASPIRE project.

Engaging SSI Youth and Families with ASPIRE Services (Chambless, et al., 2019).
https://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr191039

Youth with disabilities receiving SSI experience economic disparities across the lifespan. ASPIRE offered an array of services to improve long-term economic outcomes.
This paper explores engagement with ASPIRE services as a predictor of intermediary employment outcomes. https://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr191039

The manuscript is comprised of three separate studies.

Study 1 used youth survey data at enrollment and 36-months to compare intermediary outcomes between ASPIRE control and intervention youth (n = 1241). This study found

few differences between intervention and control group participants in terms of self-determination, expectations, employment, and education 36-months after enrollment.

Study 2 used participation data from case management records for treatment youth to construct a logistic regression to explore predictors of employment for ASPIRE intervention youth. This study found that intervention youth receiving higher rates of face-to-face case-management services and career exploration activities in year 1 and 2 became employed at higher rates in year 3, relative to those receiving fewer services.

Study 3 used case management records about training participation to explore the impacts of various ASPIRE engagement strategies.

Engagement with ASPIRE services was low across the project. A large incentive in the final 7-months of the project resulted in an exponential increase in financial literacy training participation. This external motivator was a $2,500 cash deposit into an ABLE account, provided the recipient met firm requirements to attend 6+ hours of financial literacy training; receive a Written Benefits Summary and Analysis plan, and open and activate an ABLE account.

The ASPIRE study targeted a group that is hard to reach with future-oriented services. Intervention youth remained similar but slightly improved, despite the monumental effort by ASPIRE case managers to engage families, adjust services, and overcome family crises. In part, this finding relates to issues of engagement, and future efforts should heed this issue.

ASPIRE data showed that those receiving earlier and more intense case management services experienced better employment outcomes in year 3. If more effective motivators could be introduced early in a project, it is likely these types of engagement outcomes could be improved. Although incentives can be difficult to defend as part of standard delivery practice, they may be a necessary ingredient to address present-oriented thinking. The literature provides suggestions for how these incentives should be structured and incorporated into human service programs. Building on these standards in concert with sustained case management services is a pathway worth exploring.

Teaching Self-Determination to Youth with Disabilities: the ASPIRE Model (Chambless, et al., 2018). https://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr191038

As one of the PROMISE projects, ASPIRE sought to enhance education and career outcomes to reduce long-term reliance on SSI. Self-determination training was offered to transition-age youth with disabilities receiving SSI as an evidence-based intervention to improve employment and post-secondary outcomes.

Researchers used grounded theory and qualitative methods to obtain data on challenges case managers and trainers encountered in implementing the interventions as well as successful strategies for delivering self-determination training to youth with disabilities.

Trainers confronted issues such as sporadic attendance, difficulty in motivating youth to attend, and challenges in training a group with a range of disabilities. Strategies to overcome these challenges included case managers attending the self-determination training with the youth to engage participants, scheduling other events in conjunction with the self-determination workshops, and trainers adapting curriculum to be more interactive and relevant to the attendees. Despite the challenges experienced by ASPIRE, self-determination training was able to affect observable behavior changes in ASPIRE youth.

Self-determination training can prepare youth with disabilities for post-secondary education and employment. Building youth's self-awareness and ability to make decisions around disability disclosure are important transition skills for youth with disabilities. More research is needed to document curricula for self-determination training and outcomes of training on diverse populations. In addition, research is needed on the supports and environments to reduce barriers for students to disclose disability in post-secondary education.

How Family Crises May Limit Successful Transition of Youth with Disabilities from SSI to Self-Sufficiency (Hall et al., under review)

The PROMISE initiative supported six demonstration sites focused on moving youths and their families from reliance on Supplemental Security Income (SSI) toward greater independence and self-determination through employment and post-secondary education. For families with a child or youth on SSI, crises may make successful transition to self-sufficiency of the youth on SSI particularly challenging.

Interventions such as those offered through ASPIRE have the potential to improve outcomes for this population. To be effective, however, youth and families must be engaged in the offered intervention services. Because youth and family crises can disrupt engagement, understanding the types of crises that occur and developing strategies to address them are critical to the success of interventions.

This study seeks to document the nature of crises encountered by SSI youths and their families enrolled in ASPIRE and to identify strategies that might help them navigate them. To do this, researchers conducted focus groups with small groups of ASPIRE case managers to gain insights into the types of family events or situations that posed barriers to participation in ASPIRE services.

Focus group participants identified six broad types of crisis ASPIRE youth and/or their families encountered that related to lower engagement in ASPIRE intervention activities. These included: (1) financial, (2) transportation, (3) behavioral, (4) legal/corrections, (5)

family dynamics, and (6) transition to adulthood. Descriptions of these types are provided in the manuscript.

The program goals of PROMISE and ASPIRE are likely much the same as those of the youth and their families. However, when crises arise, youth and families living on the margin may quickly adjust their goals to survival-level needs. Therefore, meaningful interventions that consistently assist families in addressing these crises must accompany other efforts of providing interventions to support post-secondary education, employment and, ultimately, self-sufficiency for this population.

ASPIRE case managers reported that they felt least prepared to deal with financial, medical and housing crises. In addition, behavioral issues were problematic and presented barriers to effectively working with youth and families. These crisis areas potentially point to gaps or weaknesses in the nation's safety net for families of youth who receive SSI.

Sometimes, small financial assistance was sufficient to address an issue. Other times, case managers' knowledge of complex systems requiring multiple steps or contacts, such as legal systems, was essential in assisting families. Overall, a strong relationship built through consistent contact, usually initiated by the case manager, was fundamental to any successes.

Formative Evaluation Results

ASPIRE's Formative Evaluation Team conducted analysis and regularly reported at ASPIRE's semi-annual trainings. The Team completed analysis of participation by youth who self-identified as members of American Indian Tribes. The analysis found no difference in participation, survey results or employment from the youth enrolled in the ASPIRE Services Group.

As ASPIRE served youth and families in rural areas, the Formative Evaluation Team conducted an analysis of ASPIRE youth by geographical location to explore systematic differences in outcomes between ASPIRE rural and urban youth, keeping in mind that most ASPIRE youth reside in places with lower populations overall, as compared to PROMISE youth in the other sites.

The Office of Management and Budgeting (OMB) classifies counties as metropolitan (urban) if the county includes as least one urban core of 50,000 or more people and non-metropolitan (rural) if the county does not. According to this definition, approximately 87% of ASPIRE participants were from urban locations and 13% were from rural locations.

ASPIRE states appear more rural when using other metrics. For instance, all ASPIRE states are represented among the bottom 20 states in terms of population density, and Montana, North Dakota, and South Dakota fall in the bottom five states with fewest people overall. Additionally,

Montana, North Dakota, and South Dakota do not have any metro areas greater than 250,000 people, as defined by the 2013 Rural-urban Continuum Codes (http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx#.UYJuVEpZRvY).

Youth self-report data indicate that rural and urban youth were similar in terms of self-determination capacity and opportunity, expectations, and educational and employment experiences. When unpacking case management data about services received, however, it appears that rural youth received higher intensities of services and better employment outcomes. Unfortunately, these results are strongly shaped by differences across ASPIRE sites in terms of delivery intensity and rural-urban case mix.

PROMISE Outcome Evaluation

The Social Security Administration contracted with Mathematica Policy Research, Inc. (MPR) to complete two reports and a final outcomes report. The reports during PROMISE included the Early Assessment Report and the Interim Services and Impact Report. The final outcomes report will be available in 2022, following the 60 month survey of youth and parents.

In addition to the evaluation of data entered in PROMISE information management systems, MPR conducted 18 month surveys of both youth and parents/guardians. Though lengthy, they were thorough with extensive branching based on responses given. It should be noted that several ASPIRE youth and parents did complain about the tenacity by the surveyors to reach them, calling at late hours, assertive home visits and number of phone calls. Another very common complaint made to the Case Managers was the length of time needed to complete the surveys. Times reported ranged from 45 minutes to 2 hours.

MPR Early Assessment Report

The Early Assessment Report prepared by MPR cited the following concerns with ASPIRE implementation: low enrollment in Arizona; challenges in meeting with and engaging families; low collection of parent/guardian SSNs (Social Security Numbers); delays in delivery of interventions beyond case management; and consistency in data collected in AIMS.

Enrollments in Arizona did not begin until February, 2015 due to challenges in hiring qualified staff, obtaining security clearances, and completing the ASPIRE trainings. Even when Arizona began, their enrollment rate was slower than expected. Several actions were taken to increase the rate of enrollment. The Project Director established a number of recruitment calls to be made each week, and monitored to verify each Case Manager met his or her goal. Two staff from MPR visited the site and provided training on in-person recruitment visits. Also, the Arizona Site Coordinator organized group enrollments which were more successful in populous areas. Finally, the five other ASPIRE sites agreed to enroll additional youth and families

beginning in March, 2016. The most effective component of this push was the significant increase in recruitment calls.

MPR also noted the slow delivery of services beyond case management and Case Managers experiencing challenges with engagement. Families frequently canceled scheduled appointments or did not show, which was especially frustrating when staff traveled long distances to meet with some families. Staff continue to address these issues, including sending text or mail reminders the day before, and calling the person immediately prior to an appointment. When traveling longer distances, staff tried to schedule several appointments in an area so that appointments could be rescheduled while they were in the area.

Collection of a parent/guardians SSNs during the time of ASPIRE was 75% of enrollees. Arizona's collection rate was lower (62%). Staff indicated that parents and guardians resisted providing the information. Reasons included privacy concerns, as well as concerns about legal residency. Staff were encouraged to try to obtain SSNs from ASPIRE families after enrollment. At the end of the project, both percentages had risen. 77% of ASPIRE parents/guardians provided Social Security numbers and Arizona increased to 69%.

Finally, MPR encouraged monitoring of the AIMS data for internal consistency. As noted in the Formative Evaluation and Personnel sections of this report, the Project Director and Formative Evaluation team reviewed AIMS data on a continuing basis. In addition, quarterly case reviews were completed and findings were compared across the six sites. When concerns were noted, action was taken. For example, AIMs was modified to facilitate increased consistency and additional staff training was provided. Site Coordinators completed case reviews for each staff member, providing feedback and direction to align noted services and activities to data entry. Though it should be noted that case reviews were not completed in times of staff turnover in a site.

MPR Interim Services and Impact Report

The MPR Interim Services and Impact Report was released in July 2019. This Report seeks to analyze the impact and cost analysis of all PROMISE projects at 18 months post enrollment. MPR notes that some outcomes reported 18 months after enrollment is too early to draw conclusions about the program impacts.

The estimated impacts on primary youth and family outcomes were generally similar across the six PROMISE programs. Each of the six programs increased youth's receipt of transition services, youth's paid employment, and family member receipt of support services during the first 18 months after enrollment.

While a formal benefit cost analysis will be completed when the five-year impact findings are available, The average annual cost per treatment group enrolled ranged from $5,490 for ASPIRE to $9,148 for Arkansas PROMISE. MPR noted that ASPIRE leveraged existing

services such as Vocational Rehabilitation, influencing ASPIRE's annual cost per enrollee. Overall PROMISE program services represent a relatively large investment above current federal expenditures already supporting youth with disabilities.

Each program was effective in helping youth obtain paid work experiences, but mainly in short-term jobs. Each PROMISE program had positive impacts on youth's likelihood of having paid employment at some point during the 18 months after enrollment. The impacts reflect the programs' focus on career and work-based learning experiences. However, the programs either had little to now impact on the likelihood of youth paid employment at the time of the 18-month survey than their impacts on youth's paid employment at any time during the 18-month period.

Related to the paid work experience is the impact on youth earnings. The magnitude of impacts on youth employment and earnings varied across programs. Though all six programs had positive impacts on the youth's likelihood of having paid employment at some point during the 18 months after PROMISE enrollment, the magnitude of the impacts varied substantially across programs. ASPIRE had a smaller impact than the other programs, increasing the likelihood of paid employment by about 25 percent relative to the control group. All programs except ASPIRE paid wages for at least some youth.

During the time of PROMISE, several other factors may have influenced the PROMISE outcomes at 18 months post-enrollment. These include:

- The general economic expansion of the US Economy during the period from enrollment to the 18-month analysis.
- Workforce Innovation Opportunity Act was enacted in 2014, introducing Pre-employment transition services for all youth and increased collaboration among state partners serving youth with disabilities to pursue employment.
- SSA began distribution of a brochure to SSI recipients age 14 to 17 with information about the age-18 redetermination process, work supports and youth specific programs

Challenges and Strategies for Success

ASPIRE faced an array of challenges from conception to completion. The terms 'workaround' and 'flexibility' became code words for how ASPIRE creatively and persistently sought avenues to overcome challenges. In general, the challenges can be grouped into four areas: administration, characteristics of the population, and national and state environments.

Administration

Complexities of a Consortium. The PROMISE Award was made to the Utah State Office of Rehabilitation. Contracts were entered with the five additional states. Forty-five additional sub-contracts were established for delivery of services. Ultimately, ASPIRE had 13 primary

contractors who hired staff. That means 13 personnel processes, 13 fiscal processes, 13 unique allowances for purchasing, and 13 policies surrounding work hours and travel. Conversations resulted in the establishment of common processes and flexibility of 13 unique agencies and organizations. Authority and accountability occurred at the Site level, with input from the Project Director. These conversations continued during the project as there were supervisory changes in the organizations as well.

Travel. ASPIRE was required to meet in-person twice yearly for training. Some states had moratoriums on out of state travel. ASPIRE requested and provided justification as to why some staff in a particular state were required to travel, consistently referencing their contracts. Also, Staff were spread widely across the six states, often with only access to regional airports. In an effort to 'share the pain' and reduce costs, the trainings were rotated among the three primary cities of Salt Lake City, Phoenix and Denver. Some staff could spend an entire day traveling to one of these cities. This resulted in planning three day events coupled with two days of travel. If weather or mechanical problems developed, staff would not arrive or not return home as planned. Consequently, the twice yearly trainings were planned for early October and mid-May to avoid weather extremes.

Another aspect of travel was the per diem rates allowed by the 13 agencies. USOR planned all these events under the State of Utah Purchasing procedures. When planning out of state events in Phoenix or Denver, Utah's per diem rate was less than the other five states and less than a conference hotel would accept. Fortunately, State of Utah Purchasing does allow for exceptions to state legislated policies. After a researched justification and cost analysis, the Project Director solicited an exception from state purchasing procedures and received it six times.

Organization of Authority. With the exception of USOR, the ASPIRE Project Director was not directly involved in the hiring of Site Coordinators and Case Managers. Consequently, individual staff may not have felt any particular loyalty or duty to ASPIRE. During site visits, the Project Director made time to meet with each staff member individually to develop rapport and affinity to the shared goals of ASPIRE. Having a face to each position reduced a 'them' vs. 'me' tension.

There were times when ASPIRE procedures and direction challenged the thinking of the Site Coordinators. A few times, the work of APL was challenged as usurping the local authority. Roles were clarified and supervisory expectations were reviewed. Site Coordinators even asked to be trained in advance of the Case Managers, creating duplicative work for the Trainers. Later this was determined to be unnecessary, but it did create additional work. But making the time to build the relationships and outline responsibilities helped to clarify each staff member's role and chain of command.

Supervision of Case Managers**.** Supervision was primarily conducted by the Site Coordinators with input from the ASPIRE Project Leadership team. This posed challenges to acceptable processes in several of the 13 hiring authorities. In Arizona for example, USOR

contracted with the Arizona GOYFF (Governor's Office of Youth, Faith and Families), who then contracted with the Arizona (ADE) Department of Education to hire the Case Managers. ADE would not accept supervision by the Site Coordinator who was in an outside agency. They hired a separate case management Manager. Later GOYFF contracted with the UACE (University of Arizona, Cooperative Extension) for additional Case Managers. UACE chose to allow the ADE manager to supervise their Case Managers, causing confusion on the part of their employees. A UACE supervisor signed time sheets, travel and performance evaluations, but the ADE manager provided day to day supervision. This lengthened the communication chain and frequently caused confusion among the Case Managers. Case Managers were reminded to follow all ASPIRE procedures regardless of their supervisory chain.

Personnel Attrition. Staff turnover on a project the size of ASPIRE with a five year term is expected. Two factors impacted being able to fill vacant positons: 1) the recruitment and hiring process of each of the 13 hiring authorities, and 2) the time needed to obtain the Social Security Suitability Clearance. Case Managers accounted for 38 positions in ASPIRE. Over the course of ASPIRE 60 individuals filled these 38 positions. The range of time working as a Case Manager were from 9 months to 68 months. Four of the six sites had Site Coordinator changes as well. Case management was prioritized during all transitions to provide continuity of service to the youth and families

ASPIRE originally intended for individual caseloads to be in the range of one Case Manager to 35 youth and families. This was achieved or even less in most cases, with the exception of Arizona. When the opportunity arose with the Supplemental funding opportunity, two additional positions were added in Arizona, which would reduce the caseloads to 1:35. In late 2017, with funds available, and the anticipation of staff leaving early, Montana and Utah each hired an additional Case Manager. Colorado followed suit in 2018, hiring two additional Case Managers and Arizona did likewise hiring three additional Case managers in late 2018.

Data Entry. ASPIRE's robust Staff training program did not prevent delays or omissions in data entry. Regular reports and monitoring of AIMS provided feedback to the Project Director and Site Coordinators. Targeted case reviews for each Case Manager also detailed practices which followed, or not, the ASPIRE procedures. Each month all staff were provided data for contacts made and face to face case management meetings conducted for each caseload. With this information, increased oversight and mentoring was provided to staff whose data entry required improvement.

Intervention Delivery. As previously outlined, ASPIRE made adjustments to the delivery of core interventions during the project. Responsiveness to youth and families and their situations improved their participation.

Of particular note was the case management intervention. In 2016, data analysis by the Formative Evaluation team and Project Director identified specific procedures that were not consistently implemented. First among these was the monthly face to face case management meeting. Case Managers were not consistently meeting with youth and families each month.

At this point, analysis was completed for each Case Manager monthly, providing caseload numbers, number contacted at least once and number of case management meetings. Providing this date frequently allowed Site Coordinators to address issues in monthly staff meetings. It also was another way for Case Managers to monitor their own work. While no one wants to be publicly shamed, it was motivating and lower performing staff sought out mentoring from higher preforming staff.

Characteristics of the Population

Poverty. The lives of ASPIRE youth and families is one of poverty. Understanding the unique characteristics and culture of poverty was essential for all ASPIRE staff. Staff participated in training and discussion of Bridges Out of Poverty as well as participating in a poverty simulation. Sites also provided training in safety net and poverty services within the community. It was essential to maintain training and discussion in the areas of poverty, including discussion of safety net resources and the culture.

Additionally it was critical for staff to understand Social Security and the impact of earned and unearned income. For example to provide gift cards and other participant support items may support a youth or family in a difficult time. However, these items may also be considered unearned income by Social Security, thereby impacting their cash benefits.

Mobility. Individuals and families who live in poverty frequently move due to their circumstances and in order to secure the supports they need. ASPIRE recognized that this happens and worked to stay informed. In fact, there were several instances when a youth moved to a different state and the parents remained in the original state. In these circumstances a Case Manager was assigned to each and their work was coordinated to benefit the whole family. ASPIRE provided information about services and supports which were available in the new communities. AIMS had the capability of storing additional contact information for a youth, however it was infrequently completed. Some youth and families did move to never be found by ASPIRE staff. Use of SSA and Accurint provided some accurate information, but did not always prove successful. Where Release of Information documents were obtained early and communication was maintained, youth and families were found more quickly because there were avenues in place to reestablish the relationship.

Cultural differences. ASPIRE has representation of many cultures and ethnic communities. ASPIRE provided ongoing training to staff to assist in better awareness and respect of the differences each brings, particularly with youth and parents who identified as members of American Indian tribes. ASPIRE stayed in communication with the tribal authorities, and provided expected quarterly or annual reports which were required for annual renewal by their RRB or Council.

Rural and frontier. ASPIRE contains 597,835 square miles, nearly 20% of the United States. 32% of these lands are federal (National Forest, Bureau of Land Management, etc.). Large geographical barriers exist which separate and often isolate many areas (mountain

ranges, major rivers and reservoirs). What may be 50 miles 'as the crow flies' becomes a 250 mile drive. Physical isolation often reduces access to services and supports which may readily exist in urban areas. ASPIRE and its contracted providers committed to serve these youth and families in rural and frontier areas. This was accomplished with frequent travel for monthly meetings, and regular calls emails and texts. While not a substitute for in person meetings, several staff used face time or web based conferencing to meet with youth and families as well. Care was taken not to discuss specific identifiable information since these are not considered secure communication. While technology is not a substitute for in person contacts, it can be a means to maintain contact when a relationship of trust has been established. Staff must also use the preferred communication of the youth or family, not their own preferred method.

Aging youth. ASPIRE enrollments were evenly distributed across the age range of 14 to 17. When enrollment only 78 youth, or less than 4% of ASPIRE youth were over the age of 18. 15% were under age 18 and 81% were between ages 18 and 21. With aging comes a sense of independence and not needing 'those' people to help me. As youth age, some no longer wished to continue meeting regularly with Case Managers keeping the youth's interest and participation required Case Managers to stay current on adult interests. For example, understanding how to apply for college, completing a FAFSA, developing a resume, etc. Case Managers strived to continue to demonstrate the relevancy and value of ASIRE and to encourage their self-determination.

National and State Environments

Tribal affiliation. When planning ASPIRE's proposal, SSA provided data of the number of eligible youth by county, in each state. ASPIRE then based enrollment percentages for each state on the number of eligible youth in the states. What was missing from this data was tribal affiliation. Without consent or approval from the Tribal IRB or Council, ASPIRE was unable to recruit the youth living on these lands. With 49 tribes, ASPIRE Site Coordinators and Principal Investigator worked diligently to secure Tribal or Council approval to proceed. In 2.5 years of consistent effort, approval was received from eleven tribes. Future studies or projects wishing to conduct work on tribal lands, must begin early and commit time and effort to secure these approvals. Make the time to build and maintain the relationship with each unique tribe. When possible, hire staff who are members of the tribes in the areas they will work.

WIPA funding and availability of AWICs. Recent changes to funding of Work Incentive Planning Assistance awardees has resulted in a reduction to the number of providers available in some states. To ensure the availability of benefits counseling services to ASPIRE youth and families, ASPIRE increased funding to these providers. There are a limited number of Area Work Incentive Coordinators (AWIC) in the six ASPIRE states. One AWIC provides services to the states of Montana, North Dakota, South Dakota and Utah. Two AWICs serve Colorado. During the time of ASPIRE Arizona was without an AWIC. AWICs typically provide the information needed to complete a Benefits Summary and Analysis. The ASPIRE Project Director reached out to the Social Security Administration PROMISE Liaison to resolve this issue in Arizona. He offered services through ASPIRE to provide BPQY reports to the Arizona CWICs in

order to complete Benefits Summary and Analysis for ASPIRE youth. Seventy-five BPQYs were channeled through ASPIRE to SSA. The time required to complete those was typically less than a day. ASPIRE acknowledges the assistance of SSA to complete these on behalf of ASPIRE youth.

Healthcare. Not all ASPIRE states have chosen to expand Medicaid under the Affordable Care Act. Health care is a significant factor in the lives of people with disabilities. Each state's Medicaid program is unique and while the youth who receive SSI may be covered, family members may not, despite living in poverty. Going to work might be a motivation for some families in order to obtain health care. Yet, others avoided going to work to keep health care. ASPIRE youth and families participated in benefits counseling provided by a WIPA. ASPIRE's benefits counseling intervention focused both on the family and the youth. Families were provided information about available health care options. ASPIRE worked in each site to be sure that Case Managers had information and training on the specifics of healthcare available to the youth and families.

Transfer of agency. During ASPIRE, the Colorado Division of Vocational Rehabilitation moved from the Colorado Department of Human Services to the Colorado Department of Labor and Employment. In October, 2016, the Utah State Office of Rehabilitation moved from under the governance of the Utah State Board of Education, to under the governance of the Utah Department of Workforce Services. These moves resulted in the learning of new policies and procedures, but did not impact delivery of services to the ASPIRE youth and families.

Summary

The PROMISE Model Demonstration Project provided an excellent opportunity to conduct research in the services and supports across wide geographically and culturally diverse areas of the United States. The six states of ASPIRE comprised further diversity through intentional inclusion of American Indian tribes. While ASPIRE extensively leveraged existing services, workarounds were still needed even when services were available.

ASPIRE operated in dissimilar social and political environments, distinct state structure and hiring policies and fiscal processes. It was a very complicated and difficult undertaking with innumerable strategies and workarounds, with great expenditure of energy and time to ensure consistent operationalization. Every member of the ASPIRE team, federal partners, state representatives, organizational partners, the youth and families and advocates deserve great appreciation and credit for maintaining the vision of PROMISE in the moment and for the future.

When measured annually or as a project, a great deal was accomplished. Project goals as outlined in ASPIRE's proposal have been achieved.

- Over 2000 youth and families enrolled in ASPIRE;
- Youth are continuing and completing their education, and pursuing post-secondary education;

- Youth are participating in trainings, including self-determination;
- Youth are reporting they understand their own capabilities and have self-confidence in their potential;
- Youth feel encouraged by their parents to pursue goals in the future;
- Parents are participating in transition and financial trainings;
- Parents have increased expectations of post-secondary education and employment for their children, and increased understanding of their own financial stability; and
- Both youth and parents have a greater understanding of their public benefits.

ASPIRE looks forward to the future outcomes report by Mathematic Policy Research, Inc., as well as the possible impacts and changes that will occur with the four federal partners, the Departments of Education, Labor, Health and Human Services and the Social Security Administration. Much has been learned in the six year research study that will impact and improve the services and opportunities of youth with disabilities receiving SSI and their families, to improve their education and employment outcomes, and their self-sufficiency.

For additional information about ASPIRE, see the following chapters:

- ASPIRE Consortium: Formation, Operation and Implications
- The ASPIRE Able Deposit Opportunity
- The ASPIRE Training Program

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Future ASPIRE publications

The Journal of Vocational Rehabilitation has published a special PROMISE issue Fall, 2019. This Journal contains 15 articles authored by PROMISE and ASPIRE formative evaluation teams. The full Journal is available for the public at https://content.iospress.com/journals/journal-of-vocational-rehabilitation/51/2?start=0

The Career Development for Exceptional Individuals will be publishing a special PROMISE issue in the Fall of 2020. Search for publications at https://www.researchgate.net/journal/0885-7288_Career_Development_for_Exceptional_Individuals

Additional PROMISE References

Mathematica Policy Research is the national PROMISE evaluator. Reports for the PROMISE evaluation design and other PROMISE projects can be found at https://www.mathematica-mpr.com/relatedcontent?itemID={655434B1-8E94-4D8A-B237-89742E106C58}&relatedcontent=Related%20Publications.

Publications which specifically include ASPIRE are:

Anderson, M., Livermore, G., McCutcheon, A., Honeycutt, T., Katz, K., Mastrianni, J., and Kauff, J. (2018) Promoting Readiness of Minors in Supplemental Security Income (PROMISE): ASPIRE Process Analysis Report. https://www.mathematica-mpr.com/our-publications-and-findings/publications/aspire-process-analysis-report

Mamun, A., Patnaik, A., Levere, M., Livermore, G., Honeycutt, T., Kauff, J., Katz, K., McCutcheon, A., Mastrianni, J., and Gionfriddo, B. (2019) Promoting Readiness of Minors in SSI (PROMISE) Evaluation: Interim Services and Impact Report (Executive Summary) https://www.mathematica-mpr.com/our-publications-and-findings/publications/es-promoting-readiness-of-minors-in-ssi-promise-evaluation-interim-services-and-impact-report

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