

Moving ahead with **PROMISE**

Lessons learned from six model demonstration projects through the Promoting Readiness of Minors in Supplemental Security Income Project



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Authors: **David R. Johnson, PhD**, johns006@umn.edu

Kelly Nye-Lengerman, PhD, knye@umn.edu

Amy L. Gunty, MA, gunty004@umn.edu

Editor: **Vicki Gaylord**

Graphic designer: **Connie Burkhart**

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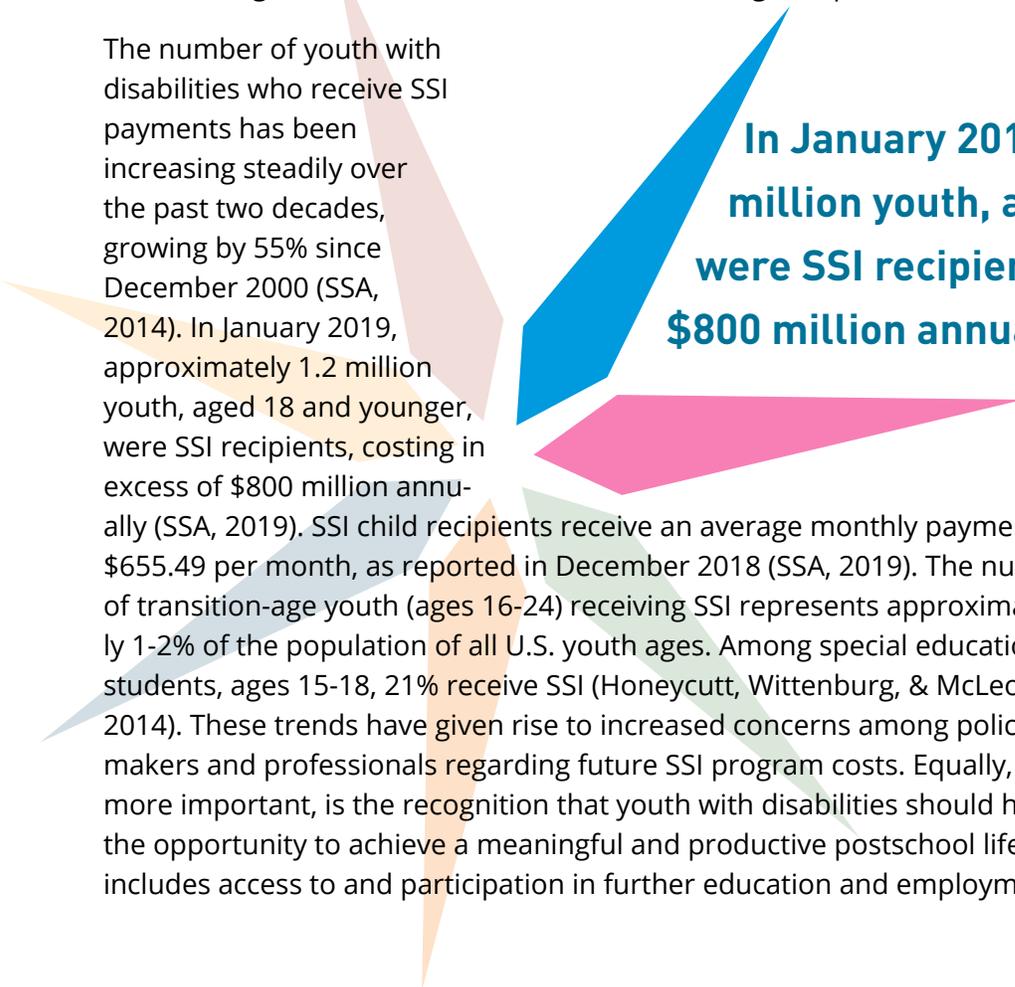
SECTION I

Introduction

Improving educational and employment outcomes for youth with disabilities and reducing long-term Supplemental Security Income (SSI) dependency rank high on the nation's agenda for federal policymakers. Youth with disabilities receiving SSI face many barriers to making educational progress and gaining early work experiences that promote a successful transition to employment and independence as adults. The severity of their health conditions, family poverty, and confusion about work-related SSI rules and policies create challenges that can limit the opportunities of these youth when transitioning from school to adulthood (Wittenburg & Loprest, 2007).

The number of youth with disabilities who receive SSI payments has been increasing steadily over the past two decades, growing by 55% since December 2000 (SSA, 2014). In January 2019, approximately 1.2 million youth, aged 18 and younger, were SSI recipients, costing in excess of \$800 million annually (SSA, 2019).

SSI child recipients receive an average monthly payment of \$655.49 per month, as reported in December 2018 (SSA, 2019). The number of transition-age youth (ages 16-24) receiving SSI represents approximately 1-2% of the population of all U.S. youth ages. Among special education students, ages 15-18, 21% receive SSI (Honeycutt, Wittenburg, & McLeod, 2014). These trends have given rise to increased concerns among policymakers and professionals regarding future SSI program costs. Equally, if not more important, is the recognition that youth with disabilities should have the opportunity to achieve a meaningful and productive postschool life that includes access to and participation in further education and employment.



In January 2019, approximately 1.2 million youth, aged 18 and younger, were SSI recipients, costing in excess of \$800 million annually (SSA, 2019).

The Supplemental Security Income (SSI) Program and Youth

Under the Social Security Administration (SSA) disability eligibility criteria, the SSI program provides cash payments to low-income families that have a child with a severe disability. This means-tested cash payment is often a vital source of income for families of youth under the age of 18. To qualify for SSI, children and their families must meet income, asset, and disability eligibility requirements. To meet the SSI disability eligibility criteria, the youth must have a medically determinable physical or mental impairment that results in marked and severe functional limitations and that can be expected to result in death or that has lasted, or can be expected to last, for a continuous period of not less than 12 months (42 U.S.C. §1382c).

Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), when a child reaches age 18 they must have their eligibility for SSI redetermined, using more stringent adult eligibility criteria. Although the eligibility rules, including income limits, for adults are more stringent than those for young people, approximately two-thirds of child SSI recipients continue to receive SSI as adults (SSA, 2019). Among those who exited SSI, significant challenges have also been documented. Hemmeter, Kauff, & Wittenberg (2009), for example, found that those who went off SSI at age 19 were employed,

but only a small minority had earnings that were sufficient to replace their child SSI payments. Further, young adults who had exited SSI were more likely to have unmet needs for health care than those who remained on SSI, who have ongoing access to care and health insurance coverage through either Medicaid or non-Medicaid programs (Hemmeter, 2011).

Prevailing Challenges for SSI Youth and Families

There are numerous policy, service delivery, family, and individual factors that continue to challenge SSI youth in achieving positive education and employment outcomes and in reducing their dependency on SSI benefits. Several of the most significant challenges include —

- Fragmented interagency collaboration, service coordination, and case management of services across special education, vocational rehabilitation, SSA, and other community service agencies, resulting in service fragmentation and inefficiencies, duplicated expenditures, and conflicting incentives.
- Parents, school and workforce development professionals, and youth themselves may hold low expectations regarding the capacity of the young person to achieve meaningful education and employment outcomes following school completion.



SSA-administered work incentives that can assist SSI youth in achieving employment outcomes are under-utilized because youth and their families are often unaware of or do not understand how to access these incentives and may fear that work will negatively affect their SSI benefits and eligibility.

- Special education and related service professionals do not have a clear way to identify SSI youth they are serving on Individualized Education Programs (IEPs), and lack an awareness and understanding of employment resources, work incentives, or programs that can assist youth and families in navigating employment and/or post-secondary education.
- Youth and families are not always actively engaged or supported to fully participate or be included in IEP/transition planning.
- IEP/transition planning meetings are not routinely attended by other non-education professionals who ultimately are needed to support the SSI youth's plans for postschool services and supports.
- The SSA-administered work incentives that can assist SSI youth in achieving employment outcomes are under-utilized because youth and their families are often unaware of or do not understand how to access these incentives and may fear that work will negatively affect their SSI benefits and eligibility.
- Service availability to support employment opportunities is highly varied and unevenly dispersed across and within states, with particular limitations in rural areas.
- Structural deficits in service provision exist, as some youth receive SSI as their only benefit in the disability service system and are missed by other key programs and services.

Federal Policies and Programs Supporting SSI Transition-Age Youth and Families

Several federal laws have been enacted to offer income, health, education, employment, and other types of services and supports for transition-age youth with disabilities. More specifically, these federal laws are intended to help youth become economically self-sufficient as adults and avoid long-term reliance on SSI benefits.

Individuals with Disabilities Education Act (IDEA)

Active youth and parent participation in IEP/transition planning to support post-high-school goals has been advocated for more than three decades. These efforts to strengthen the transition requirements have occurred through periodic reauthorizations of IDEA. The first requirements pertaining to youth and parent participation in IEP/transition planning meetings when transition goals are to be considered were initiated with the 1990 IDEA reauthorization. The 1997 reauthorization of IDEA established age 14 as the minimum age requirement for beginning transition planning, with the intent that transition planning needs to begin early. This was increased to age 16 with the reauthorization of IDEA in 2004. Several states have, however, retained age 14 as the starting age for transition planning. IDEA 2004 requires that transition goals be included in IEPs by the time the student turns 16 (or younger, if determined appropriate by the IEP team or state law) and updated annually thereafter. The IEP must include: (1) appropriate measurable postsecondary goals based upon age-appropriate assessments related to training, education, employment, and, where appropriate, independent living skills; and (2) the transition services (including course of study) needed to assist the youth in reaching these goals. In addition, the public agency (i.e. school) must invite the student with a disability (and parent) to attend the IEP meeting if the purpose of the meeting will be the consideration

The work incentive targeted specifically to younger SSI recipients is the Student Earned Income Exclusion (SEIE), which allows income to be excluded from benefits calculation if a recipient is a student under age 22.

of postsecondary goals for the student and the transition services needed to assist the student in reaching these goals, as required by IDEA ([34 CFR 300.321(b)] [20 U.S.C. 1414(d)(1)(B)]).

The law also identifies outside community service agencies (i.e. vocational rehabilitation (VR), service providers, county supports, etc.) as essential participants in the IEP/transition planning process. IDEA 2004 notes that, to the extent appropriate, and with consent of the parents (or child who has reached the age of majority), the public agency (i.e. school) must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services. Participating agencies may include: vocational rehabilitation (VR); employment and training; postsecondary education programs; local or state health, mental health, or developmental disabilities agencies; SSI benefits counselors; housing; and others relevant to the individual's needs and preferences. All IEP/transition planning must ensure that the student's strengths, preferences, and interests are fully considered ([34 CFR 300.43 (a)] [20 U.S.C. 1401(34)]).

Social Security Act Title XVI (SSA)

The SSI program was established in 1972 under Title XVI of the Social Security Act and is administered through the Social Security Administration (SSA). The program provides cash benefits to low income individuals, including youth, who meet financial eligibility requirements and who are blind or have disabilities. SSA's primary approach for encouraging employment for transition-age youth with disabilities between the ages of 14 and 17 who receive SSI is providing work incentives that allow them to keep at least some of their SSI benefits and Medicaid coverage while they work. The work incentive targeted specifically to younger SSI recipients is the Student Earned Income Exclusion (SEIE), which allows income to be excluded from the benefits calculation if a recipient is a student under age 22.

SSI youth recipients are also eligible for other types of work incentives. The incentives include features to encourage savings (such as the Plan to Achieve Self-Support, or PASS). A specific, and important, support for SSI youth beginning as early as age 14 is Work Incentive Planning and Assistance (WIPA) resources. The goal of WIPA is to serve as a resource to enable SSI youth beneficiaries to receive accurate information and to use that information to make a successful transition to employment. Each WIPA project has Community Work Incentives Coordinators (CWICs) who provide in-depth benefits counseling and conduct outreach to SSI beneficiaries (and their families) who are potentially eligible to participate in federal or state work incentive programs.

Workforce Innovation and Opportunity Act (WIOA)

Passed by Congress in 2014, WIOA is intended to improve the coordination of referrals among the various youth programs; reduce the overlaps in workforce service programs; encourage certain occupational pathways; and shift the emphasis of services from sheltered employment to competitive, integrated employment for youth and adults with disabilities. There are several WIOA provisions that directly affect SSI youth. WIOA requires increased interagency collaboration and integrated service delivery through the development of a combined state plan, which is intended to improve the coordination of education, workforce development, training, and other services at the state and local levels (29 U.S.C. §§ 3112 and 3113).

Title IV of WIOA directly requires vocational rehabilitation agencies to make two major changes (34 CFR § 361.4[a][2]). First, agencies must provide free employment transition services for eligible high school and postsecondary education students with disabilities and use at a minimum 15% of their federal funding on these services. The required activities of pre-employment transition services (Pre-ETS) include job exploration counseling; work-based learning experiences, which may include in-school, after-school, or community-based opportunities; counseling; opportunities for enrollment in comprehensive transition or postsecondary education programs at institutions of higher education; workplace readiness training to develop social skills and independent living; and instruction in self-advocacy, including peer mentoring. In addition, WIOA allows vocational rehabilitation agencies to work with students who are potentially eligible for services. Previously, agencies could not serve students before they applied and were found eligible for services. However, eligibility for Pre-ETS does not automatically mean services are available and provided. For complete vocational rehabilitation services beyond Pre-ETS, each state's VR capacity and availability vary.

In addition to these three federal laws, there are several additional federal laws and policies designed to support SSI transition-age youth and families. These include: family income subsidies (Temporary Assistance for Needy Families – TANF); health and mental health services (under either Medicaid or Medicare, determined by eligibility); developmental disabilities service Waivers (Home and Community-Based Services, under Section 1915 of the Social Security Act); housing (HUD Section 8 Housing Choice Voucher Program); and other protections against discrimination in areas of employment, public accommodations, transportation, housing, and other aspects of community living (Americans with Disabilities Act). These federal laws and policies are all part of a complex policy environment that must be navigated to access services, as appropriate and needed, to achieve adult life goals and reduce long-term dependency on SSI benefits.

PROMISE: Promoting Readiness of Minors in Supplemental Security Income

PROMISE was established in FY 2013 as a joint initiative of the U.S. Department of Education, Social Security Administration, U.S. Department of Health and Human Services, and the U.S. Department of Labor to fund and evaluate programs that promote positive changes for SSI youth, 14-16 years of age, and their families. This federal agency partnership was established based on the premise that effective partnerships among state and local agencies responsible for programs that provide key services to youth SSI recipients and their families would increase the likelihood that these youth would achieve the long-term goal of independence and economic self-sufficiency in adulthood. For example, the Rehabilitation Act and its implementing regulations require state VR agencies to enter into formal interagency agreements with State educational agencies (SEAs) describing how they will collabo-



Service components were based on the federal partners' review of available research, extensive public input, and consultation with subject-matter experts.

ratively plan and coordinate transition services, including Pre-ETS for students with disabilities needing those services (Section 101(a)(11)(D) of the Rehabilitation Act and 34 CFR §361.22(b)). The IDEA also requires SEAs and VR agencies to plan and coordinate transition services for students who receive special education services (Section 612(a)(12) of the IDEA and 34 CFR §300.154). These plans and interagency agreements are essential to ensure that students with disabilities experience a smooth transition from school to post-school activities. It should be noted that the requirements for a formal interagency agreement regarding Pre-ETS and transition services under the Rehabilitation Act apply to a broader population of students with disabilities than only those students receiving services under IDEA.

The Notice of Inviting Applications for the PROMISE initiative included three core aims: (1) establish strong and effective partnerships with agencies responsible for programs that play a key role in providing services to youth SSI recipients and their families; (2) create a plan to develop a set of coordinated services and supports and implement effective practices targeted to needs of youth SSI recipients and their families; and (3) increase the capacity of each PROMISE project to achieve and sustain results based on the best available research evidence on effective interventions and to engage in the testing and rigorous evaluation of the project (U.S. Department of Education, 2013). The federal PROMISE partners intended to use the findings and results of these projects to inform public policy and to build an

evidence base for improving postsecondary education and employment outcomes for youth SSI recipients and their families.

In FY 2013, six Model Demonstration Projects (MDPs) across 11 states received five-year funding awards to carry out their proposed activities. The U.S. Department of Education's Office of Special Education Programs (OSEP) was the federal agency responsible for the administration of the PROMISE MDPs. Under cooperative agreements with the U.S. Department of Education, the six PROMISE MDPs were implemented in Arkansas, California, Maryland, New York, Wisconsin, and a consortium of six western states (Arizona, Utah, Colorado, Montana, North Dakota, & South Dakota), known collectively as Achieving Success by Promoting Readiness for Education and Employment (ASPIRE).

Core Service Components of the PROMISE Initiative

Each PROMISE MDP was required to plan, implement, and evaluate a common set of core service components (U.S. Department of Education, 2013). These service components were based on the federal partners' review of available research, extensive public input, and consultation with subject-matter experts.

Formal Agency-Level Partnerships

Partnerships served as the foundation on which the PROMISE initiative was established and remain central to each MDP's implementation. The assertion was that effective partnerships among agencies at the state and local level responsible for programs that provide key services to SSI youth recipients and their families will increase the likelihood of the success of the PROMISE MDPs. The core agencies for these collaborations included —

- State vocational rehabilitation services under Title I of the Rehabilitation Act.
- Special education related services under Part B of IDEA.
- Workforce development services under Title I of the Workforce Innovation Opportunity Act, including youth services.
- Medicaid services under Title XIX of the Social Security Act.
- Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act.
- Developmental/intellectual disabilities services.
- Mental health services.

MDPs were also encouraged to propose other partners they believed would facilitate the success of the project, such as employment networks under the Ticket to Work Program, employers or employer organizations, community colleges, institutions of higher education, independent liv-

ing centers, agencies that administer or carry out adult education, career and technical education, and maternal and child welfare programs.

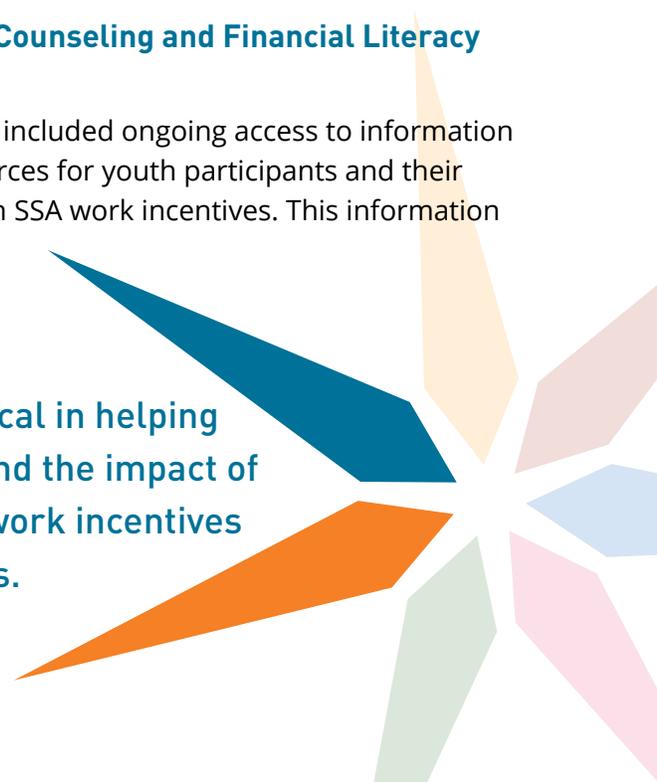
Case Management

The MDPs provided case management services to ensure that services for participating youth and their families are appropriately planned and coordinated and to assist project participants in navigating through the services, supports, and benefits available from the broader service delivery system. Service coordination included transition planning to assist the participating youth in setting individualized post-school goals and to facilitating their transition to an appropriate post-school setting, including postsecondary education, training, and/or competitive, integrated employment (CIE). Transition planning was conducted in coordination with the local educational agency (LEA) and, as appropriate, with the consent of parents or youth who have reached the age of majority under state law. In an effort to support these post-school transition plans, other agency partners, such as the vocational rehabilitation agency, postsecondary education programs, independent living entities, the state Medicaid agency, and workforce investment agencies, were invited to the meetings.

Benefits Counseling and Financial Literacy Training

Each MDP included ongoing access to information and resources for youth participants and their families on SSA work incentives. This information

[Work incentives] training was viewed as critical in helping the SSI recipient youth and families understand the impact of employment wages on SSI benefits and how work incentives can be accessed to support employment goals.



and resource connections were viewed as critical in helping the SSI recipient youth and families understand the impact of employment wages on SSI benefits and how work incentives can be accessed to support employment goals. In addition, the MDPs included training on the eligibility requirements of various programs, rules governing earnings and assets, and financial literacy.

Career and Work-Based Learning Experiences

The MDPs provided at least one paid work experience in an integrated setting for youth participating in the project before leaving high school. In addition, other skills development opportunities were provided in an integrated setting, such as volunteering, participating in internships, community services, and on-the-job training experiences, including experiences designed to improve workplace skills (sometimes called “soft skills”).

Parent Training and Information

At a minimum, the MDPs provided information and training to the families of participating youth with respect to: (1) the parents’ or guardians’ role in supporting and advocating for their children’s education and employment goals, including the importance of high expectations for their children’s participation in education and integrated, competitive employment; and (2) resources for improving the education and employment outcomes and the economic self-sufficiency of the families, such as job training and employment services.

Evaluation and Project Assessment Activities

Each MDP was charged with collecting formative evaluation data throughout the course of the intervention delivery, including data related to the fidelity of implementation. This formative evaluation of the project’s activities and model was meant to assess the progress toward achieving project goals and to inform decision-making. Con-

comitant with this formative evaluation, MDPs were tasked with developing a data collection plan that both informed formative evaluation and allowed for cooperation between MDP data collection systems and Mathematica Policy Research (MPR, PROMISE’s national evaluator). The collection of data and its maintenance also included coordination of state administrative data (including data from education agencies, VR, the State Unemployment Insurance system, and Medicaid), held within each MDP’s Management Information Systems (MIS).

PROMISE Technical Assistance (TA) Center

In FY 2014, the U.S. Department of Education’s Office of Special Education Programs funded a four-year PROMISE Technical Assistance (TA) Center at the Association of University Centers on Disabilities, in partnership with the Institute on Community Integration at the University of Minnesota (see <http://promisetacenter.org/>). The purpose of the TA Center was to provide technical assistance to the MDPs to support the implementation of these projects and increase their capacity to improve services and supports to youth SSI recipients and their families. More specifically, the PROMISE TA Center —

- Assisted MDPs in forming effective partnerships across multiple stakeholders, coordinating and managing systems across agencies, and supporting a shared leadership approach with interactions coalescing around issues, relevant participation, and collaboration.
- Supported the MDPs in the coordination of transition support services provided by federal, state, and local governments, as well as supporting the MDPs in overcoming limitations of the current structure of services to help youth SSI recipients transition from high school to postsecondary education and competitive, integrated employment.

- Supported the MDPs in increasing their capacity to reach and provide services to families of participating youth, including typically underserved families, such as families with limited English proficiency or of Native American descent.
- Provided technical assistance to MDPs on methods and procedures for conducting formative evaluations of their activities to assess their progress, inform their decision-making, and ensure they are implementing their core service components with fidelity.

Conclusion

The information presented in this section of the report described the context within which the U.S. Department of Education's Office of Special Education Programs established the PROMISE MDPs. The many challenges identified and the requirements placed upon the MDPs represent an important call to action to improve the capacity of state and local agencies to support youth and their families in achieving meaningful post-secondary education and employment outcomes and reducing their dependency on SSI benefits. The next section of the report describes the six MDPs funded over the period 2013-2018 and two no-cost extension periods to establish comprehensive partnerships and implement the multiple service components with the intent of creating long-term, sustainable change that positively impacts SSI youth and their families.

SECTION II

Profiles of Six Demonstration Projects

PROMISE reached youth in SSI and their families in 11 states through six model demonstration projects (MDPs). Five of the MDPs were single-state efforts while the sixth was a consortium of six western states. Each MDP served a unique population and geographic area. While the MDPs were built around core service elements and other requirements, they differed based on the population of youth in SSI in their areas. On the following pages, key demographic data points and unique features are provided for each MDP. Data collected for these graphics were compiled from PROMISE directors and publicly available documents, including: Mathematica PROMISE Evaluation: Interim Services and Impact Report (*note: this report collected data from participants 18 months after they were enrolled in the PROMISE program*); and Mathematica Process Reports for each MDP.

Participation numbers represent totals as of September 2019. Preliminary outcomes were compiled from Mathematica reports and represent data collected at an 18-month checkpoint. Please review each infographic in detail to understand the source of the data. These infographics were created to highlight data points across projects. Additional project-specific data can be found on each project's website listed below.

Data sources are noted in the footnotes of each project's profile.

All Mathematica reports on PROMISE can be found at:

<https://www.mathematica.org/our-publications-and-findings/projects/evaluate-the-promoting-readiness-of-minors-in-supplemental-security-income-promise-grants>

Additional information and reports on the PROMISE project can be found at:

<https://www.ssa.gov/disabilityresearch/promise.htm>

Arkansas

The University of Arkansas College of Education and Health Professions was the de facto lead agency of Arkansas PROMISE, under contract from the Arkansas Department of Education (ADE), which held the formal lead agency position.

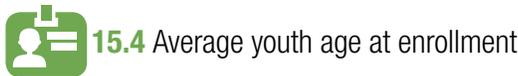
Five organizations provided services throughout Arkansas PROMISE: the Arkansas Department of Workforce Services (ADWS); Arkansas Rehabilitation Services (ARS); Sources for Community Independent Living Services (Sources); the University of Arkansas Center for the Utilization of Rehabilitation Resources for Education, Networking, Training, and Service (CURRENTS); and the University of Arkansas Partners for Inclusive Communities (Partners). See the project website at <http://www.promisear.org/>



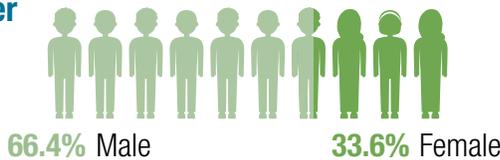
Youth participants total¹: **1960** **987** Treatment group
973 Control group

Treatment Group Demographics²

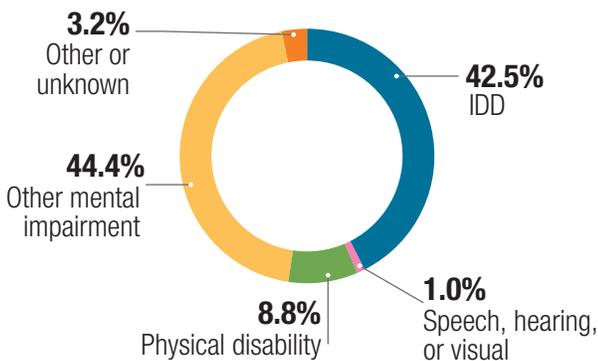
Age



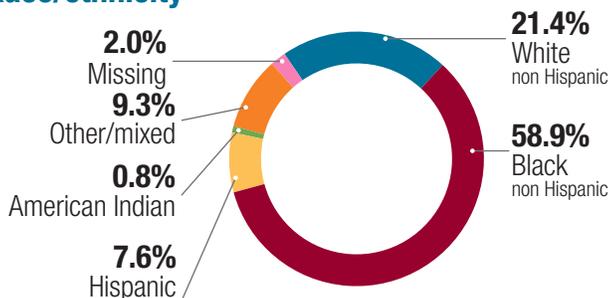
Gender



Primary impairment



Race/ethnicity



Parent/guardian employment

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment

Youth employed in 12 months before project



Average annual earnings in 12 months before project



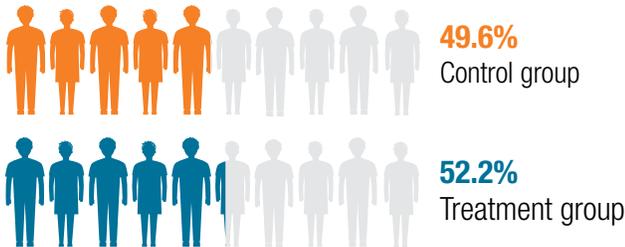
¹ Final participation numbers from projects as of September 30, 2019

² Demographics from MPR 18-month interim report

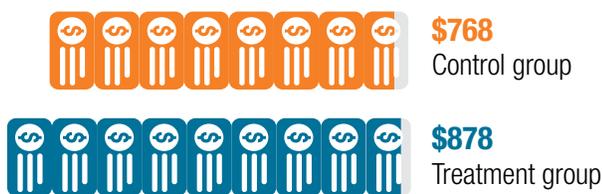
Preliminary Outcomes³

Parent/guardian earnings

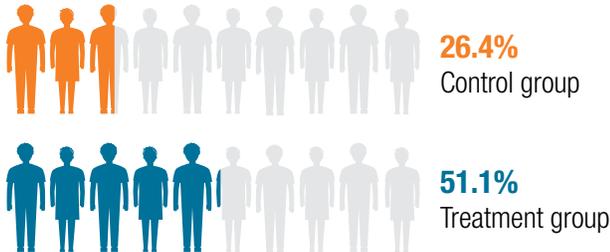
Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months



Unique features

- Youth could attend at least two, one-week-long summer camps on a university campus to explore available educational and independent living options
- A case management budget of up to \$400 per family per year to address critical needs
- The opportunity for youth to have at least two paid work experiences of up to 200 hours each, paid for with PROMISE funds, with support to pursue additional paid work experiences paid for by the employer

- Intensive case management with a target ratio of 1:20
- Combined resources of VR agency and local Workforce Investment Boards to provide work-based learning experiences and intensive yearly trainings held monthly throughout the state covering a variety of topics including self-advocacy, financial literacy, asset mapping, and benefits counseling
- Opening of ABLÉ accounts for PROMISE youth based on completion of exit activities

- An educational budget of \$400 per youth to incentivize high school graduation by covering graduation costs

Partnerships

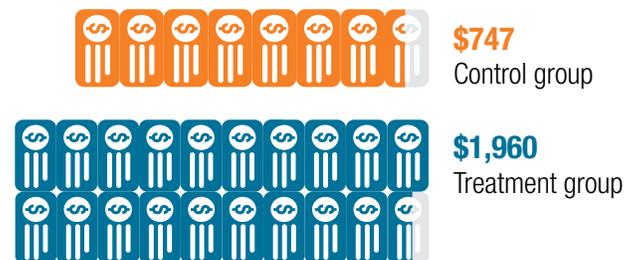
- Arkansas Department of Education — lead agency
- University of Arkansas College of Education and Health Professions — de facto lead agency
- Arkansas Division of Workforce Services
- Arkansas Rehabilitation Services
- Sources
- CURRENTS
- Partners

Youth earnings

Youth had any earnings in year before the 18-month checkpoint



Earnings in year before the 18-month checkpoint



Youth received any transition services in the first 18 months



³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

ASPIRE



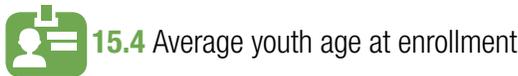
ASPIRE

Achieving Success by Promoting Readiness for Education and Employment (ASPIRE) is a consortium of six western states: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. The project was led by a single entity known as the ASPIRE Project Leadership (APL), which consisted of the ASPIRE program director, an executive secretary, two trainers, and a technology specialist, all employees of the Utah State Office of Rehabilitation (USOR). The management team included the APL, six state coordinators, and an evaluation team. The evaluation team consisted of evaluators from three universities who worked together with USOR to develop the formative evaluation throughout the delivery of PROMISE services. Services were provided through more than 43 service provider partners. See the project materials at: <http://promisecenter.org/>

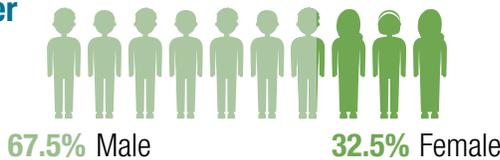
Youth participants total: **2051** **1032** Treatment group
1019 Control group

Treatment Group Demographics²

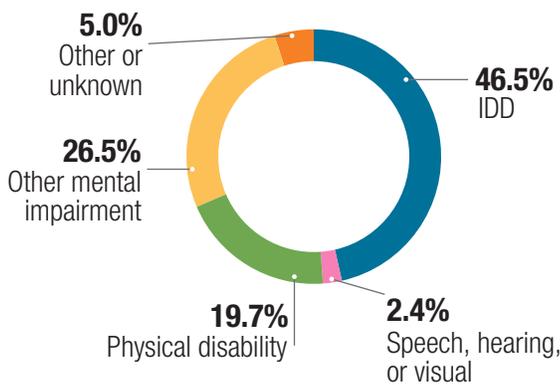
Age



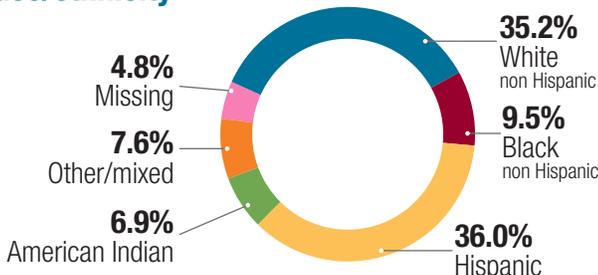
Gender



Primary impairment



Race/ethnicity

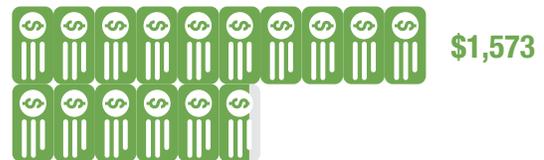


Parent/guardian employment

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment

Youth employed in 12 months before project



Average annual earnings in 12 months before project



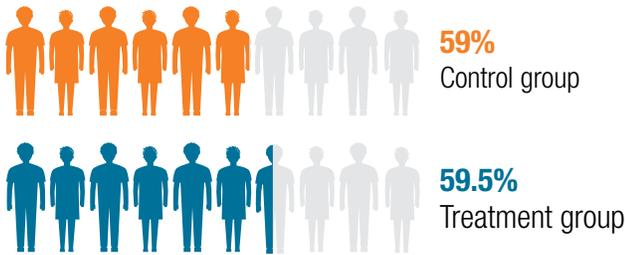
¹ Final participation numbers from projects as of September 30, 2019

² Demographics from MPR 18-month interim report

Preliminary Outcomes³

Parent/guardian earnings

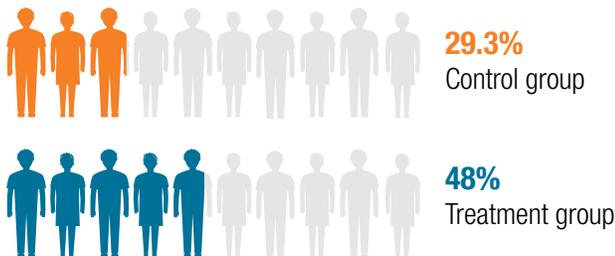
Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months



Unique features

- The breadth and reach of the project required the management of many cooperative agreements across agencies, organizations, and states
- There were 49 Native American Reservations across the six consortium states; ASPIRE formed relationships with tribes and ultimately were given approval to provide services to youth in 11 tribes

- Relationships with provider partners were managed through interagency agreements, memoranda of understanding, and contracts
- ASPIRE executed 58 contracts for implementation, including partnerships with Parent Training and Information Centers (PTIs), Vocational Rehabilitation (VR), workforce agencies, Centers for Independent Living (CILs) and other non-government organizations.

Partnerships

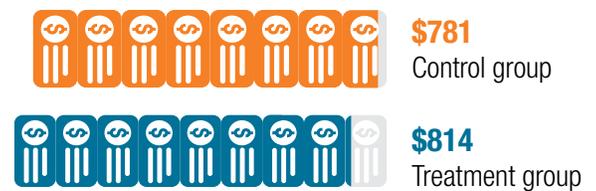
- Colorado Department of Human Services, Division of Vocational Rehabilitation
- North Dakota Center for Persons with Disabilities, Minot State University
- Utah State Office of Rehabilitation
- South Dakota Department of Human Services
- Montana Department of Public Health and Human Services
- Arizona Governor's Office of Youth, Faith, and Families

Youth earnings

Youth had any earnings in year before the 18-month checkpoint



Earnings in year before 18-month checkpoint



Youth received any transition services in the first 18 months



³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

California

The California Department of Rehabilitation (CDOR) served as the lead agency for CaPROMISE, and the recipient of the cooperative agreement with the California Department of Education. Representatives from five state agencies served on the CaPROMISE Interagency Council to support and collaborate with the program. CDOR contracted with 18 local educational agencies (LEAs), a community organization and the Interwork Institute at San Diego State University to implement CaPROMISE. The program based all interventions on person-driven planning and family engagement with a focus on high school completion, unpaid and paid work experiences, benefits planning, and postsecondary education and training. See the project website at <https://www.capromise.org/>



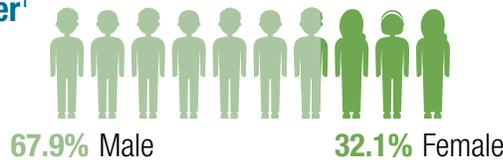
Youth participants total: **3273** **1646** Treatment group
1627 Control group

Treatment Group Demographics

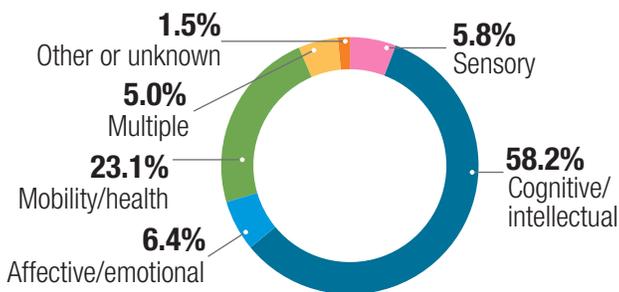
Age²



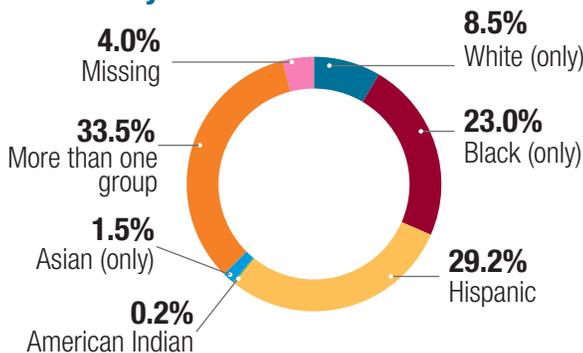
Gender¹



Primary impairment¹



Race/ethnicity¹



Parent/guardian employment²

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment²

Youth employed in 12 months before project



Average annual earnings in 12 months before project

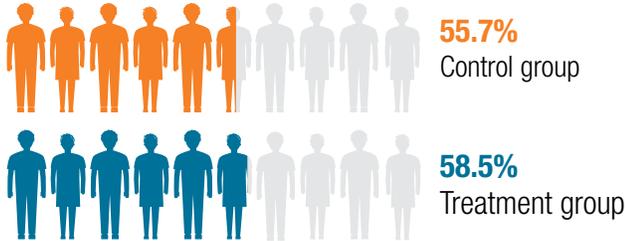


1 Final participation numbers from projects as of September 30, 2019
2 Demographics from MPR 18-month interim report

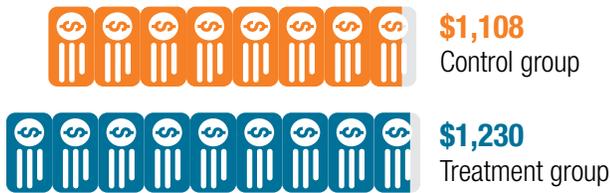
Preliminary Outcomes³

Parent/guardian earnings

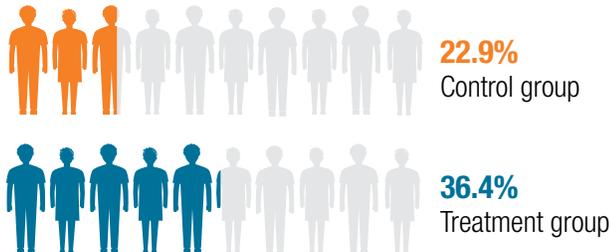
Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months

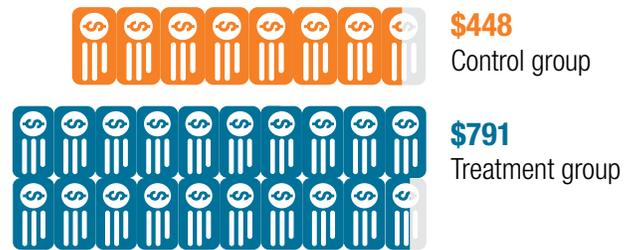


Youth earnings

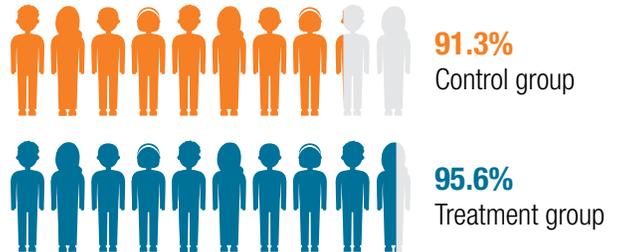
Youth had any earnings in year before the 18-month checkpoint



Earnings in year before the 18-month checkpoint



Youth received any transition services in the first 18 months



Unique features

- The Interagency Council acted as the steering committee for CaPROMISE
- The primary delivery of services was through the LEAs and Expandability (local nonprofit organization)
- CDOR formed a CaPROMISE team of counselors dedicated to working with the LEA staff, the students and their family members
- The LEAs and CDOR used a team model to provide support and resources to the students and family members.

- Sixteen Family Resource Centers (FRCs) supported family participation
- Student interns from five state universities provided direct services to youth and their families
- Four independent living centers (ILCs) provided youth with independent living skills training

Partnerships

- California Department of Rehabilitation (CDOR) — lead agency
- California Department of Education

- California Department of Developmental Services
- California Department of Health Care Services
- California Department of Social Services
- California Employment Development Department
- Interwork Institute, San Diego State University
- Local Educational Agencies (LEAs) and Expandability
- Family Resource Centers (FRCs)
- Independent Living Centers (ILCs)

³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

Maryland

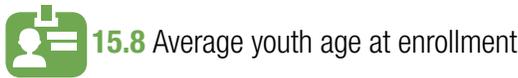
The Maryland Department of Disabilities (MDOD) was the lead agency for Maryland PROMISE. Representatives from six other state agencies participated on a PROMISE steering committee. MDOD contracted with three organizations to provide MD PROMISE services statewide: Way Station, Inc. to provide case management and employment-related services to youth and families; Full Circle Employment Solutions, to provide benefits counseling; and MD CASH Campaign, to provide financial education services. MDOD also contracted with TransCen, Inc. to provide programmatic technical assistance and ensure fidelity to the program design.



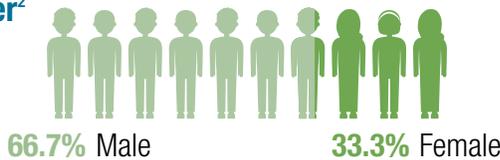
Youth participants total¹: **2006** **1009** Treatment group
997 Control group

Treatment Group Demographics

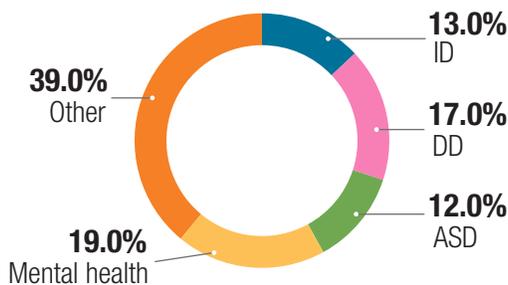
Age²



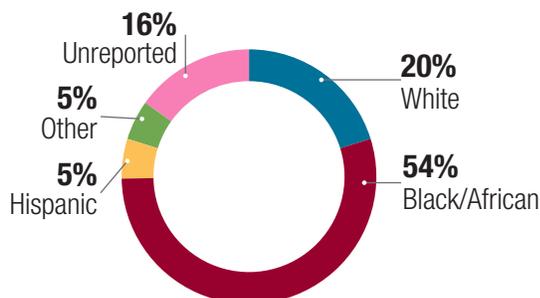
Gender²



Primary impairment¹



Race/ethnicity¹



Parent/guardian employment²

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment²

Youth employed in 12 months before project



Average annual earnings in 12 months before project



1 Final participation numbers from projects as of September 30, 2019
 2 Demographics from MPR 18-month interim report

Preliminary Outcomes³

Parent/guardian earnings

Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months

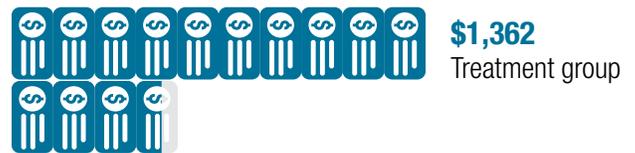


Youth earnings

Youth had any earnings in year before the 18-month checkpoint



Earnings in year before the 18-month checkpoint



Youth received any transition services in the first 18 months



Unique features

- Community-based approach with families and youth being engaged and served in the neighborhoods where they live
- Comprehensive case management provided by a team of individuals made up of case managers and family employment specialists exclusively for PROMISE participants was a central aspect of service provision
- MDOD, the only cabinet level cross-disability department in the country, led MD PROMISE. MDOD is charged with interagency coordination to

improve the lives of Marylanders with disabilities with focused efforts on housing, employment, education, transitioning youth, community living, technology assistance and transportation

Partnerships

- Maryland Department of Disabilities (MDOD) — lead agency
- Maryland State Department of Education (MDSE), Division of Early Intervention Services and Special Education (EIS/SE) and Division of Rehabilitation Services (DORS)

- Maryland Department of Health (MDH), Developmental Disabilities Administration and Behavioral Health Administration (DBABHA)
- Department of Human Services (DHS)
- Department of Labor (LABOR)
- Department of Juvenile Services (DJS)
- Full Circle Employment Services
- MD CASH Campaign
- TransCen, Inc.

³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

New York

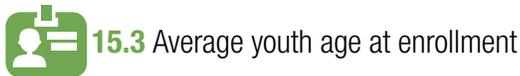


The lead agency for New York PROMISE was the New York State Office of Mental Health (OMH), with nine additional state agencies forming the project’s interagency steering committee. Day-to-day leadership and program oversight were provided by the Research Foundation for Mental Hygiene (RFMH) and Cornell University’s K. Lisa Yang and Hock E. Tan Institute on Employment and Disability. RFMH and Cornell served New York PROMISE youth and families in two ways. First, they had contracts with: (1) research demonstration sites (RDS) to provide case management to youth; (2) parent centers to provide case management and training to parents/guardians; and (3) service providers to deliver employment services, benefits counseling, and financial literacy training to youth and parents/guardians. Second, RFMH directly employed case management and employment staff in New York City to serve in the role of the RDS and as service providers. See the project website at <https://www.nyspromise.org>

Youth participants total¹: **1900** **931** Treatment group
969 Control group

Treatment Group Demographics

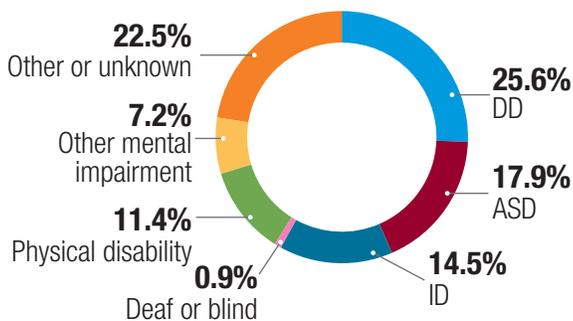
Age²



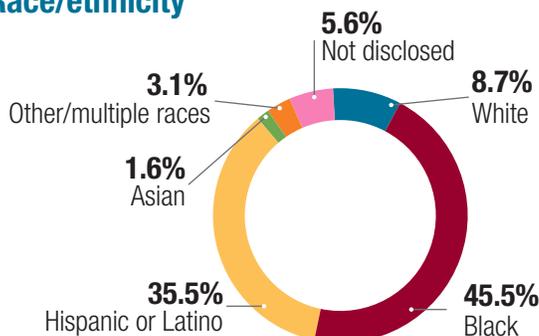
Gender¹



Primary impairment¹



Race/ethnicity¹



Parent/guardian employment²

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment²

Youth employed in 12 months before project



Average annual earnings in 12 months before project

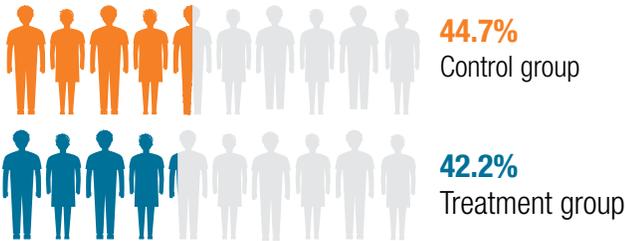


1 Final participation numbers from projects as of September 30, 2019
 2 Demographics from MPR 18-month interim report

Preliminary Outcomes³

Parent/guardian earnings

Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months



Youth earnings

Youth had any earnings in year before the 18-month checkpoint



Earnings in year before the 18-month checkpoint



Youth received any transition services in the first 18 months



Unique features

- Formation of a steering committee with representatives from nine state agencies
- Technical assistance and support from two key agencies: OMH/RFMH and Cornell University
- Hybrid Model: Utilization of three different types of organizations for the provision of services, as well as directly employed RFMH staff
- Organizations providing services were chosen from organizations already serving transition-age youth (18–21) in order to build capacity into the

existing system to support additional transition-age youth (14–24) and to allow for sustainability after the end of the PROMISE project

Partnerships

- New York State Office of Mental Health
- New York State Adult Career and Continuing Education Services-Vocational Rehabilitation
- New York State Department of Health
- New York State Department of Labor
- New York State Developmental Disability Planning Council

- New York State Education Department, which oversees ACCES-VR
- New York State Office of Children and Family Services, which oversees the Commission for the Blind
- New York State Office for People with Developmental Disabilities
- New York State Office for Temporary and Disability Assistance
- New York Parent Training and Information Centers (PTIs)

³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

Wisconsin

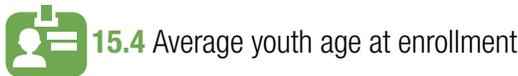


The Wisconsin Department of Workforce Development (DWD) served as the lead agency for WI PROMISE, with most program activities housed in its Division of Vocational Rehabilitation (DVR). DWD partnered with the state's Department of Health Services (DHS), the Department of Public Instruction (DPI), and the Department of Children and Families (DCF), and contracted with various organizations and consultants to implement WI PROMISE statewide. The foundation of this program was intensive case counseling that was provided by PROMISE staff. These staff coordinated with contracted organizations to connect families to PROMISE services throughout the state. See the project website at <https://promisewi.com/>

Youth participants total¹: **2024** **1018** Treatment group
1006 Control group

Treatment Group Demographics²

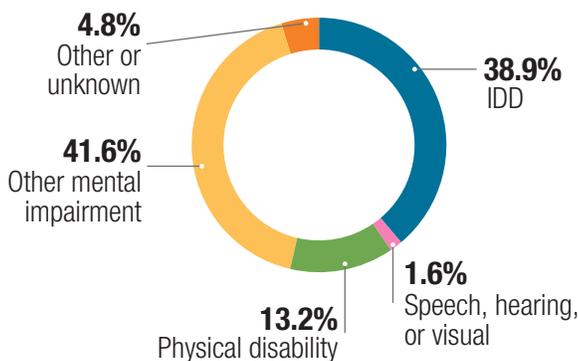
Age



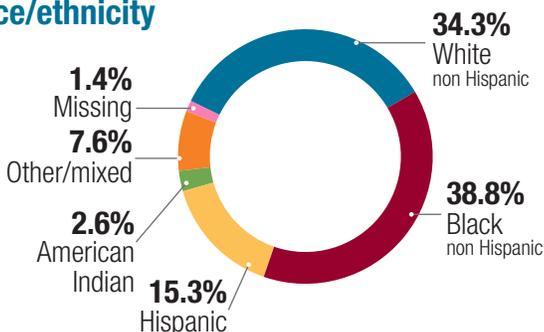
Gender



Primary impairment

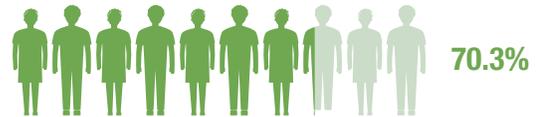


Race/ethnicity



Parent/guardian employment

Either parent/guardian employed at any time in the 12 months before project



Average monthly earnings in 12 months before project



Youth employment

Youth employed in 12 months before project



Average annual earnings in 12 months before project



¹ Final participation numbers from projects as of September 30, 2019

² Demographics from MPR 18-month interim report

Preliminary Outcomes³

Parent/guardian earnings

Either parent/guardian employed in month before the 18-month checkpoint



Earnings in month before the 18-month checkpoint



Parents/guardians received any support in the first 18 months



Youth earnings

Youth had any earnings in year before the 18-month checkpoint



Earnings in year before the 18-month checkpoint



Youth received any transition services in the first 18 months



Unique features

- Comprehensive data sharing MOU across state agencies
- Intensive case counseling with families
- PROMISE family members could access PROMISE and DVR services to achieve their own employment goals via their own DVR case or a PROMISE Family Service plan
- Engagement of diverse communities and partners in rural and urban settings

Partnerships

- Department of Workforce Development (DWD)
- Department of Health Services (DHS)
- Department of Public Instruction (DPI)
- Department of Children and Families (DCF)
- Employment Resources Incorporated (ERI)
- Wisconsin Women's Business Initiative Corporation (WWBIC)

- Board for People with Development Disabilities (BPDD)
- University of Wisconsin-Madison and Stout
- Wisconsin Family Assistance Center for Education, Training & Support (WI FACETS)
- Alianza Latina Aplicando Soluciones (ALAS)
- Wisconsin Statewide Parent Educator Initiative (WSPEI)

³ Preliminary outcomes for participants who completed the 18-month survey from MPR 18-month interim report

SECTION III

Data Sources and Evaluation Methods for Lessons Learned

The overriding evaluation goal was to document and describe the experiences of the PROMISE Model Demonstration Projects (MDPs) leadership in implementing the planned activities of these projects. Recording and capturing these experiences from the perspectives of those engaged in leadership roles is of critical importance to federal and state agencies and policymakers in building on these efforts in the future. Specifically, we wanted to develop an understanding of the implementation challenges and successes experienced by the MDPs during various stages of project implementation over the five-year federal funding period. This information, in turn, was used to identify specific lessons learned that were experienced by the six MDPs. The evaluation approach was sensitive to the understanding that each MDP was unique and approached project implementation with differing strategies and activities. It was important to capture the individuality as well as commonalities across the six MDPs in forming partnerships and implementing the required services. This evaluation summary sought to address the following questions —

- What do you view as the most important strategies that supported partnership development and the implementation of project services?
- With regard to each strategy, what were the supports and constraints that influenced implementation by your project?
- In assessing what your project accomplished over the five-year federal funding period, what will be translated into sustainable changes in service delivery policies and practices to support SSI youth and families?
- What do you view as the most significant lessons learned over the five years of project operation?

Data Sources

There were three primary data sources used to obtain information in relation to these questions: Annual Project Directors' meeting notes, document reviews, and a project directors' focus group discussion. A content analysis method was used to identify major themes from the various sources of information available.

Annual Project Directors' Meeting Summary

The PROMISE MDP project directors participated in an annual two-day meeting in Washington DC every year of the project period, 2013-2019. These annual meeting discussions were facilitated by the PROMISE Technical Assistance (TA) Center and OSEP project officers. Meetings focused on specific implementation activities and actions taken by the MDPs, modifications and changes in implementation plans, policy and system-level challenges experienced during implementation, project information dissemination strategies, successful progress and accomplishments experienced, and state sustainability strategies and plans. These meeting discussion summaries were reviewed and basic themes identified.

Document Reviews

An extensive review of over 80 documents was conducted by the PROMISE TA Center staff over the period 2014-2018. These documents included —

- **Technical Assistance Plans.** All six PROMISE project directors received ongoing technical assistance from the PROMISE TA Center. Technical assistance plans were developed with each of the MDPs and reviewed annually. Technical assistance included meeting facilitation and consultation with individual state MDPs and ongoing consultation and reporting with the OSEP project officer. These plans identified specific needs for support,

strategic goals and priorities, and planned implementation strategies for PROMISE TA Center support. The TA plans served as a useful chronological documentation of each project's planning and implementation experiences.

- **OSEP 3+2 Reviews.** Comprehensive, individual project reviews were conducted with each MDP midway through the five years of federal funding. Each MDP developed a "briefing book" that contained detailed information about project activities, progress related to performance measures, project evaluation methods and strategies, initial lessons learned, ongoing challenges and potential solutions to address these challenges, and proposed activities focused on the project's future implementation. Each of the PROMISE MDP directors and other leadership staff presented this information to a panel of federal partners for review and comment as a means of assessing progress. Following the OSEP 3+2 Review, summary reports, including reviewer comments and OSEP recommendations for each of the MDPs, were prepared.
- **Annual Performance Reports (APRs).** In accordance with federal requirements, the MDPs each submitted an APR to OSEP. The APRs included information on project progress toward identified goals, performance measures, and project accomplishments to date. These reports served as a useful source of information in gauging individual project progress across the five years of implementation.
- **Social Security Administration (SSA) Request for Information (RFI).** SSA released a request information in January 2018 (Docket No. SSA-2017-0049). This request RFI sought public input on strategies for improving the adult economic outcomes of youth ages 14 to 25 with disabilities receiving SSI. MDPs were not required to submit a response to the RFI, however, several of the MDPs and

the PROMISE TA Center provided written responses to SSA for the RFI. The public comments submitted to SSA from the MDPs were included in this analysis as an additional, supplemental source of information describing project implementation progress and recommendations to improve youth post-school outcomes.

- **Mathematica Policy Research (MPR) MDP Reports.** MPR, funded through a contract with SSA, served as the national evaluator for the PROMISE project, conducting a number of reviews and assessments with each state MDP over the five years of the project. More specifically, MPR was responsible for collecting and analyzing all data from the youth intervention and control groups as part of the randomized control research design for the PROMISE program. In 2018-2019, MPR released interim impact and process reports for each of the six MDPs. These provided a comprehensive overview of each project's activities, challenges, accomplishments, and lessons learned. Information from these reports was also used in this analysis.

Project Directors' Focus Group

At the July 2018 OSEP Project Directors' Meeting, a focus group was conducted with the MDP directors and staff to identify and document responses to a series of questions designed to probe, understand, and document various aspects of program implementation and lessons learned. Specific questions posed to the MDP project directors included —

- Did your state's PROMISE project accomplish what you envisioned it would, and if not, why not?
- What factors helped to make it a success, and what is the value of what has been achieved by your project?
- What has been the impact of your PROMISE project in the communities in which it has engaged?
- What would you have done differently than originally planned to overcome implementation challenges?
- Of what you accomplished, what will be translated into systems changes, and how do you hope to affect those changes at the state level, going forward?

The focus group was facilitated by PROMISE TA Center staff, with a summary report developed documenting responses to these questions of interest.

Conclusion

In this section, we've summarized our data sources and analysis strategies in seeking an understanding of the challenges and successes experienced by the MDPs during the five-year project. Through that analysis, we identified many, but certainly not all, of the major collective lessons learned through the experience of the MDPs. Twelve of these lessons are presented and described in Section IV of this report. They are lessons that can potentially assist other federal, state, and local efforts in supporting SSI youth and their families to achieve positive outcomes in education, employment, and reduced dependency on SSI.

SECTION IV

PROMISE: The Goal of Improving Outcomes

The overarching goal of the PROMISE initiative was to improve the provision and coordination of services and supports for youth SSI recipients and their families to enable them to achieve improved outcomes related to education and employment. Research based strategies were utilized and tested to improve the education and career outcomes of low-income youth with disabilities receiving SSI and their families. These outcomes include graduating from high school ready for college and a career; completing postsecondary education and/or job training; obtaining competitive, integrated employment; and, as a result, achieving long-term reductions in the youth recipients' reliance on SSI. Improving these outcomes for SSI youth and families is a highly complex goal influenced substantively by the varied state policy and service delivery contexts within which the PROMISE Model Demonstration Projects (MDPs) were conducted. Each of the MDPs was characterized by high degrees of state and local control with significant variation across and within states in service delivery capacity.

In our evaluation of the MDPs, we sought to work with project directors and related project leadership staff to identify key elements and themes stemming from their multi-agency partnerships that they viewed as contributing to positive change. While we attempted to identify and report findings that were common across projects, the richer data obtained came directly from individual MDPs. In order to capture the dynamic nature of the MDPs, we relied on project director accounts of change, supported with documentation such as annual performance reports, project director meeting summaries, focus group results, and other evidence.

It was evident, based on PROMISE project leadership and director reports, that change evolved slowly in each of the states, dependent upon the politi-

Improving these outcomes for SSI youth and families is a highly complex goal influenced substantively by the varied state policy and services delivery contexts within which the PROMISE Model Demonstration Projects (MDPs) were conducted.

cal, economic, and social context within the state and the nature and complexity of the existing system. We heard repeatedly from the MDPs that the five-year period of funding was highly beneficial in initiating state-level change processes but may not be sufficient to bring about long-term, sustained change. It was evident that by the fourth and fifth years of their projects, MDPs had made an impact in making a number of improvements in state-level administrative practices, interagency collaboration, and service delivery practices. However, translating these state-level changes and positive developments to impact regional and local communities will require, for many states, longer periods of time, surpassing the five-year federal funding cycle of the MDPs. A specific lesson learned is that implementing long-term change and systemic reform is not a time-limited process. The timeframe during which systems change takes place and actually results in large-scale impact for youth with disabilities and their families, particularly as it relates to influencing regional and local areas within states, will surpass the five-year funding cycle of the MDPs.

The following sections – “PROMISE: Lessons About Partnerships” and “PROMISE: Lessons About Core Service Components” – identify 12 of the lessons learned regarding the six MDP partnerships and services they provided to SSI youth and families. The discussion, in some cases, reflects approaches and strategies that are common across the MDPs; others are unique to individual MDPs but were viewed as important to share.

PROMISE: Lessons About Partnerships

The PROMISE initiative requirement that each MDP establish formal partnerships with agencies and organizations in their states had a substantial role in the development and implementation of policies and practices affecting youth SSI recipients and their families in achieving positive education and employment outcomes, and reducing their dependency on SSI benefits. The formation of these partnerships included specified membership of state agencies and organizations that: (1) established formal memoranda of understanding (MOUs) or other formal agreements to guide project implementation; (2) developed implementation plans designed to increase the capacity of existing services and use project funds to address identified gaps in current services; (3) shared resources and information on SSI youth and families (as applicable with federal and state laws and regulations) with partner agencies to support the coordination of services; (4) fully engaged local education, workforce, and other agencies statewide in project implementation efforts; and (5) engaged in ongoing project evaluation. This was a highly complex set of requirements that each MDP faced in creating the conditions necessary to create positive change. Five lessons are useful in examining this MDP partnership requirement.



... the most essential step in achieving effective service planning and coordination leading to improvements in outcomes for SSI youth and families is an explicit articulation of clearly stated and consistent values and beliefs about these youth and their families.

...not everyone involved in providing services to these youth and families held common and consistent values and beliefs regarding their capacity to achieve meaningful employment and/or educational outcomes.

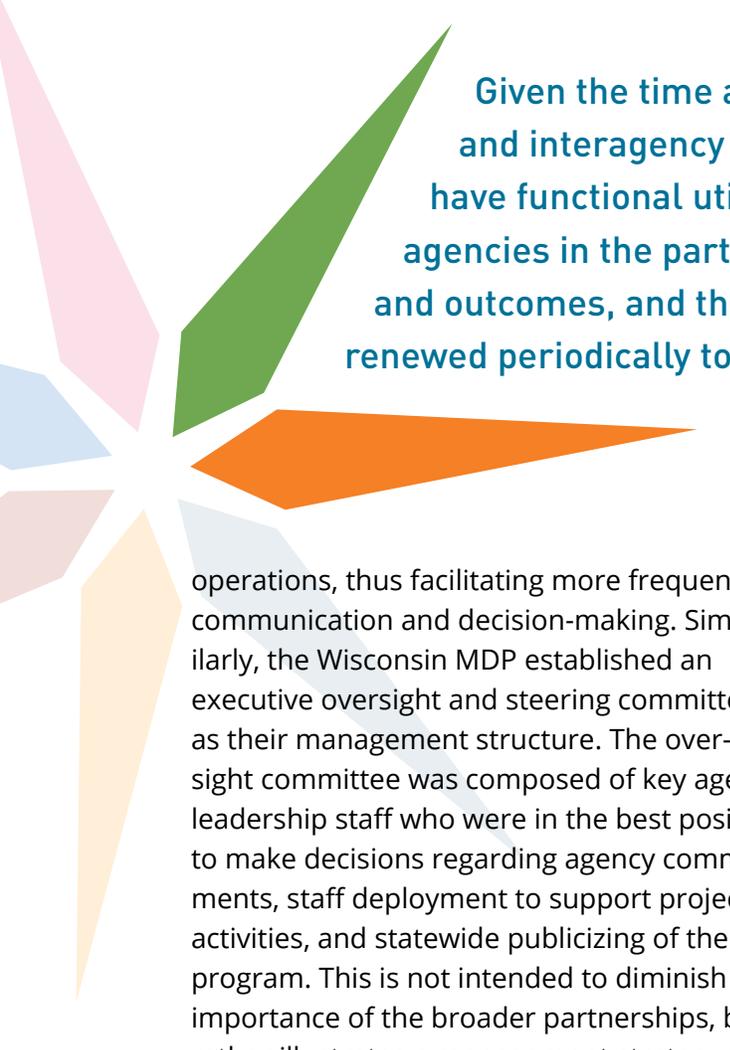
1. Shared values and beliefs regarding the capacity of SSI youth and families to achieve positive outcomes need to be articulated

The first and perhaps the most essential step in achieving effective service planning and coordination leading to improvements in outcomes for SSI youth and families is an explicit articulation of clearly stated and consistent values and beliefs about these youth and their families. Historically, factors such as ineffective interagency collaboration, gaps in existing services, and conflicting service eligibility requirements have been identified as barriers to engaging SSI youth and their families on a path to postsecondary education, employment, and independence as adults. There are other factors that have impeded progress in achieving these goals, as well. Low expectations held by parents, educators, workforce development professionals (i.e. rehabilitation counselors, case managers, support staff), and youth themselves regarding the capacity of these young people to achieve integrated, competitive employment goals were recognized across the six projects. MDP directors reported that the belief that all SSI youth can work with the right supports and services was not universally held across state, regional, and local contexts. The lesson was that MDP staff had to reinforce this message by building awareness through youth employment success stories, parent and professional training programs, coaching, counseling and other strategies throughout the project.

2. Partnerships are key to achieving results; however, the complexity of managing these partnerships is challenging.

Achieving effective levels of interagency collaboration through the MDP partnerships was challenging. The formation of the partnerships required the extensive involvement of state agencies in special education, vocational rehabilitation, workforce development, Medicaid services, Temporary Assistance to Needy Families (TANF), intellectual and developmental disability (IDD) services, and mental health services. In addition to these member agencies, the MDPs also involved other agency partners (e.g., housing, transportation, juvenile justice, general education, and others) to support aspects of project service implementation. The size of these partnerships added challenges in fundamental tasks, such as scheduling and convening meetings, maintaining effective levels of communication among partnership members, and attempting to resolve program issues through the full complement of partnership members.

In recognition of this concern, several MDPs developed alternative committee structures to support decision-making and the management of project implementation activities. The Maryland MDP established an internal management team consisting of lead program staff from their three primary partners (Maryland Department of Disability, Way Station, and TransCen). These partners were able to meet biweekly regarding program



Given the time and resources required to develop MOUs and interagency agreements, these agreements need to have functional utility in terms of guiding key stakeholder agencies in the partnership toward specified responsibilities and outcomes, and these agreements need to be evaluated and renewed periodically to ensure their relevance.

operations, thus facilitating more frequent communication and decision-making. Similarly, the Wisconsin MDP established an executive oversight and steering committee as their management structure. The oversight committee was composed of key agency leadership staff who were in the best position to make decisions regarding agency commitments, staff deployment to support project activities, and statewide publicizing of the program. This is not intended to diminish the importance of the broader partnerships, but rather illustrates a management strategy that can help to facilitate multi-faceted interagency collaboration efforts.

3. Memorandums of understanding (MOUs) and interagency agreements are useful in delineating initial aspects of shared agency responsibility, but they have limitations in how they are used on an ongoing basis.

For decades, the requirement that agencies engage in the development of MOUs and/or interagency agreements has been stated within federal legislation in the fields of education, workforce development, and health and human services. In our interactions with PROMISE project directors, debates regarding the usefulness of these interagency agreements in supporting implementation efforts was noted. The typical approach to the develop-

ment of MOUs and interagency agreements was to document existing legal mandates and responsibilities of agencies, still leaving considerable ambiguity regarding key responsibilities needed to achieve more precise service outcomes for SSI youth and families. Consequently, these MOUs and interagency agreements were more descriptive than prescriptive. That is, to support a multi-agency effort to address the education and employment needs of SSI youth and families, interagency agreements should clearly specify the roles and responsibilities of each agency in relation to: (1) procedures for outreach to and identification of SSI recipients; (2) roles and financial responsibilities of each agency in providing key interventions and services; (3) provision for consultation and training essential for ensuring that professionals involved have the knowledge and skills to implement key project services; and (4) adequate timelines to ensure key staffing, legal authority, and scope. There was variation in how projects addressed MOUs and accounted for changes in state agency leadership, processing of requests, and other organizational requirements that affected data sharing. There is also an empirical question as to whether the agreements contain explicit objectives reflecting tangible expected results or merely designate and describe lead agency status and functions for specific services or service coordination. In addition to state MOUs, many projects also

managed additional local agency level and/or provider MOUs with contractors to ensure all aspects of PROMISE services and data collection were adhered to. The lesson learned is that, given the time and resources required to develop MOUs and interagency agreements, these agreements need to have functional utility in terms of guiding key stakeholder agencies in the partnership toward specified responsibilities and outcomes, and these agreements need to be evaluated and renewed periodically to ensure their relevance.

4. Allowing for flexibility in the development and implementation of state action plans is a necessary and valued strategy to address specific state, regional, and local needs.

While each MDP was required to address the specific objectives and activities of the authorizing legislation and request for proposals, it was apparent very soon after receiving funding approvals that projects would need to slightly adapt project measures and activities to best meet the culture of the youth and families receiving services. Most requests for modifications, included expanding partnership members, increasing the number of case managers, and other nominal requests primarily occurred during the first 12 months of operation. Any additional changes through-

out the life of the project were reviewed by project officers and other federal partners as needed. Modifications were needed by projects to adapt to changes in political, social, and economic developments or respond to new initiatives, such as the enactment of the WIOA and its provisions regarding youth programs and Pre-ETS. However, modifications mentioned did not affect the fidelity of the PROMISE intervention model. Flexibility was also needed to adjust and respond to specific regional or local issues and needs. This was reported by the project directors of the Arkansas, Maryland, and ASPIRE MDPs. In Maryland, the PROMISE project plan informed their various state agency plans, and modifications and adjustments were made as new federal guidelines were released. In Arkansas, for example, 50 individuals were employed to serve as connectors (case managers). Many of these individuals did not have experience with the SSI program and/or transition services. This required a considerable up-front investment in training, which may have delayed certain aspects of early service provision. ASPIRE worked with several Native American tribes to seek their approval to reach out to families and SSI youth. This required substantial additional time to develop relationships and trust and to gain approval to proceed. Service delays beyond the 2.5-year enrollment period were experienced but were necessary to achieve a working partnership.

To productively engage in the sharing of information across education, workforce development, and human service agencies, the MDPs had to develop close working relationships with families to secure consent for the release of information to be shared, potentially, with multiple agencies.



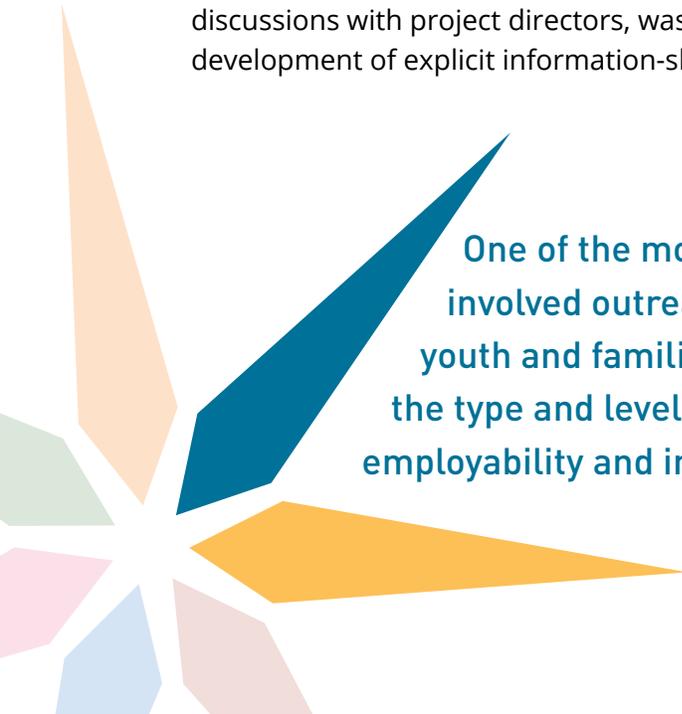
5. Sharing information about SSI youth and families across agency boundaries remains a significant challenge.

The capacity to share information across state, regional, and local agencies about SSI youth and families was an ongoing challenge for the six MDPs. The MDPs were required to establish procedures to ensure that personally identifiable information from education records was exchanged among the partners to support the development of individualized service plans and, in doing so, comply with applicable federal laws (e.g., Family Educational Rights and Privacy Act and IDEA confidentiality information provisions). The fundamental importance of this is that the determination of appropriate educational and employment services must be based directly on valid and reliable information regarding the characteristics and needs of the SSI youth and family. To productively engage in the sharing of information across education, workforce development, and human service agencies, the MDPs developed close working relationships with families to secure consent for the release of information to be shared with multiple agencies. Information sharing and coordination for systems alignment for youth and families took substantial time. The MDPs developed varied responses to address this challenge. The best approach, based on discussions with project directors, was the development of explicit information-sharing

plans and/or specific stipulations placed into MOUs or interagency agreements to facilitate the exchange of information on SSI youth and families among MDP partners.

PROMISE: Lessons About Core Service Components

The MDPs were to develop and implement a coordinated set of services and interventions for the SSI youth and families designed to improve educational and employment outcomes. At a minimum these services included case management, benefits counseling, career and work-based learning experiences, and parent training and information. PROMISE case management focused on wholistic support across systems, including coordination with smaller caseloads and contextual knowledge of the youth and family. These services were to be planned and implemented based on the best available evidence as to the effectiveness of these services in producing positive results. The MDPs also involved youth and families in other services such as self-advocacy and self-determination training, independent living skills training, financial literacy training, postsecondary education orientation programs, and others. These additional services were coordinated with existing service providers or developed and implemented directly by the MDPs. The following set of seven lessons demonstrates the highly collaborative and wholistic nature of the PROMISE services, which required staff who could



One of the most substantial investments of project funds involved outreach to identify, recruit, and engage SSI youth and families early enough in the project to initiate the type and level of planning needed to support their future employability and independence.

navigate the needs of youth, families, and various agencies. These lessons also represent the importance of a strengths-based and youth-centered approaches to services and supports.

1. Maximizing the capacity of existing services to serve SSI youth and families is an important step toward the sustainability of improved service delivery.

One of the requirements of the PROMISE initiative was to maximize use of existing special education, vocational rehabilitation, workforce development, and other state, county, and local agency programs and services. Several agencies (e.g., vocational rehabilitation, community-based employment programs) reported operating at full capacity and/or maintained waiting lists for services prior to the initiation of the MDP start-up. The increased enrollments of SSI youth placed an additional tax on already limited service delivery capacity. Measures were taken, however, to provide additional project funds to increase the capacity of these service delivery partners to serve SSI youth and families. This was viewed as cost-effective and a strategy for enhancing the capacity of these agencies to serve youth and families. The extent to which some or all services can continue to be made available to these SSI youth and families beyond the period of federal funding is unknown.

Specialized services to address gaps in current services were also developed. For example, there currently is no systematic process to link or refer SSI youth to other programs (U.S. Government Accountability Office, 2017). Most of the MDPs needed to invest in staff who held a specific responsibility for recruiting and engaging SSI youth and families. Recruiting and engaging SSI youth and families from predominantly rural areas was particularly challenging. All MDPs employed case managers. The sustainability of these spe-

cialized services beyond the period of federal funding also remains in question. One of the most substantial investments of project funds involved outreach to identify, recruit, and engage SSI youth and families early enough in the project to initiate the type and level of planning needed to support their future employability and independence.

2. Comprehensive training and technical assistance are necessary in supporting multidisciplinary approaches in serving SSI youth and families.

The MDPs were required to provide training and technical assistance to a broad range of project stakeholders, including required twice-a-year professional development trainings. The MDPs relied on a wide variety of staff, ranging from current education staff, workforce development professionals, benefits counselors, and case managers, to carry out specific project activities. Some new staff roles emerged in the MDPs. A significant investment was made in staff training, particularly during the first year of operation. Training models and approaches included formal workshops, mentoring and coaching strategies, multidisciplinary cross-training, professional learning communities, communities of practice, and others. The multidisciplinary cross-training, for example, was communicated as one of the most effective strategies in helping to foster and enrich the relationships necessary to address the multiple needs of SSI youth and families. These were training situations in which education staff, workforce development counselors, case managers, and other project staff were trained on each other's roles and responsibilities. This was acknowledged as an important training strategy to help support project staff in functioning effectively in a team environment.

3. A comprehensive, holistic case management service model is critical in achieving active and sustained SSI youth and family engagement.

MDPs planned and facilitated accessible, comprehensive services that brought multiple systems together with the SSI youth and family to develop an individualized plan to meet their educational and employment needs and, by doing so, to reduce their long-term dependence on SSI benefits. While each MDP used somewhat varied approaches in achieving this goal, its inherent value and benefit were embraced by all six projects. Case managers were primarily focused on outreach to recruit SSI youth and families, sharing information on project services, and providing case management support to connect youth and families with appropriate project services. Case management served the critical function of identifying service needs, developing service plans, and coordinating services across multiple agencies. This was necessary as the presence of a professional with direct responsibility for planning and coordinating individualized services across agencies is highly limited and represents a significant gap in the current delivery of services to youth and families. The MDPs have provided an important illustration of the critical value and importance of case management services and the use of person and family-centered approaches to planning and service delivery to youth and families.

Models such as person-centered and family-centered approaches dominant in the field of intellectual and developmental disabilities, wrap-around services in behavioral health, and wholistic approaches in health care all have in common placing the youth and family in the center of support. What emerges is a relationship-based level of support that helps to build the trust between the case manager and youth and family. This is critically important to overcoming fears associated with the loss of child SSI benefits, and raising expectations regarding the youth's capacity to become employed and achieve economic independence.

4. Transition planning needs to begin early for SSI youth and families, not only to address youth's educational needs, but also to plan and provide work experiences, develop social skills and positive behaviors, and develop skills for independent living.

The vast majority of SSI youth are provided services under IDEA with an IEP through their local school district. It is recognized, however, that some SSI youth are not on an IEP, and are therefore not receiving special education and related services. Some youth SSI recipients are served through a Section 504 plan, established under the Rehabilitation Act of 1973, and still others participate fully in the general



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Actively engaging and providing youth a meaningful role as decision makers during transition planning meetings was expressed by the six MDPs as critically important.

education curriculum, receiving no specialized services or support. As noted earlier in this report, for students on an IEP, public agencies must comply with all applicable IDEA secondary transition requirements. This means that transition must occur no later than the first IEP to be in effect when the student turns 16 (or younger, if determined appropriate by the IEP team or state law) and include measurable postsecondary goals and the development of a plan for achieving these goals. The California and Maryland MDPs worked extensively with local special education programs, with PROMISE project staff serving in a consultative role to special education teachers. Serving youth between the ages of 14-16 years was a requirement of the PROMISE initiative, and this was demonstrated to be an important age range at which to begin the long-term planning necessary to engage these youth in early work experiences, the development of social skills and positive behaviors, and independent living skills. Initiating planning, or identifying alternative pathways to supports, at the younger age was also needed to secure post-school services and supports as extensive waiting lists for services were reported in virtually every MDP state.

5. When youth have a voice in transition planning and decision-making, they are more likely to be committed to future employment goals.

Involving SSI youth in discussions regarding their future goals and plans reflects the values of self-determination and shared responsi-

bility (Johnson, 2012). Actively engaging and providing youth a meaningful role as decision-makers during transition planning meetings was expressed by the six MDPs as critically important. Self-determination – support youth in developing a vision of working and becoming more independent – was a key feature of the MDPs. Each MDP offered training, coaching, and web-based information to promote youth self-advocacy. Youth engagement has been discussed as a unifying construct in promoting positive levels of motivation and ownership of established goals. Research has suggested that youth, in general, are more motivated to perform tasks that they choose for themselves (Van Reusen & Bos, 1994). And, more recently, youth given the opportunity to express preferences for and engage in chosen activities are also likely to achieve better post-school outcomes (Shogren & Plotner, 2012).

6. Developing culturally responsive approaches is essential in addressing the diversity of SSI youth and families within the PROMISE states.

The MDPs developed culturally-responsive approaches to program and service delivery. The projects developed broad outreach strategies to engage SSI youth and families from different racial and ethnic backgrounds, disabilities, and social and economic circumstances. Each of these identities holds unique cultural attributes and contexts. Cultural responsiveness has been primarily associated with race and ethnicity in terms of recognizing,

understanding, and appreciating differences and in developing appropriate program and service delivery responses to embrace these differences. The MDPs clearly acknowledged this need in their outreach efforts. ASPIRE, for example, developed several strategies to reach and involve the Native American communities from its six state partners. Several MDPs worked with large numbers of youth and families from Hispanic/Latino communities, and all MDPs ensured case management staff reflected the diversity of the communities they were working within. Each MDP employed staff representing the racial and ethnic composition of these youth and families; developed project materials for limited or non-English speaking participants, as appropriate; and other strategies. And for many MDPs the project had to be strategic about customized supports and outreach for youth and families from rural and urban settings. In some cases, services had to be provided 1:1 as opposed to a group setting depending on the location or took on a different structure (i.e. family led connecting) based on preferences of the youth and families.

7. Providing accurate information to SSI youth and families on SSA work incentives and community services and supports required an interdisciplinary and collaborative approach.

Families and youth required information on: (a) the youth SSI redetermination process, (b) work incentives and benefits that SSA offers to promote employment, (c) the value and benefits of early planning for transition, (d) adult community services and how to access these services following graduation from school, and (e) available options for health insurance coverage. The MDPs used several strategies for sharing information (e.g. providing information through schools, workforce development agencies, human service

offices, and other agencies). Collaboration with Parent Training and Information Centers (PTIs) was one important MDP strategy that engaged youth and families in connecting to information, resources, training, and support. These centers are part of a national network of centers funded through the U.S. Department of Education's Office of Special Education Programs. Many of them have developed information resources on transition planning, SSA work incentives, and other information concerning the SSI program and health coverage. ASPIRE, New York, and Wisconsin contracted with PTIs to provide families with information on school and community agency services and supports. The California MDP provided parent training both directly and in partnership with their PTI and Family Resource Centers.

For school-age youth on IEPs, special education has the responsibility for sharing information and helping to connect students and families to needed educational and post-school services. This includes actively engaging youth and families to attend and participate in the IEP process. Several challenges arise in relation to special education and related services staff working with youth and students with disabilities who are SSI recipients. First, there is no formal process of communicating with special education staff if a student is receiving child SSI benefits. Special educators are often unaware that the student they are working with is on SSI, and does not typically enter into discussions that occur during IEP meetings with parents and the youth. Second, special education staff receive little or no training on employment and post-school services or providers and feel ill equipped to enter into such discussions with families. Third, their actual role in supporting families and youth in navigating these complex requirements is unclear. Such requests come formally from the student/family as a request for information

integrated, collaborative approach utilized by MDPs attempted to address these system complications through increased communication on work incentives and community supports. The engagement of PTIs, LEAs, and local SSA offices, as contributors of information on work incentives and community services was valued and fostered across MDPs.

Conclusion

The PROMISE initiative represented a significant opportunity to develop state and local capacity to support SSI youth and families in achieving the goals of employment and, ultimately, economic self-sufficiency. The lessons learned presented in this summary report identify several, but certainly not all, of the strategies that need to be considered by other states interested in addressing these same issues and concerns. Multi-agency partnerships served as the foundation for bring-

ing about positive change and creating new opportunities for youth and families. Coordination, collaboration, alignment of services, and systems change became bywords of these partnerships. Systems change, however, is best viewed as a process; one that will take much longer to “fully” achieve. The services provided to SSI youth and families were structured to build on existing services as well as to create new options. Case management is singled out as one, multi-faceted service that was central to reaching out to and engaging youth and families in an array of transition planning, educational supports, employment, benefits counseling, and other social services. It is our goal that the lessons learned through this initiative can serve to guide other states seeking to provide SSI youth and families new opportunities for independence and economic well-being.



Multi-agency partnerships served as the foundation for bringing about positive change and creating new opportunities for youth and families.



Learn more

To learn more about PROMISE in the landscape of federal programs, visit <https://z.umn.edu/PROMISEfederalprograms>

To learn more about PROMISE programs' use of effective transition services, visit <https://z.umn.edu/PROMISEprogramsinnuse>

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