

Executive Summary

Promoting Readiness of Minors in SSI (PROMISE) Evaluation: Interim Services and Impact Report

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Arif Mamun, Ankita Patnaik, Michael Levere, Gina Livermore, Todd Honeycutt, Jacqueline Kauff, Karen Katz, AnnaMaria McCutcheon, Joseph Mastrianni, and Brittney Gionfriddo

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Social Security Administration
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6401 Security Blvd., 4303 Annex Building
Baltimore, MD 21235
Project Officer: Jeffrey Hemmeter
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Submitted by:

Mathematica
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Project Director: Gina Livermore
Reference Number: 40304.5AH

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In a previous version of the PROMISE Interim Services and Impact Report Executive Summary, Figure ES.1 incorrectly assigned statistical significance notation for the California PROMISE program's impact on parents' total income and omitted such notation for that program's impact on youth total income. These errors have been corrected in this version of the executive summary.

EXECUTIVE SUMMARY

Youth with disabilities—particularly those receiving Supplemental Security Income (SSI)—face individual, family, and systemic barriers to achieving education and employment outcomes that can undermine the foundation for their longer-term success. In December 2017, about 1.2 million children received SSI payments totaling about \$9.3 billion in that year (Social Security Administration [SSA] 2017, 2018). Nearly one-third of youth SSI recipients drop out of high school before reaching age 18, and 43 percent have problems in school that result in suspension or expulsion (Hemmeter et al. 2009). Youth receiving SSI also have lower rates of competitive employment and lower wages relative to the general population of youth (Honeycutt et al. 2017a, 2017b). In addition, the large number of children with disabilities who receive SSI generates concerns about the long-term fiscal burden on the federal government because many of these children will continue to receive SSI and other public assistance as adults.

PROMISE—Promoting Readiness of Minors in SSI—was a joint initiative of the U.S. Department of Education (ED), SSA, the U.S. Department of Health and Human Services, and the U.S. Department of Labor to address critical issues related to supporting youth with disabilities by funding and evaluating programs designed to promote positive change in the lives of youth who were receiving SSI and their families. Under cooperative agreements with ED, six state agencies across 11 states implemented model demonstration projects in which they enrolled SSI youth ages 14 through 16. Under contract to SSA, Mathematica Policy Research is conducting the national evaluation of how the programs were implemented and operated, their impacts on youth and family outcomes, and their cost-effectiveness.

This report presents the estimated impacts of the six PROMISE programs on outcomes related to service receipt, education, employment, expectations, health insurance coverage, income, and youth self-determination, and on participation in SSA and other public assistance programs for youth and their families. The impacts on the primary outcomes were measured at 18 months after youth enrolled in the PROMISE evaluation. It is important to note that for some of the outcomes we report, 18 months after PROMISE enrollment is too early to draw conclusions about the impacts of the program. Nonetheless, we include an assessment of these outcomes because it allows us to capture early changes in them that will help us interpret the findings from the planned five-year impact analysis. The report also presents findings from an analysis of the costs of PROMISE program services and summarizes findings from the implementation analysis.

A. The PROMISE conceptual framework

The federal partners expected that the entities implementing the PROMISE programs would draw on their experiences with the target population and on evidence of best practices to identify innovative ways to provide services to improve the economic self-sufficiency of SSI youth and their families. Based on their review of the literature, input from the public, and consultation with subject matter experts, the federal partners postulated that two main features of the PROMISE programs would make them more effective: (1) strong partnerships between the agencies that provide services to SSI youth and their families, and (2) an individual- and family-centered approach to case management and service delivery. The federal partners also identified

a set of services that could achieve the desired results and thus required the PROMISE programs to include the following core components (ED 2013):

- **Formal partnerships between state agencies** that provide the following services: vocational rehabilitation (VR) services, special education and related services, workforce development services, Medicaid services, income assistance from Temporary Assistance for Needy Families, and services provided by federally funded state developmental disability and mental health services programs
- **Case management** to ensure that PROMISE services would be appropriately planned and coordinated, help participants navigate the broader service delivery system, and help with transition planning for post-school goals and services
- **Benefits counseling and financial education** for youth and their families on SSA work incentives, eligibility requirements of various programs, rules governing earnings and assets, and topics promoting families' financial stability
- **Career and work-based learning experiences**, including paid and unpaid work experiences in an integrated setting while they were in high school
- **Parent training and information** in two areas: (1) the parents' or guardians' role in supporting and advocating for their youth to help them achieve their education and employment goals, and (2) resources for improving the education and employment outcomes of the parents or guardians and the economic self-sufficiency of the family (hereafter, we use "parents" to refer to parents and guardians)

These core program components were intended to address a range of personal barriers faced by youth with disabilities (such as low familial expectations regarding education and employment, fear of benefit loss, and limited education and skills). These personal barriers and the mitigating effects of the PROMISE components on them influence the education, employment, and financial security of SSI youth and their families. The PROMISE components were also intended to address some of the environmental factors that are important determinants of the education, employment, and financial outcomes of SSI youth and their families, including inadequate services, limited service coordination, and societal perceptions of disability. Last, the PROMISE components were intended to affect a variety of short- and long-term outcomes related to service receipt, education, employment, expectations, health insurance coverage, income, youth self-determination, and participation in SSA and other public assistance programs.

B. The PROMISE programs

In September 2013, ED announced that it had awarded \$211 million over five years to five individual states and one consortium of six states to design and implement PROMISE demonstration programs. ED subsequently increased the awards to \$230 million over six years after awarding supplemental funding and an extension of the award period. The awards were issued as cooperative agreements, signed by the states' governors, which entailed an ongoing working relationship between ED and the awardees to achieve the objectives of the PROMISE initiative. The awardees were state agencies that had formed partnerships with other agencies to implement PROMISE. They were selected through a competitive process that included a request for applications (ED 2013), the preparation and submission of applications by state agencies, and a review of the applications by a panel of external peers convened by ED.

Given their substantial investment in PROMISE and the pressing needs of transition-age SSI youth and their families, the federal sponsors had three key requirements for the PROMISE programs (ED 2013). First, they required that each of the programs enroll a minimum of 2,000 youth in the national PROMISE evaluation. Second, they required each program to include the initiative's four core service components described above. Third, the sponsors required each program to develop partnerships with agencies responsible for providing services to SSI youth and their families.

Table ES.1 lists the six PROMISE programs, along with information about their locations, enrollment periods, service delivery end dates, and number of youth included in the research sample for the evaluation. Three programs (Achieving Success by Promoting Readiness for Education and Employment [ASPIRE], California PROMISE [CaPROMISE], and Wisconsin [WI] PROMISE) were led by state VR agencies; the remaining three were led by other types of state agencies. Each PROMISE program reflected the required partnerships and implemented the core service components. All of the programs began enrolling families in 2014 and planned to deliver services to them through September 2018, and some will deliver services longer.

Table ES.1. The six PROMISE programs

Program name and lead agency	Location	Enrollment period	Planned end date for services	Number of youth in research sample
Arkansas PROMISE; Arkansas Department of Education	25 of the state's 75 counties, grouped into four administrative regions	9/2014–4/2016	6/2019	1,805
ASPIRE; Utah State Office of Rehabilitation	Statewide in six consortium states: Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah	10/2014–4/2016	3/2019	1,953
CaPROMISE; California Department of Rehabilitation	18 local sites covering 20 local educational agencies (LEAs)	8/2014–4/2016	6/2019	3,097
MD PROMISE; MD Department of Disabilities	Statewide	4/2014–2/2016	9/2018	1,866
NYS PROMISE; NYS Office of Mental Health and Research Foundation for Mental Hygiene	In three regions: the Capital Region, Western New York, and New York City	10/2014–4/2016	8/2019	1,967
WI PROMISE; WI Department of Workforce Development, Division of Vocational Rehabilitation	Statewide	4/2014–4/2016	9/2018	1,896

MD = Maryland, NYS = New York State.

C. The evaluation design

The PROMISE impact analysis is based on a random assignment design (Fraker et al. 2014). PROMISE-eligible youth who agreed to participate in the evaluation were randomly assigned with equal probability to either a treatment group, which meant that they were eligible to receive PROMISE services, or to a control group, which meant that they were not eligible for PROMISE services but could receive other services available in their communities, independent of the PROMISE program.¹ The evaluation design allowed us to assess the extent to which the

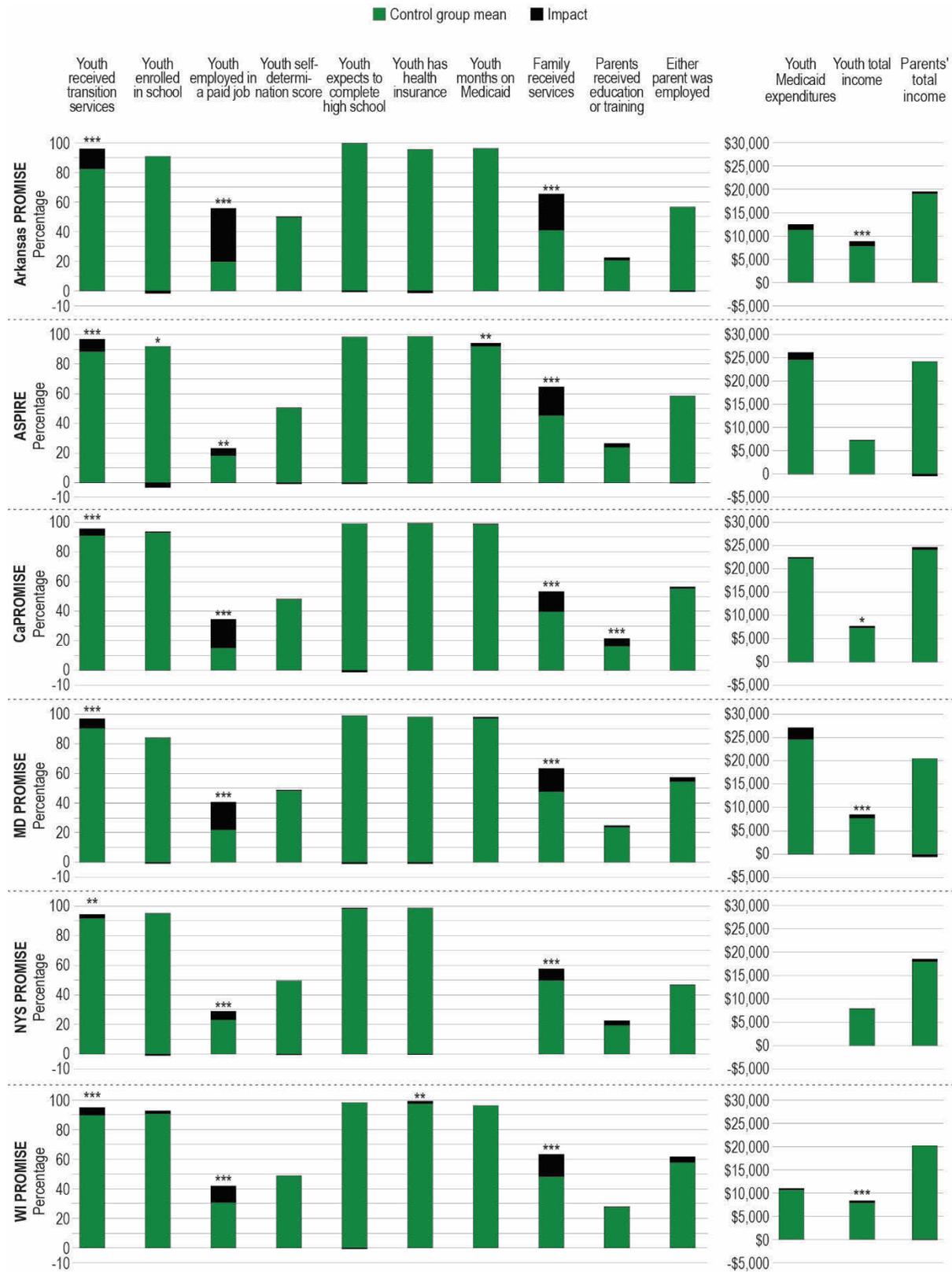
¹ To be eligible for PROMISE, youth had to be age 14 through 16 at the time of enrollment, in SSI current pay status at some time during the PROMISE enrollment period (and not terminated from SSI before enrolling in the evaluation), living in a PROMISE program service delivery area, and not residing in an institution.

PROMISE programs affected participation in youth transition and family support services while accounting for the fact that similar services were available to the control group from other sources. Random assignment is expected to lead to the creation of two groups of youth with similar pre-intervention experiences and characteristics, on average. As a result, we can attribute any observed differences in outcomes between the two groups to be an accurate estimate of the impacts of the program. The impact analysis findings presented in this interim report show whether each PROMISE program improved the outcomes of the youth and families who were offered PROMISE services 18 months after they enrolled in the evaluation.

D. Findings from the interim impact analysis

The estimated impacts on primary youth and family outcomes were generally similar across the six PROMISE programs (Figure ES.1). Estimated impacts on secondary outcomes are not shown in the figure; they can be found in the main text of the report. Each of the six programs increased youth's receipt of transition services, youth's paid employment, and family member receipt of support services during the first 18 months after enrollment. None of the programs had an impact on the number of hours of key services that youth and families received, but four programs (Arkansas PROMISE, ASPIRE, CaPROMISE, and WI PROMISE) increased the likelihood that youth applied for VR services (not shown in the figure). Each program had a positive impact on youth's receipt of job-related training or training credentials (not shown in the figure). Four of the programs (Arkansas PROMISE, CaPROMISE, MD PROMISE, and WI PROMISE) had positive impacts on youth's total income from earnings and SSA payments. Only CaPROMISE reduced youth's receipt of any SSA payments (not shown in the figure), and increased parents' education and job-related training. By 18 months after enrollment, none of the programs had a desirable impact on youth's self-determination and expectations or youth's reliance on Medicaid, nor on parents' total income. We also found that impacts on youth and parent outcomes varied for specific subgroups of youth, particularly by their age at enrollment and primary impairment, and, for ASPIRE, by state.

Figure ES.1. PROMISE program impacts on primary outcomes



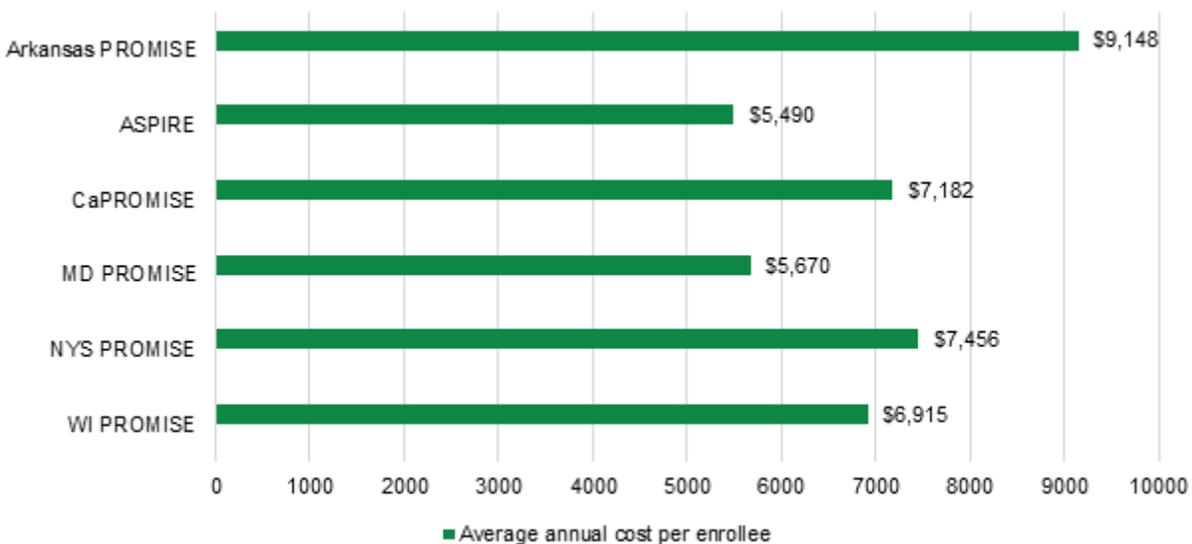
Source: PROMISE 18-month survey, SSA administrative records.

*/**/** Impact is significantly different from zero at the .10/.05/.01 level using a two-tailed t-test.

E. Findings from the cost analysis

We analyzed the costs of PROMISE program services during a period when operations were in a relatively steady state—that is, after the programs had completed enrollment and were neither ramping up nor winding down services. Although we will not conduct a formal benefit-cost analysis of the PROMISE programs until the five-year impact findings are available, conducting the cost analysis now has allowed us to obtain the detailed cost and programmatic data needed for that analysis. The average annual cost per treatment group enrollee ranged from \$5,490 for ASPIRE to \$9,148 for Arkansas PROMISE (Figure ES.2). These costs include the estimated annual costs of providing services to both the youth and their family members. In addition, direct services delivered to youth and their families accounted for the majority of program costs for each PROMISE program, even though the share of costs accounted for by direct services varied across programs. Among direct services, case management services constituted the largest share of total costs in all programs, followed by career services and work-based learning experiences in most programs.

Figure ES.2. Annual costs per treatment group enrollee, by PROMISE program



F. Discussion of the evaluation findings

The positive short-term impacts of the PROMISE programs on youth's receipt of transition services, youth employment, and families' receipt of support services suggest that the programs have the potential for longer-term positive impacts on youth and family outcomes. We might also expect longer-term positive impacts if PROMISE service delivery continued to improve over time. All of the PROMISE programs experienced early implementation challenges, which they attempted to address as they gained more experience with their service models and the families on their caseloads. In addition, during the first two years of implementation, the programs focused heavily on recruiting and enrolling large numbers of families in the study, which might have limited the ability to provide services to early treatment group enrollees. These factors may have constrained some of the impacts we observe as of 18 months after enrollment. Furthermore, it might take additional time for services to translate into impacts for some youth

and family outcomes. The national evaluation's five-year impact analysis will indicate whether the important early impacts we identified translate into meaningful and persistent improvements in the employment and economic well-being of youth and families enrolled in the PROMISE programs and whether new impacts emerge. Below we highlight key findings across the programs and provide additional discussion of their significance and possible explanations for them.

Programs' impacts on services for youth and their families are in line with the core components of services required under the PROMISE initiative. All six PROMISE programs increased services to youth and their families, as intended. Even though each program varied in the way it delivered youth transition services and emphasized family support services, the impacts were largely consistent across programs for different types of services. Across programs, the impacts were more prominent for case management, employment-promoting services, benefits counseling, financial education, and parent training and information about youth's disability—all required as core services under PROMISE. Also, each program had a positive impact on youth's receipt of job-related training or training credentials, likely reflecting the fact that each program focused on engaging youth in work-based learning experiences. The impacts were more modest for education or training supports and employment-promoting services to parents and families, which were not part of the required core components of family services.

The lack of impacts on total hours of services received by youth and their families likely reflects relatively service-rich environments, conflated survey responses about school-based services, and the substitution of existing services for PROMISE services. No PROMISE program increased the total number of hours of transition services received by youth despite the increase in youth's likelihood of service receipt. Three factors potentially explain this lack of impact. First, youth and families in the control group reported receiving a relatively large number of hours of services available in their communities even without the program, suggesting a relatively service-rich environment, which usually reduces the chances of program impact on hours of services. Second, control group youth received more transition services in school settings, where survey respondents' reports of service hours are more likely to conflate hours spent specifically on transition services with those spent on usual school activities. Once we accounted for this possibility by excluding school-based service providers from our analysis, two programs—Arkansas and WI PROMISE—showed impacts on the hours of key transition services received by treatment group youth. Third, some youth and parents may have substituted PROMISE services for services and providers with which they would have engaged in the absence of the program. To the extent PROMISE programs were able to deliver high quality services more efficiently in fewer hours, they still might lead to longer-term improvements in youth and family outcomes, despite the lack of an impact on the number of hours of key services received.

Each program was effective in helping youth obtain paid work experiences, but mainly in short-term jobs. Each PROMISE program had positive impacts on youth's likelihood of having paid employment at some point during the 18 months after enrollment. The impacts reflect the programs' focus on career and work-based learning experiences. However, the programs either had no impact (ASPIRE and NYS PROMISE) or much smaller impacts (the remaining four programs) on the likelihood of youth paid employment at the time of the 18-month survey than their impacts on youth's paid employment at any time during the 18-month

period. This finding suggests that most of the employed youth had short-term jobs during the 18-month period after they enrolled in the evaluation, and supports the idea that the jobs were more program outputs than impacts. Because most of the youth were of school age at the time of the 18-month survey, we would not expect impacts on long-term employment.

The magnitude of impacts on youth employment and earnings varied across programs. Though all six programs had positive impacts on the youth's likelihood of having paid employment at some point during the 18 months after PROMISE enrollment, the magnitude of the impacts varied substantially across programs. Arkansas PROMISE had the largest impact on youth employment, increasing the likelihood of paid employment by 184 percent relative to the control group. NYS PROMISE and ASPIRE had the smallest impacts, each increasing the likelihood of paid employment by about 25 percent relative to the control group. Differences in the magnitudes might be related to a program's ability to meet key benchmarks. For example, NYS PROMISE fell substantially short of its benchmarks for referrals to unpaid and paid work experiences. ASPIRE set a goal of having 95 percent of youth engage in career exploration activities during each year of enrollment, but only about half of youth had done so by three years after enrollment began. Arkansas PROMISE was closer to achieving its service delivery benchmarks during that period. Impacts on earnings followed a similar pattern, with ASPIRE and NYS PROMISE having no measurable impact on earnings during the calendar year after random assignment (based on SSA data) and Arkansas PROMISE having the largest impact on earnings (164 percent of the control group mean). The other three PROMISE programs had positive impacts on youth earnings during the first calendar year after random assignment, and the magnitude of the impacts varied from 19 percent in MD PROMISE, to 45 percent in CaPROMISE, and 51 percent in WI PROMISE relative to the mean earnings among the corresponding control group youth in each program. Note that the extent to which the programs paid or subsidized youth wages may have contributed to the differences in earnings impacts; all programs except ASPIRE paid wages for at least some youth, with Arkansas PROMISE doing so most extensively.

Lack of impacts on youth self-determination might reflect the need for more time to pass for such impacts to manifest themselves, but could also reflect the limitations of our measure. No program had positive impacts on youth self-determination as measured using self-reported information related to autonomy, psychological empowerment, and self-realization—three of the four subdomains of the ARC Self-Determination Scale. Although the programs might simply have failed to affect this outcome, the finding is somewhat surprising because nearly all of the programs provided youth with services specifically intended to promote self-determination, although take-up of this service was low in some programs. Because we assessed the impacts on self-determination 18 months after youth enrolled in the evaluation, it is possible that changes in self-determination require more time to materialize. The lack of impact could also partly reflect the exclusion of the self-regulation subdomain from our measure. Nonetheless, we found no desirable impacts on the three subdomains of self-determination that were captured by our measure.

For the programs that increased youth income, the impacts were driven by increased earnings rather than SSA payments. Four of the six programs—Arkansas PROMISE, CaPROMISE, MD PROMISE, and WI PROMISE—had positive impacts on youth total income from earnings and SSA payments during the year before the 18-month survey. The income

increases were primarily driven by positive impacts on earnings, not by changes in SSA payments. For two of these programs—MD and WI PROMISE—we found no impacts on the likelihood or amount of SSA payments. CaPROMISE decreased the share of youth receiving SSA payments (but had no impact on the average payment amount), whereas Arkansas PROMISE reduced the average SSA payment amount (but had no impact on the share of youth receiving such payments). Because of the young ages of the youth, we did not expect the programs to affect their SSA payments within 18 months of enrollment; the large majority were enrolled in school and thus not able to fully engage in the labor market, thereby limiting the potential for substantially reducing the receipt of SSA payments.

There are a few likely explanations for the lack of impacts on outcomes in several other youth domains. Most PROMISE programs had no impact on youth outcomes related to school enrollment, health, health insurance coverage, Medicaid, and SSA payments. The absence of impacts on these outcomes is likely explained by the high prevalence of the outcome among control group youth, the ages of the youth, and the lack of program services that directly addressed the outcome. In most contexts, the control group achieved the outcomes at high rates even without the program (for example, school enrollment and health insurance coverage). For outcomes that might be affected by long-term employment (for example, Medicaid enrollment and SSA payments), youth were still too young to expect the program to have had any measurable effect at 18 months after enrollment when most were still attending school. For other outcomes—those related to the youth’s health—the programs, by design, did not directly offer services that would improve youth outcomes.

Although some programs had different impacts for different subgroups, there was no clear pattern across programs. We found evidence of varying impacts on youth and parent outcomes, particularly by primary impairment and youth’s age at enrollment. For example, ASPIRE’s impact on youth’s receipt of transition services and MD PROMISE’s impact on youth’s Medicaid expenditures differed by primary impairment. The impacts of both Arkansas PROMISE and CaPROMISE on youth’s receipt of transition services differed by age. Although it is important to recognize the heterogeneity of the short-term impacts, there was no meaningful pattern across programs in the magnitude or direction of the impacts for any subgroup or outcome.

Across programs, measures of youth earnings based on survey data are higher than that based on administrative data; the opposite is true for parents’ earnings. We measured the youth’s and parents’ earnings using data from two sources: the 18-month survey and SSA records. For all six programs, the level of the youth’s annual earnings based on survey data was higher than the level of earnings based on SSA data (for both the treatment and control groups). The difference in the level of earnings between survey and SSA data may reflect the difference in the reference period—the year before the survey for the former and calendar year after random assignment for the latter. The difference might also reflect informal jobs that youth had and reported via the survey, but were not captured in the administrative records. In addition, recall and reporting error in the survey in terms of duration of jobs or hours worked could lead to over- or under-estimation of youth annual earnings. We measured parents’ earnings for the month before the survey using the 18-month survey data and for the calendar year after random assignment using SSA data. For all six programs, the level of annual earnings based on survey data was lower than the level of annual earnings measured from SSA data. Although these

differences may reflect the difference in the reference period, they are also aligned with recent research indicating that earnings estimates were consistently higher in SSA data relative to survey data (Wittenburg et al. 2018). This research also suggests that such differences are particularly pronounced for people with low income, which aptly describes the population targeted for PROMISE.

Three factors potentially explain the variation we observed in the programs' average annual and total costs per treatment group enrollee. First, the variation across programs in the average annual cost per enrollee depended on the extent to which the program provided services directly versus leveraging existing services available in the community. Arkansas PROMISE delivered or paid for most of its services directly, and its average annual cost per enrollee was high compared with the other programs. ASPIRE leveraged existing services to a relatively large extent, and its annual cost per enrollee was low compared with the other programs. If we were to account for the costs of services received from other agencies (that is, the cost of the existing services the programs leveraged), all of the programs' costs would be higher than our estimates. Second, the variation in total cost per enrollee is partly due to differences in the estimated average duration of service receipt. NYS PROMISE had the lowest estimated duration of service receipt, at 34.8 months; MD PROMISE had the highest, at 40.4 months. Third, programs might have underspent their award funding, which would be reflected in the carryover funds they would have available for the one-year, no-cost extension of the award. We did not include the time enrollees might receive services during the carryover period in our calculations. The underspending might reflect either a situation in which program costs were lower than expected or that actual delivery of services was of a lower intensity than intended.

PROMISE program services represent a relatively large investment on top of the federal expenditures that already support youth with disabilities. Across the six PROMISE programs, the average annual cost per treatment group enrollee ranged from \$5,490 to \$9,148. To put these costs into context, in 2014 the federal government spent an estimated \$5,000 per youth with disability (under age 18) on public programs and supports specific to them or that represented assistance programs used by many such youth (Shenk and Livermore 2019).² Thus, the average annual cost per enrollee across the PROMISE programs was roughly similar to or greater than the average annual cost of all federal programs currently available to youth with disabilities. Though the PROMISE program costs include services provided to the youth's family members, they nonetheless represent a substantial additional investment to support the successful transition of SSI youth to adulthood.

Although the PROMISE evaluation's random assignment design for the impact analysis is strong, three factors might affect the estimated impacts. General macroeconomic conditions, federal policy changes, and state-level systems changes during the period covered by the interim impact analysis may have indirectly influenced PROMISE impacts. The period between the start of PROMISE program enrollment and the end of the 18-month follow-up was a time of general economic expansion for the U.S. economy, with declining unemployment rates.

² The estimates include the costs of supports and programs that specifically target youth with disabilities (for example SSI, VR, and special education) as well as the proportional costs of selected other public assistance programs that provide support to youth (for example, TANF, housing, and child nutrition programs).

Furthermore, two federal policy changes that might have improved youth access to services went into effect during this period: in 2014, WIOA was enacted, and in 2016, SSA began mailing a brochure to SSI recipients age 14 to 17 with information about the age-18 redetermination process, SSA work supports, and programs relevant to youth with disabilities. Moreover, the interagency collaborations required by the PROMISE initiative together with WIOA may have prompted state-level systems changes that affected service delivery to all transition-age youth. The extent to which these factors influenced the estimated impacts of PROMISE is unclear. Because they could have influenced the likelihood of receiving transition services and other outcomes among both treatment and control group youth we cannot surmise the magnitude or direction of their influence on the estimated impacts. Nonetheless, it is important to keep these factors in mind when interpreting the impact analysis findings.

G. Implications for policy and practice

The implications of the PROMISE evaluation for policy and practice will not be fully known until findings from the five-year impact and benefit-cost analyses become available. It would be premature to draw broad policy implications based on short-term impacts on services and outcomes for two reasons. First, key outcomes related to employment and earnings at the 18-month point can be considered outputs of the program, given the focus on providing work-based learning experiences. Second, exploring impacts on key outcomes such as youth and their families' reliance on SSA, Medicaid, and other public assistance in the longer term will be more appropriate and meaningful than at this stage of the evaluation. Consequently, we will wait until the five-year impact findings are available to draw broader policy implications. In addition, the five-year impact findings will allow us to qualitatively assess whether implementation factors and the characteristics of youth and families served by each program correlate with longer-term impacts. Such assessments are likely to generate valuable information for policymakers and practitioners. Meanwhile, we can discuss the following three implications of the findings presented in this report.

Even in a relatively service-rich environment, policymakers and practitioners may need to focus on specific service areas in which they would like to engage youth to improve their outcomes. Although each PROMISE program operated in a relatively service-rich environment (as measured by the fact that nearly all control group youth in all programs received some transition services and the large average number of transition service hours they received), the required focus on the core PROMISE services resulted in a greater share of youth receiving those services. In all PROMISE programs, more than 90 percent of control group youth received some transition services during the period after they enrolled in the evaluation. This finding suggests that the “business as usual” environment (without the program) in these states provided youth with opportunities to engage in some type of transition services, particularly through the school system. Yet the areas in which the PROMISE programs made a difference in the short term are aligned with the core components of the PROMISE initiative—case management, career services and work-based learning, benefits counseling, and financial education. Similarly, there were few, if any, short-term impacts on more distal outcomes (such as health status and substance use) not directly addressed through program services. Altogether, the findings suggest that even in rich service environments, youth may not have access to or take advantage of some transition services considered effective in improving their outcomes. Thus, there is still room for programs and policies to focus on improving access to such services.

The interim impact findings support the need for better coordination across agencies that support transition-age youth with disabilities. The promulgation of Workforce Innovation and Opportunity Act is likely to improve interagency collaboration among federal, state, and local agencies serving youth with disabilities. The PROMISE initiative also promoted partnerships among service providers and agencies at the federal, state, and local levels. Our interim impact findings suggest that such collaborations were fruitful in connecting youth to services and increasing the likelihood that they received particular types of transition services and work-based experiences. Thus, the interim impacts of PROMISE programs provide ground for supporting such collaboration and indicate the prospect for improving outcomes for the youth.

The impact findings suggest the importance of state environments in influencing the effectiveness of federal programs and policies. The experiences of the six PROMISE programs highlight the importance of the state environment in influencing program implementation and impacts. All six programs implemented similar core program components, but the impacts across the programs varied. As described in the programs' process analysis reports, each had different challenges and experiences while implementing aspects of PROMISE, some of which were unique to their service environments, such as whether a state VR agency was in order of selection and the nature of the service delivery partnerships they developed. We found different impacts by ASPIRE state for several of the primary outcomes even though ASPIRE was essentially the same program in all six consortium states. The PROMISE programs' experiences remind us that the impacts of even a focused, well-funded program with standard core components will vary depending on how states implement the program and the state and local service environments in which it operates.

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