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Executive Summary

Promoting Readiness of Minors in Supplemental Security Income (PROMISE): Youth and Family Outcomes Five Years After Enrollment

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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 their longer-term success. Nearly one-third of youth SSI recipients drop out of high school before reaching age 18 (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). The large number of children with disabilities who receive SSI also generates concerns about their long-term financial well-being and a potentially large fiscal burden because many of these children will continue to receive SSI as adults (Hemmeter and Gilby 2009).

PROMISE—Promoting Readiness of Minors in SSI—was a joint initiative of the U.S. Department of Education (ED), the Social Security Administration (SSA), the U.S. Department of Health and Human Services, and the U.S. Department of Labor (DOL) to promote positive change in the lives of youth who received SSI and their families. Under cooperative agreements with ED awarded in 2013, six state agencies across 11 states implemented model demonstration projects in which they enrolled youth ages 14 through 16 who were receiving SSI.[1] The programs intended to (1) offer educational, vocational, and other services to youth; and (2) make better use of existing resources by improving service coordination between state and local agencies. To be eligible for PROMISE, youth had to be age 14 through 16 at the time of enrollment, receiving SSI during the PROMISE enrollment period, and living in a PROMISE program service delivery area. Under contract to SSA, we are conducting a national evaluation of how the six programs were implemented and operated, their impacts on youth and family outcomes, and their cost-effectiveness.

This report presents estimates of the five-year impacts of the PROMISE programs on youth and parent outcomes. These outcomes cover domains that the programs were designed to affect: education, employment, self-determination, expectations about the youth's future, health insurance coverage and expenditures, income, and participation in SSA and other public assistance programs. We also present findings from analyses of the benefits and costs of the PROMISE programs and summarize findings from the PROMISE process and 18-month impact analyses we conducted previously.

A. The PROMISE conceptual framework

The federal partners sponsoring PROMISE envisioned programs that, through evidence-based service practices and strong partnerships, would address many of the challenges described above for youth receiving SSI. The federal partners expected that the entities awarded funding to implement the PROMISE programs would draw on their experiences with the target population and evidence of best practices to identify innovative ways of offering services to improve the economic self-sufficiency of youth receiving SSI 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 federal, state, and local agencies that offer services to youth receiving SSI and their families; and (2) an individual- and family-centered approach to case management and service delivery. The federal partners also identified a

[1] Hereafter we refer to the PROMISE model demonstration projects as "PROMISE programs."

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

- **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 (TANF), 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.[2]

The core program components were intended to address the set of personal barriers for youth with disabilities, such as low familial expectations regarding education and employment, fear of benefit loss, and limited education and skills. The components were also intended to address some of the systemic and environmental factors that are determinants of the education, employment, and financial outcomes of youth receiving SSI and their families, including inadequate and uncoordinated services. The components also 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 awarded $211 million over five years to five individual states and one consortium of six states to design and implement PROMISE programs. ED subsequently increased the awards to $230 million over six years. The awardees were state agencies that had formed partnerships with other agencies for the purpose of implementing PROMISE.

The federal sponsors had three key requirements for the PROMISE programs (ED 2013a): (1) enroll a minimum of 2,000 youth in the national PROMISE evaluation; (2) develop partnerships with agencies responsible for providing services to youth receiving SSI and their families; and (3) include the initiative's four core service components in its service offerings—case management, benefits counseling and financial education, career and work-based learning experiences, and parent training and education.

The six PROMISE programs were implemented in Arkansas (Arkansas PROMISE), California (CaPROMISE), Maryland (MD PROMISE), New York State (NYS PROMISE), Wisconsin (WI

[2] Hereafter we use "parents" to refer to parents and guardians.

PROMISE), and a consortium of six western states known collectively as Achieving Success by Promoting Readiness for Education and Employment (ASPIRE). The consortium's six states were Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. Each program implemented the required components of the PROMISE model using its proposed approach based on a logic model that reflected the state's (or consortium's) experience with SSI youth, its understanding of best practices for serving youth with disabilities, and its familiarity with transition environments.

C. The national PROMISE evaluation

The federal sponsors of the PROMISE initiative were interested in whether and how the PROMISE programs achieved their goals and whether the benefits of the programs outweighed their costs. Through the national evaluation, we assessed whether youth and families in the treatment group experienced better outcomes than control group members with respect to education, employment, benefit receipt, economic well-being, and other outcomes during the five years after random assignment (RA). The impact analyses relied on the evaluation's rigorous RA design (Fraker et al. 2014a). RA resulted in two groups of similar youth who differed in their eligibility for PROMISE services, such that the differences in their outcomes could be reasonably attributed to the effects of PROMISE. The programs began enrolling youth from April to October 2014; enrollment continued through April 2016. The target number of youth voluntarily enrolled in the PROMISE evaluation was 2,000 for each program except CaPROMISE, where the target was 3,078. PROMISE-eligible youth who agreed to participate in the evaluation were randomly assigned with equal probability to either a treatment group, which meant they were eligible to receive PROMISE services, or a control group, which meant they were not eligible for PROMISE services but could receive other services available in their communities.

We collected data on youth and parent outcomes during the five years after RA. In a previous report, we documented the programs' impacts on key outcomes 18 months after RA (Mamun et al. 2019a, 2019b). This report presents estimates of the programs' impacts on youth's and parents' outcomes five years after RA. The five-year follow-up period allowed us to assess the programs' impacts several years after services ended. However, the evaluation period overlapped with other events that might have affected youth and parent outcomes, such as the global pandemic caused by the spread of severe acute respiratory syndrome coronavirus 2 (hereafter referred to as COVID-19), public policies implemented in response to the pandemic, and the implementation of the Workforce Innovation and Opportunity Act (WIOA).

We combined the findings of the impact analyses with cost data to conduct benefit-cost analyses. These analyses assessed whether the benefits of each PROMISE program during the five years after RA were large enough to justify its costs. We considered benefits and costs from a range of perspectives, including those of the PROMISE program participants; SSA, ED, and the federal government as a whole; state agencies that implemented the programs; and these key stakeholders collectively.

D. Findings from the five-year impact analysis

The findings from the five-year impact and benefit-cost analyses can be summarized as follows:

- PROMISE improved only a few of the primary youth outcomes and the impacts varied by program (Figures ES.1 and ES.2). Two programs increased youth's employment rate and three programs increased their income. None reduced the amount of SSA payments youth received during the five-year evaluation period.

- With a few exceptions, the six programs did not affect parents' primary outcomes such as their employment rates, earnings, SSA payments, income, or Medicaid and Medicare expenditures (Figures ES.3 and ES.4). Only one program had a favorable impact for parents: WI PROMISE increased the share of families where at least one parent had health insurance.
- We found variation in programs' impacts according to youth or family characteristics. MD PROMISE and NYS PROMISE had an impact on labor market outcomes for youth with intellectual and developmental disabilities but not for youth with other impairments. We also found evidence that some programs improved labor market outcomes in families in which a parent was receiving SSA payments at RA.
- Over the five-year evaluation period, none of the programs generated positive net benefits across all stakeholder groups. The net benefits per treatment group family ranged from -$16,269 in WI PROMISE to -$37,882 in Arkansas PROMISE. For all programs except ASPIRE and NYS PROMISE, youth and their families experienced a net benefit from participation in PROMISE.

Figure ES.1. PROMISE programs' impacts on youth non-monetary outcomes in the five years after RA

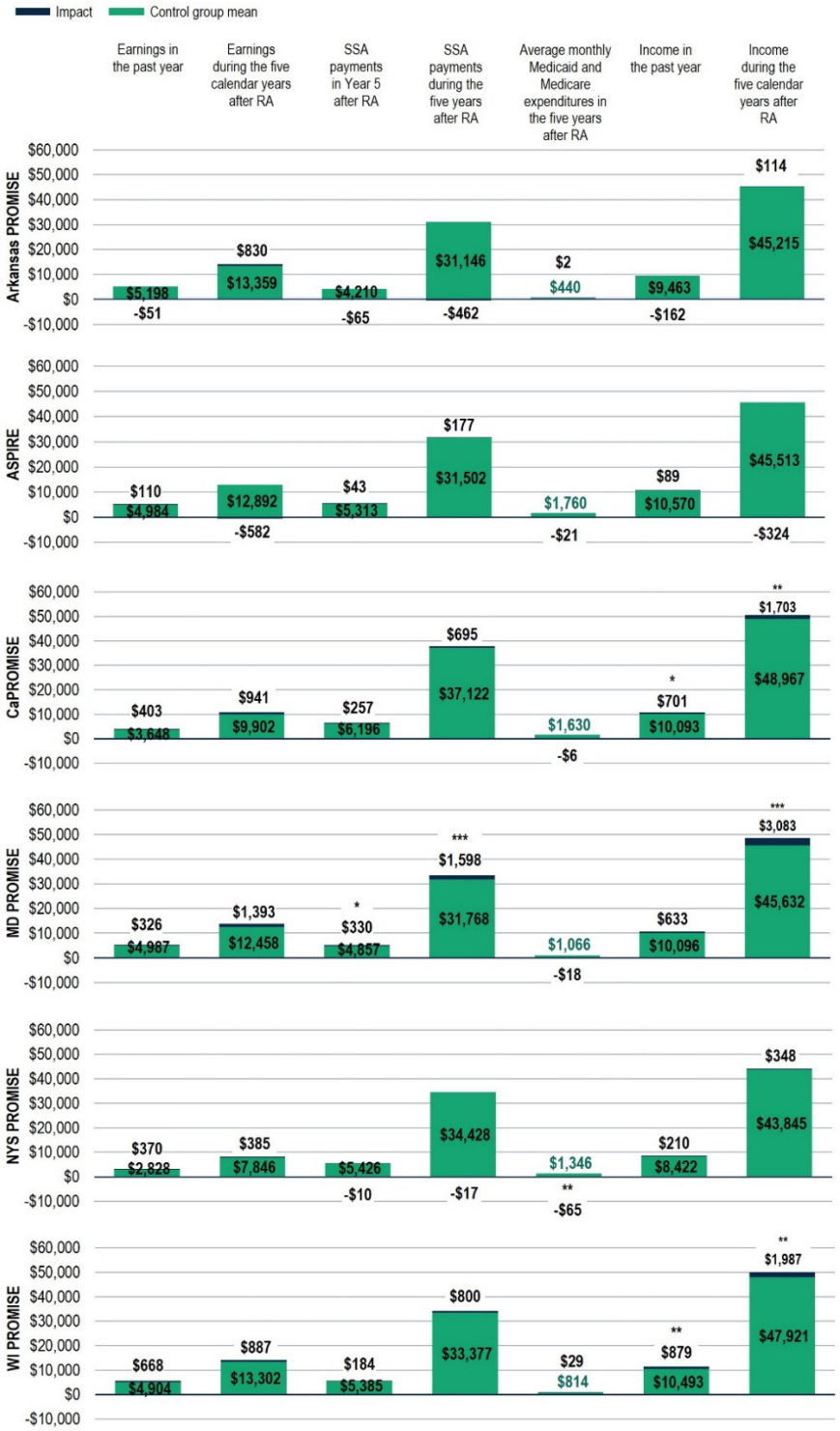
Source: Youth five-year survey; SSA data.

Note: All outcomes were measured at the time of the five-year parent survey unless otherwise specified.

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

GED = General Educational Development; RA = random assignment; SSA = Social Security Administration.

Figure ES.2. PROMISE programs' impacts on youth monetary outcomes in the five years after RA



Source: Youth five-year survey; SSA data.

Note: All outcomes were measured at the time of the five-year parent survey unless otherwise specified.

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

RA = random assignment; SSA = Social Security Administration.

Figure ES.3. PROMISE programs' impacts on parent non-monetary outcomes in the five years after RA

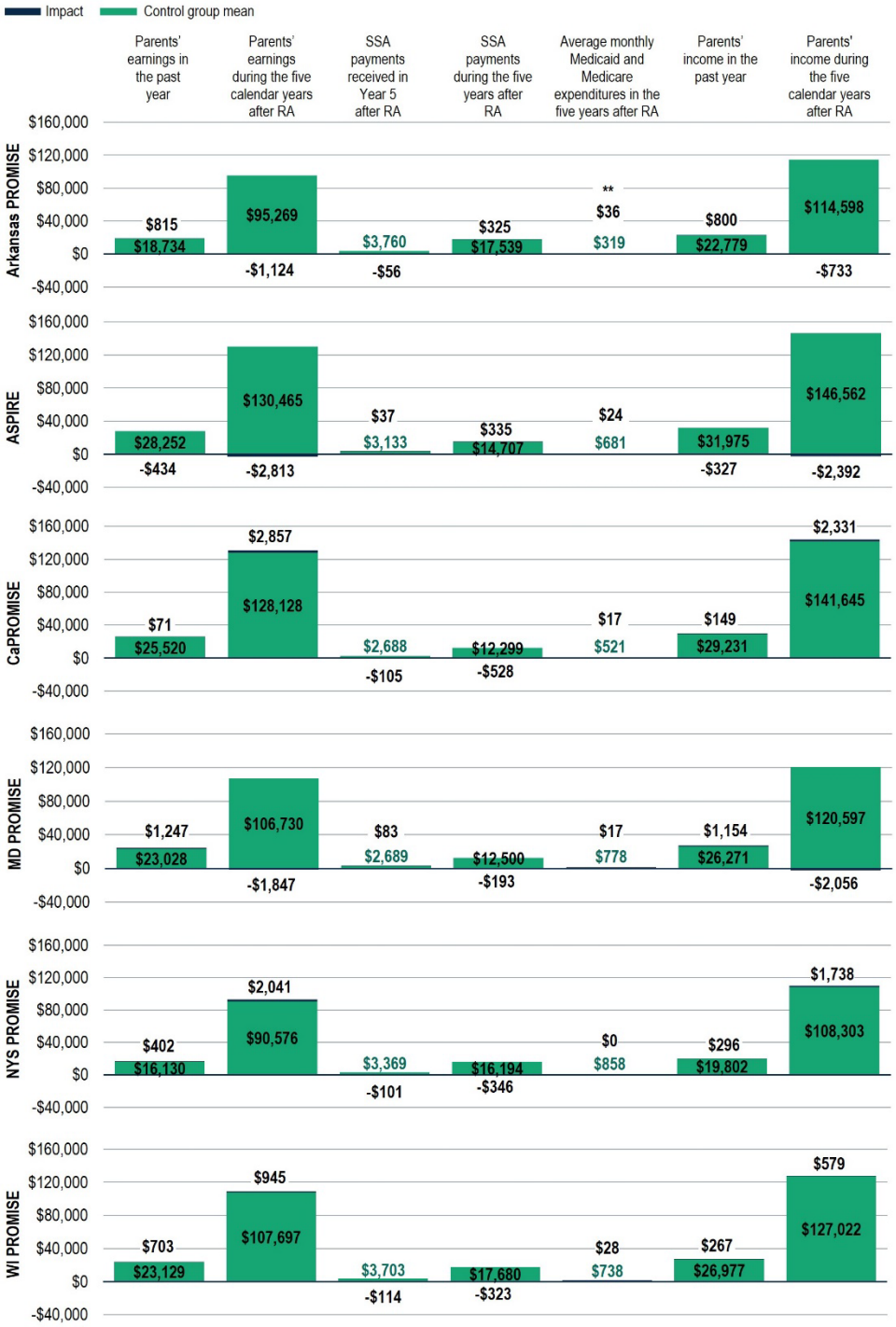
Source: Parent five-year survey; SSA data.

Note: All outcomes were measured at the time of the five-year parent survey unless otherwise specified.

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

RA = random assignment; SSA = Social Security Administration.

Figure ES.4. PROMISE programs' impacts on parent monetary outcomes in the five years after RA



Source: Parent five-year survey; SSA data.

Note: All outcomes were measured at the time of the five-year parent survey unless otherwise specified.

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

RA = random assignment; SSA = Social Security Administration.

E. Discussion of key themes in findings

At the 18-month impact evaluation, we found positive PROMISE impacts on youth's receipt of transition services and employment and earnings, and families' receipt of support services. These early impacts did not consistently translate into meaningful improvements in all targeted outcomes for youth and their parents five years after RA. We found evidence suggesting that PROMISE improved youth employment and economic well-being but affected few other youth outcomes. The programs had little impact on parents' outcomes over the five-year follow-up period. Below we highlight key patterns in the findings across the six programs and discuss their significance and possible explanations.

1. Two programs had persistent impacts on youth's employment; various reasons might explain the absence of impacts in the others

Each program increased employment and earnings in the first few years after RA, but the longer-term findings were less encouraging. When we pooled data from the six programs, we found that, on average, the programs increased youth's employment and earnings; however, these average impacts mask substantial variation in the programs' impacts (Figure ES.5). When we examined each program separately, we found that no program increased youth earnings, and only two programs (NYS PROMISE and WI PROMISE) had impacts on youth employment that continued beyond the third year after RA. We suggest several possible explanations for these findings.

First, the general absence of persistent employment impacts suggests that a service model such as PROMISE, which emphasizes connections to short-term work opportunities, does not necessarily translate into long-term employment impacts. Some of the benefits of initial work experiences can dissipate in the longer term once services end and as youth in the control group catch up and gain work experience. This is especially likely if youth who are particularly motivated to work are more likely to enroll in evaluations, making them likely to have better labor market outcomes even in the absence of PROMISE when compared to other youth receiving SSI. At the same time, the findings do not necessarily suggest that paid work experiences are unimportant. In a related report, we found evidence that early work experiences were a key mechanism for the programs' average five-year impacts on youth employment and earnings (Patnaik et al. 2022). The findings from the PROMISE evaluation suggest that paid work experiences are important; however, the extent to which they influence longer-term outcomes might depend on factors such as the characteristics of youth who participate in them and the way in which they are implemented (discussed further below).

Second, although all programs provided employment services to youth, NYS PROMISE and WI PROMISE appeared to be more effective at increasing youth employment than the others. Both programs increased youth employment in the year before the survey by more than 10 percent compared with the control group; the other programs' impacts were statistically insignificant and smaller relative to the control group mean. A possible explanation is that the type of staff who provided employment services at NYS PROMISE and WI PROMISE made them particularly effective. In the later years of program operations, NYS PROMISE brought in specialists from the Marriott Foundation's Bridges from School to Work initiative to train and support the program's employment service providers in New York City, where the majority of enrollees accessed services. This organization had more than three decades of experience in helping young adults with disabilities find jobs during and after high school, including youth receiving SSI (Hemmeter et al. 2015). WI PROMISE hired VR counselors to provide employment services to youth and had the largest relative impact on youth's use of VR services in the 18 months after RA (Mamun et al. 2019a). We cannot say with certainty that differences in staff experience in providing

Figure ES.5. Average impacts of PROMISE programs on youth outcomes

Source: Five-year survey, SSA data.

Note: This figure shows the average control group means and impacts of PROMISE on selected youth outcomes across the six programs and the control group means and impacts of each program for the same outcomes. To estimate the average impacts, we pooled data from the six programs and weighted each program equally. The control group means and impacts of each program are as presented in previous chapters. See Appendix Tables I.9-I.15 for more details.

*/**/***Impact is significantly different from zero at the .10/.05/.01 level.

≠/= Impacts for the six programs are/are not significantly different from each other at the .10 level, adjusted Wald test.

ASPIRE = Achieving Success by Promoting Readiness for Education and Employment; GED = General Educational Development; CaPROMISE = California PROMISE; MD = Maryland; NYS = New York State; RA = random assignment; SSA = Social Security Administration; WI = Wisconsin

employment supports to youth accounted for the differences in persistent impacts, but this factor and others related to how services were implemented likely played a role.

Third, for many enrollees, the fifth year after RA coincided with the COVID-19 pandemic, which might have influenced youth outcomes and programs' impacts. The pandemic put young people with disabilities at heightened risk of a delay in career development, absence from schools and the labor market, and experiences of primary and secondary trauma. The pandemic might have affected the potential for the programs to impact some outcomes. During the pandemic, youth might have faced more limited employment and economic opportunities. At the same time, some public policies might have had a protective effect, for example, the Families First Coronavirus Response Act of 2020 required state Medicaid programs to keep beneficiaries continuously enrolled through the end of the public health emergency as a condition of receiving an increase in their federal match rate during the emergency. In a related report, we present evidence that treatment group youth experienced a greater deterioration of labor market outcomes during the pandemic than control group youth (Hill et al. 2022). Though it is impossible to know what the impacts of each program would have been in the absence of the pandemic, there is evidence to suggest that five of the six PROMISE programs were on track to have larger impacts on youth's five-year labor market outcomes before the pandemic occurred (Hill et al. 2022).

It is important to place the findings in the broader context of the youth's employment. For some programs that did not affect youth's employment and earnings in the year before the five-year survey, we found impacts on other employment-related outcomes, such as labor force participation and employment in a job with coaching (MD PROMISE), employment at the time of the survey (Arkansas PROMISE), and use of supports or services to get or keep a job (Arkansas PROMISE and CaPROMISE). Moreover, the substantial list of outcome measures did not capture all dimensions of employment. PROMISE may have helped put youth on more promising career pathways or may have helped youth get better quality jobs. We do not know whether the programs affected other dimensions of quality, such as job security, control, flexibility, or environment. A future report will examine the characteristics of the jobs that PROMISE youth held at the time of the five-year survey (Farid et al. 2022).

In addition, some programs increased the employment and earnings of subgroups of youth. For example, among youth with intellectual and developmental disabilities, MD PROMISE increased employment rates and NYS PROMISE increased youth earnings during the five calendar years after RA, even though the programs had no impact on these outcomes overall. The findings suggest that PROMISE-like programs can be effective for some subgroups of youth even if they are not effective on average for youth in the program; more research is needed to understand why they work for some subgroups and what types of interventions would be effective for other youth in need of transition supports.

2. The student earned income exclusion and benefits counseling might have contributed to the absence of reductions in youth SSA payments and the increases in youth income

One objective of PROMISE was to increase youth's self-sufficiency and reduce their reliance on SSA payments during adulthood. None of the programs succeeded in doing so during the five-year follow-up period, at which point the oldest participating youth were age 22. When we pooled data from the six programs, we found that, on average, the programs increased youth's SSA payments (Figure ES.5), although there was substantial variation in the programs' impacts. MD PROMISE increased the share of youth receiving SSA payments in the fifth year after RA and the average amount of SSA payments received that year or during the five years after RA; the other programs had no impacts on these outcomes.

Even the two programs that boosted youth's employment rates did not reduce youth's SSA payments because they did not substantially affect their earnings. For SSI payments to have been reduced, youth's annual earnings generally would have needed to exceed the SSI student earned income exclusion amount ($7,670 in 2020), which might have been unrealistic for many treatment group youth who were still enrolled in school at the five-year follow-up (ranging from 27 percent to 56 percent across programs). Because the youth were still quite young five years after RA, the potential remains for the programs to increase self-sufficiency in the long term.

In addition, each program increased youth's awareness of at least one type of work support, which suggests that the benefits counseling all programs provided improved youth's understanding of work supports and incentives. Treatment group youth might have been better equipped or directly assisted by the PROMISE programs to use provisions that allow SSI recipients to retain benefits, possibly enabling youth to pursue employment without losing their SSA payments.

PROMISE aimed to increase youth's overall economic well-being as measured by their income from earnings and SSA payments. Three programs (CaPROMISE, MD PROMISE, and WI PROMISE) increased youth income. The programs may have better equipped youth to navigate SSA's programs and use work incentive provisions to increase earnings without losing SSA payments. In doing so, these programs improved the economic well-being of youth with disabilities receiving SSI during their transition to adulthood.

3. By and large, the programs did not improve youth's education, training, self-determination, expectations for the future, the likelihood of health insurance coverage, or Medicaid and Medicare expenditures

No program increased the shares of youth enrolled in school or training or who had attained a high school completion credential. There are a few possible explanations for why the programs did not improve youth's educational outcomes. First, the PROMISE model did not emphasize targeted services to promote educational attainment. The programs generally offered only one of the many academic practices and predictors related to transition: service provider involvement with individual transition plans in schools. The process analyses found that none of the PROMISE programs offered significant services to address education, although all assisted with youth's educational issues. Second, control group youth had relatively high educational attainment, leaving limited room for PROMISE to improve this outcome. In all programs, more than half of youth had a high school completion credential at the time of the five-year survey. By way of comparison, most VR applicants ages 16 to 24 have less than a high school level of education (Honeycutt et al. 2015). Third, the programs might have nudged youth to prioritize labor force participation over increased formal education and training. It is unclear whether such a substitution would be beneficial to some youth in the long term. It is conceivable that earlier labor market entry in lieu of further education could improve the long-term outcomes of some youth.

No program increased youth self-determination. When we examined youth's and parents' expectations for the youth's future, we found few significant impacts across the programs. These findings are somewhat surprising because most programs offered services intended to promote youth self-determination. Moreover, the inherent nature of other PROMISE activities, such as transition planning and goal setting, might have contributed to improved self-determination and higher expectations. The absence of impacts on self-determination and expectations is consistent with findings from the process analyses suggesting that take-up of services designed to improve these outcomes was low for some programs. The self-determination services also might not have been effective or of adequate dosage. Finally, it could be that

most enrollees already had higher-than-average self-determination and expectations for their ages and thus had little need for services that targeted these outcomes and limited room to improve them.

Only NYS PROMISE reduced youth's average monthly Medicaid and Medicare expenditures during the five years after RA. We do not know if this reduction is due to improved health, lower healthcare needs, alternative coverage, or foregone care, all of which have implications for the youth's welfare. Three programs (Arkansas PROMISE, ASPIRE, and WI PROMISE) increased youth enrollment in Medicaid in the first year after RA, likely because case management and benefits counseling services connected families to this program. By the fifth year after RA, there were no differences between the treatment and control groups for any program in the share of youth who were enrolled in Medicaid. The absence of an impact on Medicaid participation might in part be due to the Medicaid continuation policy implemented during the pandemic. It is also consistent with the finding that no program had an impact on the share of youth who received SSI in the fifth year after RA, as SSI receipt typically guarantees Medicaid eligibility.

4. Several factors likely contributed to the lack of impacts on parents' outcomes, including the intensity and focus of services and parents' need for the services offered

Despite PROMISE's aim to serve other family members of youth, particularly parents, we found few impacts on parents' outcomes across the six programs, and only one that appeared to be beneficial to families. . Only WI PROMISE appeared to benefit parents through its positive impact on their health insurance coverage. In the pooled analyses, we also found no average impacts on any parent outcomes, confirming that the absence of program-specific impacts on their outcomes was not because of limited statistical power.

The absence of program impacts on parents' outcomes is somewhat surprising because the relative size of the 18-month impacts on families' use of support services was much larger than those on youth's use of transition services (Patnaik et al. 2021). We posit five possible explanations for the absence of impacts on parents' five-year outcomes.

First, although the PROMISE model emphasized serving both youth and family members, the programs focused more on youth and did not provide parents with intensive services necessarily customized to their own needs. For example, ED expected programs to provide youth with at least one paid work experience while they were enrolled in high school but did not specify employment goals or services for parents; it only required training and information on how to improve their education and employment outcomes. Parent-specific services were less intensive and targeted; they included assistance in developing goals and plans for employment and education, connecting parents to resources, and dispensing funds for families to use in emergency situations. Only one program's logic model (Arkansas PROMISE) explicitly mentioned increasing parents' employment and earnings as an intended outcome of its services.

Second, although the programs increased the share of families that used support services, the impacts were not concentrated among the types of services most likely to improve parents' own outcomes. Family support services could include those focusing on the youth, such as training and information about a youth's disability, as well as family-oriented support services intended to improve the outcomes of other family members, such as education and training supports. PROMISE created a larger difference between treatment and control groups' use of youth-oriented than family-oriented support services, possibly because the programs did not emphasize family-oriented support services as much as those for youth. Another reason might have been that parents were less interested in family-oriented support services (for reasons we discuss further below).

Third, PROMISE services did not directly address outcomes that offered room for improvement, such as parents' earnings. The programs did not offer services to parents that are associated with increased earnings for individuals with low incomes, such as work experience, subsidized employment, transitional jobs, education, soft skills training, or occupational and sectoral training (Streke and Rotz 2022). The programs primarily referred parents to other existing resources, which may or may not have provided such services. Moreover, the parents' earnings might have been low because their caregiving responsibilities required them to spend less time in market work. Other research has found that having a child with special health care needs is associated with less time in labor market work, especially among mothers. SSI payments help support families and facilitate parental time for caregiving and away from the labor market, so parents already may have been optimizing their involvement in the labor market. In that case, an intervention like PROMISE would not address the underlying issue that parents who must provide caregiving for youth with disabilities face challenges in increasing their own earnings.

Fourth, education, training, and employment-promoting services may be more useful to a subset of parents of youth receiving SSI. When we examined variation in impacts for subgroups, we found that among those that had a parent receiving SSA payments at RA (thus, a parent unlikely to be working), Arkansas PROMISE increased parents' employment rates, earnings, and income, and MD PROMISE increased their employment. The programs did not affect these outcomes among families in which no parent received SSA payments at RA.

Finally, although the parents of youth receiving SSI generally have low incomes, the parents might not have needed help obtaining employment. About 7 in 10 control group families had a parent who was employed in the year before RA; this share remained stable over the five years after RA. This employment rate was on par with national estimates of the employment rate of working-age adults. The parents' relatively high employment rates might explain why the programs' impacts on service use were modest for education or training supports and employment-promoting services to families (Mamun et al. 2019a). Moreover, the high employment rates among parents likely left little room for improvement, which might explain the absence of impacts on the share of families in which a parent was employed.

Even though PROMISE did not improve parents' outcomes, family support services may have supported youth's outcomes. The programs tried to increase family involvement in transition planning and offered family members training and information on issues specific to the youth, such as benefits counseling and information about their disability. These family support services may have helped families navigate service systems and address their youth's disabilities and thus, could have contributed to improved youth outcomes. Consistent with this, a prior descriptive analysis found that local areas where PROMISE had large impacts on use of family support services also had larger impacts on youth outcomes 18 months after RA (Levere et al. 2020).

5. The costs of each program substantially exceeded its benefits over the five-year follow-up period

The net benefits over the five-year period ranged from -$16,269 per treatment group family for WI PROMISE to -$37,882 for Arkansas PROMISE. The negative net benefits were driven by programs' direct costs. The estimates might understate the long-term benefits of PROMISE because some impacts accumulate over time. We estimated programs' net benefits over the 20 years after RA (still only a fraction of the youth's potential working lives) and found that the impact on youth earnings would need to be substantially larger than the impacts experienced in the fifth year after RA for PROMISE to generate cumulative net benefits by 20 years after RA. The required impacts on youth's annual earnings ranged

from $679 for WI PROMISE ($451 larger than the $258 estimated impact observed for Year 5) to $2,042 for ASPIRE ($2,445 larger than the -$403 estimated impact observed for Year 5), although these estimates do not account for the possibility that impacts on other outcomes, such as Medicaid enrollment, might change after the fifth year after RA. Analyses of administrative data in the future might reveal whether the impacts needed for the programs to be cost neutral eventually materialize.

F. Implications for policy, practice, and research

The findings from the PROMISE evaluation offer insights for policy, practice, and research. They include lessons learned from the evaluation, as well as knowledge gaps the findings highlight that might be explored in future work.

The effectiveness of employment-promoting services depends on how programs implement them. Research suggests that connecting youth with early work experiences is associated with better employment outcomes (Carter et al. 2012; Luecking et al. 2018; Sevak et al. 2021). Each program increased the share of youth who had a work experience during the 18 months after RA (Mamun et al. 2019a). In a related report, we found that those early impacts were likely a key mechanism for the programs' average impacts on employment and income five years after RA (Patnaik et al. 2022). However, the significant variation in the programs' impacts suggests that the way programs provide employment-promoting services matters for the longer-term impacts on youth's labor market outcomes. Arkansas PROMISE had the largest short-term impacts on youth's use of employment services, short-term employment, and earnings but it did not generate impacts on youth employment and earnings five years after RA. The differences in impacts between Arkansas PROMISE and the two programs that generated longer-term employment impacts might be related to differences in the nature of the employment experiences or how programs implemented the core PROMISE services. The summer work programs that Arkansas PROMISE offered were orchestrated events specifically created for the youth and so may not have been as representative of what they would experience in the labor market as the work experiences that NYS PROMISE and WI PROMISE facilitated. The latter two programs also used specialist staff with substantial relevant experience to provide employment-promoting services. What, if anything, should be selectively replicated from the PROMISE programs, especially given that only two programs improved youth employment? The evaluation findings do not provide enough information to determine which factors caused the differences in impacts across programs. We can only speculate that differences in implementation might have contributed to them. Future evaluations might consider factorial designs that would facilitate a rigorous examination of mechanisms as well as stronger fidelity measures and monitoring systems to help ensure that programs deliver interventions as intended.

It is challenging for programs to push youth to prioritize early employment and education at the same time; more information about which youth benefit more from one or the other of these could help programs better target services. None of the programs increased youth's educational attainment. ASPIRE reduced the share of youth who received a high school completion credential and NYS PROMISE reduced the share enrolled in school or training programs. These findings are somewhat surprising because other studies have found better educational outcomes among young people with disabilities who received transition services (New York State Education Department 1999; Fraker et al. 2012b). One possibility is that the employment focus of the PROMISE programs led some youth to prioritize paid jobs over schooling, thus nudging them to enter the labor market sooner than they would have otherwise in lieu of their educational progress. It remains to be seen whether the returns from earlier labor market entry outweigh the returns from greater education. More research is needed to understand

the relative benefits of more education compared with early employment for young people with disabilities and whether the benefits vary across subgroups of youth. This information could help practitioners strategize around the relative importance of nudging youth towards more education or early employment as well as how best to target these nudges.

Programs providing employment-focused services to youth do not necessarily reduce SSA payments in the short term. The programs did not reduce youth's reliance on SSA payments, regardless of whether they increased youth employment. This was not wholly unanticipated because youth employment and SSA payments do not have a simple inverse relationship. Investing in youth's human capital and employment potential will affect reliance on SSA benefits only if the investments significantly alter youth's long-term employment trajectories. The five-year evaluation findings provide only a limited view of this trajectory. Moreover, during this period, youth could avail themselves of provisions that would protect their benefits at the levels of earnings they were likely to achieve. Although the programs might reduce SSA payments in the long run, the features the PROMISE programs implemented were unlikely to do so in the short term. The findings also suggest that any fears that youth or their parents might have about work affecting SSI payments in the short term are unwarranted.

Youth transition programs might consider the potential benefits of offering different types or dosages of, or a narrower and more targeted set of, family support services. Although PROMISE emphasized serving families alongside youth, we found no impacts on parents' outcomes. Relatedly, for both the control and treatment groups, families' use of support services was greater for services that focused on the youth directly rather than those focusing on family members. This suggests that parents were less interested in support services that took aim at their own outcomes (such as employment-promoting services), potentially because such services did not target appropriate outcomes or were not needed. Given that family members engaged less in support services targeting their own outcomes and none of the programs improved parents' outcomes, youth transition programs might need to consider different dosages of services or other ways to improve parent outcomes. Future research could test the effectiveness of offering a narrower set of support services that focus directly on youth. Such program models could be easier and more efficient for programs to implement if targeting parents' outcomes might require different resources and staff skills, and yet would still emphasize family involvement—a key feature of evidence-based transition frameworks for youth with disabilities. Some programs did improve parents' labor market outcomes when a parent received SSA payments at RA (and so likely was not working), suggesting that services aimed at parents' outcomes can be beneficial if they are targeted to a subset of parents who need them. The fact that some programs improved parents' labor market outcomes suggests that the PROMISE services intended to improve the outcomes of youth receiving SSI were applicable to adults receiving SSA payments. One aspect of PROMISE that this report does not address is the impacts of the programs on family members other than the enrolled youth and parents. The PROMISE programs offered support services to all family members, including siblings and grandparents. These services may have yielded long-term benefits that we did not measure because we only collected data on five-year outcomes for the youth enrollees and their parents. A broader analysis of future family-oriented programs that considers all family members' outcomes might result in different cost-benefit calculations.

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